



**City and County of San Francisco**  
**London N. Breed, Mayor**  
**Department of Public Health**

**Business Office Contract Compliance**  
**1380 Howard Street**  
**San Francisco, CA 94103**

**Monitoring Report Fiscal Year 20-21**  
**Behavioral Health Services**

**Section: BHS-MH**

**Target Population: Adult/Older Adult**

**Agency:** Baker Places, Inc.

**Site Visit Date:** May 17, 2022

**Program Reviewed:** BP Odyssey House

**Report Date:** July 13, 2022

**Program Code(s):** 3840OP

**Review Period:** July 1, 2020-  
June 30, 2021

**Site Address:** 484 Oak St, San Francisco, CA 94102

**Finalized Date:**

**Funding Source(s)** General Fund, Medi-Cal

**On-Site Monitoring Team Member(s):** Michelle Pollard

**Program/Contractor Representatives:** Lisa Gayles Butler and Jessica Winterrowd

**FY20-21 Monitoring Report scoring suspended due to COVID response.**

**Sub-Categories Reviewed:**

<b>Program Performance</b>	<b>Program Deliverables</b>	<b>Program Compliance</b>	<b>Client Satisfaction</b>
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Clients (Unscored)	Declaration of Compliance Administrative Binder Site/Premise Compliance Chart Documentation Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

## **MONITORING REPORT SUMMARY**

**Agency/Program:** Baker Places, Inc./BP Odyssey House

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
  - The program met 40.0 percent of its contracted performance objectives.
  - The program met 99.4 percent of its contracted units of service target.
  - A review of the administrative binder evidenced 94.7 percent of required compliance items.
  - A review of site premise evidenced 100.0 percent of required items.
  - The program was exempt of Chart Documentation compliance.
  - The program failed to complete either a standardized or customized Client Satisfaction Survey.

Odyssey House is a Supported Housing and Treatment program that aims to reduce BHS clients' inpatient and crisis service utilization. It provides permanent, staffed housing, mental health services and case management, within a social rehabilitation framework and African-American focus, for adults with serious and persistent mental health disorders, including those with the co-factors of substance use disorders.

This report has been completed utilizing a virtual meeting platform as well as telephone and email to gather BOCC findings. BOCC delayed the completion of this report due to data analyses verification.

BOCC reviewed compliance items; however, due to the continuing pandemic response environment, scoring of categories as well as overall scoring is being suspended. Each performance objective is rated to document achievements in order to retain a historical record.

Program is proud of its resident's ability to maintain stable during Covid and all of the changes staff made to make sure everyone was safe, including stepping in when needed, and working extra hours. Program separated groups into five, so they were able to adjust and to find other activities to do within the house. Being isolated from the community, the residents did well without major conflicts. Its aging populations and those physically active were supportive of their peers and everyone maintained a positive attitude.

**FY19-20 Plan of Action required?**     **Yes**     **No**

**If "Yes", describe program's implementation.**

**FY20-21 Plan of Action required?**     **Yes**     **No**

Signature of Author of This Report

DocuSigned by:

*Michelle Pollard*

Name and Title: Michelle Pollard, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

*Jenna Reyes*

Name and Title: Tom Mesa, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

*Maximilian Rocha*

Name and Title: SOC Director

PROVIDER RESPONSE: (please check one and sign below)

- I have reviewed the Monitoring Report, acknowledge findings, no further action is necessary at this time.
- I have reviewed the Monitoring Report, acknowledge findings, and attached a Plan of Action in response to deficiencies and recommendations with issues addresses and timelines for correction stated.
- I have reviewed the Monitoring Report, disagree with findings, response to recommendations attached.

DocuSigned by:

*Lisa Gayles-Butler*

7/29/2022

Signature of Authorized Contract Signatory (Service Provider)

Date

Lisa Gayles-Butler Program Director

Print Name and Title

<b>RESPONSE TO THIS REPORT DUE:</b>	<b>July 27, 2022</b>
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If applicable, please submit any supplemental materials by clicking on the attachment icon below.

## Program Performance & Compliance Findings

### Rating Criteria:

4	3	2	1
<b>Over 90% = Commendable/ Exceeds Standards</b>	<b>71% - 90% = Acceptable/Meets Standards</b>	<b>51% - 70% = Improvement Needed/ Below Standards</b>	<b>Below 51% = Unacceptable</b>

### Overall Score:

**Total Points Given:**

### 1. Program Performance (30 points possible):

#### Achievement of Performance Objectives (0-30 pts):

**Program Performance Points:**

Points Given:

Category Score:

Performance Rating:

### Performance Objectives and Findings with Points

AOA.MHO P3	Objective: Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	Finding: In FY20-21 there were 9 clients in program 3840OP with actionable items on the ANSA. During the review period 4 clients improved on at least 30% of the items, resulting in 44.44% of clients achieving the ANSA benchmark.	Points: 3
AOA.MHO P6	Objective: Programs will enter into the Avatar Vocational/ Meaningful-Activities Enrollment screen a total number of entries equivalent to 40% of the program's unduplicated client count for the fiscal year.	Finding: In FY20-21 there were 12 clients enrolled in 3840OP During the review period, 0 entries were recorded in the AVATAR Vocational/Meaningful Activities Enrollment screen, resulting in 0.00% enrollment rate.	Points: 0
AOA.MHO P7	Objective: 100% of clients with an open episode will have the initial Treatment Plan of Care finalized in Avatar within 60 days of episode opening but no later than the first planned service.	Finding: In FY20-21 there were 2 clients registered in 3840OP since the beginning of the fiscal year. During the review period, 1 clients had finalized Treatment Plan of Care as found in AVATAR within 60 days of the episode opening but no later than the first planned service, resulting in 50.00% compliance.	Points: 0
AOA.MHO P9	Objective: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Finding: In FY20-21 there were 9 clients registered in 3840OP for whom an updated Treatment Plan of Care was due. During the review period, 9 clients had a current finalized Treatment Plan of Care as found in AVATAR, resulting in 100.00% compliance.	Points: 5

### Commendations/Comments:

Program met 40% of its contracted performance objectives.

### Identified Problems, Recommendations and Timelines:

Program indicated that management and QM staff are working together to ensure that no planned services are delivered before the TPOC is finalized.

Several objectives were suspended for FY 20-21 per SOC.

**2. Program Deliverables (20 points possible):**

<b>Units of Service Deliverables (0-20 pts):</b>		99% of Contracted Units of Service	
<b>Program Deliverables Points:</b>			
Points Given:	Category Score:	Performance Rating:	

**Units of Service Delivered**

Program Code	Service Description	Contracted/Actual	
3840OP	15/01-09 OP-Case Mgt Brokerage-M04	1,494	1,494
3840OP	15/10-57 OP-MH Svcs-M04	72,217	72,217
3840OP	15/70-79 OP-Crisis Intervention-M04	448	0
3840OP	60/78 SS-Other NonMediCal Client - Support Exp - M01	2,727	2,727

**Unduplicated Clients by Program Code**

Program Code	Contracted/Actual	
3840OP	11	12

**Commendations/Comments:**

Program met 99.4% of its contracted units of service deliverables based on final M01 and M04 JUN 21 invoices.

Program served 12 unduplicated clients according to Avatar.

**Identified Problems, Recommendations and Timelines:**

None identified.

**3. Program Compliance (40 points possible):**

<b>A. Declaration of Compliance Score (5 pts):</b>	
<b>B. Administrative Binder Complete (0-10 pts):</b>	
<b>C. Site/Premises Compliance (0-10 pts):</b>	
<b>D. Chart Documentation Compliance (0-10 pts):</b>	
<b>E. Plan of Action (if applicable) (5 pts):</b>	
<b>Program Compliance Points:</b>	
Points Given:	Category Score:

Submitted Declaration
95% of items in compliance
100% items in compliance
<input checked="" type="checkbox"/> No FY19-20 POA was required <input type="checkbox"/> FY19-20 POA was submitted, accepted and implemented <input type="checkbox"/> FY19-20 POA submitted, not fully implemented <input type="checkbox"/> FY19-20 POA required, not submitted

Compliance Rating:
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**Commendations/Comments:**

BOCC conducted a virtual review. Program commended for being very organized and meeting 100% of the site premises and 94.7% of the administrative binder requirements.

Program attested that all training and personnel files include the required documentation.

BOCC did not review client charts during this monitoring period.

**Identified Problems, Recommendations and Timelines:**

BOCC unable to verify whether program implemented a client satisfaction process.

The following required item(s) were not located in the program's Administrative Binder:

- Client Satisfaction Survey and Analysis Documentation

**4. Client Satisfaction (10 points possible): CBHS Standardized Client Satisfaction Survey (Results were compiled and reported by Office of Quality Management)**

Scoring Category	Scoring Criteria	Points
Completed Program Specific Survey	Yes = 2, No = 0	
Results Analyzed	Yes = 3, No = 0	
Program Performance as Rated by Clients	50-59% of clients satisfied = 1 60-69% of clients satisfied = 2 70-79% of clients satisfied = 3 80-89% of clients satisfied = 4 90-100% of clients satisfied = 5	
		<b>Client Satisfaction Points:</b>

Points Given:
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Category Score:
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Client Satisfaction Rating:
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**Commendations/Comments:**

No client satisfaction data provided by QM.

**Identified Problems, Recommendations and Timelines:**

Program provided a client satisfaction survey screenshot from the DPH website regarding lack of availability of surveys from FY 20-21. Program also indicated that DPH QM staff reported that the surveys have not yet been posted.

DPH QM indicated it was working on the FY 20-21 mental health satisfaction survey report and it was aiming to have it uploaded soon; however, as of the report writing date, no other client satisfaction information was available.