



Department of Homelessness and Supportive Housing

NON-PROFIT CONTRACT MONITORING STANDARD ASSESSMENT FORM: HOUSING & HOMELESS PROGRAMS

Nonprofit Agency: Bayview Hunters Point Foundation	Program Name UCHS Site F
Site Address: Pier 94	
HSH Program Manager: Cathy Perdue	Date Site Visit Conducted: April 12, 2022
HSH staff site participants and titles: Cathy Perdue, Adult Shelter System Program Manager	Agency staff site visit participants and titles: Thomas Taylor, Program Manager

QUANTITY – PROGRAM UNITS OF SERVICE

Review	Comments & Recommendations
Units of service <input checked="" type="checkbox"/> Has program met, or on target to meet contractual service level	This trailer site was activated in 2020 during the height of the COVID pandemic. It remained under CCC Oversight until February 2021. The site is located at Pier4 94 on the Port Property. Initially, there were a total of 120 trailers on site; however, due to fires, 4 trailers were destroyed. There are currently 116 Trailers on the site. The program has met contractual service level.

QUALITY – PROGRAM SPECIFIC

Review	Comments & Recommendations
Participant files <ul style="list-style-type: none"> • Does program maintain participant files that include: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Client intake or program application <input checked="" type="checkbox"/> Client appraisal/assessment information <input checked="" type="checkbox"/> Client Release of Information <input type="checkbox"/> Eligibility documentation (as applicable) N/A <input checked="" type="checkbox"/> Current and comprehensive case notes <input checked="" type="checkbox"/> Service Plan <input checked="" type="checkbox"/> Evidence of supervisor review <input checked="" type="checkbox"/> Are participant files easily accessible and clearly organized according to a sample file? 	There are three Care Coordinators assigned to Site F. Client files are organized and easily accessible in locked file cabinet. All HSH and HSA ROIs are uploaded to the ONE System. The following documents are contained in client case folders: <ul style="list-style-type: none"> • Identification • SS card • Program Rules and Agreement • Applicant Screening Form • HSH Release of Information • HSA Release of Information • Progress notes • Individual treatment plan



Department of Homelessness and Supportive Housing

Review	Comments & Recommendations
<p>Staff Development and Training Activities</p> <p><input checked="" type="checkbox"/> Contractor ensures that staff receive varied training opportunities appropriate to job descriptions</p> <p><input checked="" type="checkbox"/> Specific examples of trainings offered to/attended by staff in the past year were documented.</p>	<p>During this fiscal year, provider staff have attended the following trainings: ADA Training, Sexual harassment, and Gender Identity training. Due to COVID, training resources have been limited. The provider keeps track of all trainings that staff attend. Sign-in sheets are maintained at the main office at 2111 Jennings for all staff.</p>
<p>Program Policies and Procedures</p> <p>Written policies/procedures are in place:</p> <p><input type="checkbox"/> Eligibility N/A</p> <p><input checked="" type="checkbox"/> House Rules</p> <p><input checked="" type="checkbox"/> Reasonable Accommodation</p> <p><input checked="" type="checkbox"/> Discharge/Denial of Service</p> <p><input checked="" type="checkbox"/> Grievance/Complaint Policy</p> <p><input type="checkbox"/> Coordination between Property Management and Supportive Services – N/A</p>	<p>Site rules given to each guest during intake process. Intake packet consists of the following documents:</p> <ul style="list-style-type: none"> • Residence Quick reference guide (demographics) • RTZ entry sheet • UCHS ROI • HSA and HSH ROIs • Physical distancing agreement • Immediate safety exit policy • Bed bug prevention protocol • Program rules and agreement <p>Guest can make complaints to any staff member. Site Director reviews and responds to guests' complaints. Complaints are logged in supervisor logbook. Provider uses UCHS grievance/complaint policy procedure that is utilized for all UCHS programs.</p> <p>Requests for reasonable accommodations and responses are documented on RA form and filed in confidential locked cabinet.</p>
<p>Customer Satisfaction</p> <p><input checked="" type="checkbox"/> Does program have method for customers to evaluate services received (e.g. surveys)</p> <p><input checked="" type="checkbox"/> At least 30% of clients served completed the survey during the previous program year</p> <p><input checked="" type="checkbox"/> Clients understand whom to contact for relevant types of assistance and indicate program is responsive to their needs.</p>	<p>The provider distributed 116 surveys in March 2022. Of the 116 surveys, 40 surveys were collected from guests. This is 34% completion rate. Of the 40 surveys collected, 32 guests or 80% rated quality of services as satisfactory or better.</p>
<p>Programmatic and Physical Accessibility/Cultural Competence</p> <p><input checked="" type="checkbox"/> Facility, program and materials are accessible to persons with disabilities.</p> <p><input checked="" type="checkbox"/> Notice of Rights for People with Disabilities is publicly displayed.</p> <p><input checked="" type="checkbox"/> Forms related to reasonable accommodations are available to clients.</p> <p><input checked="" type="checkbox"/> Written materials are translated into applicable languages.</p> <p><input checked="" type="checkbox"/> Service delivery and activities offered respect the backgrounds and interests of clients served.</p>	<p>All written materials are translated in Spanish. Other languages are available for translation upon request.</p> <p>Service delivery and activities offered respect the background and interests of guests served.</p> <p>The guests at site F are from the Bayview community. The staff and services reflect the demographics of the community.</p> <p>Evacuation plan is posted inside staff offices, at front gate booth, front of food line area and nurse's station.</p> <p>First aid kit and AED unit located in staff offices.</p> <p>All dietary requests are addressed by staff. If guests have dietary restrictions, that information is relayed to the cooking staff at Mother Brown's kitchen. Mother Brown's prpe</p>
<p>Outreach Procedure/Materials</p> <p><input checked="" type="checkbox"/> Contractor has a written policy regarding how clients will be outreach to for engagement in services.</p> <p><input checked="" type="checkbox"/> Contractor provided examples of flyers, newsletters and other examples of outreach materials.</p>	<p>The provider holds monthly community meetings; although during the height of COVID, community meetings were postponed. The provider keeps an agenda and has guests sign in for the community meetings. Outreach materials are distributed to guests during the community meetings, posted around the site, and placed on the trailer doors of each guest.</p>
<p>Staffing Pattern and Job Descriptions</p> <p><input checked="" type="checkbox"/> Staffing levels/types are adequate to deliver contracted services.</p>	<p>Staffing levels are adequate for Site F as follows:</p> <ul style="list-style-type: none"> • 1 Project Manager • 3 Care Coordinators • 3 Site Supervisors • 12 Site monitors • 3 P/T Site monitors <p>Site monitor staff also serve as front gate security to ensure unknown individuals do not enter the site. There is a subcontract for A1 Security staff</p>



Department of Homelessness and Supportive Housing

	that covers patrolling the perimeter of the site, the back of site, and parking lot areas. There are no vacant staff positions.
Program Specific Administration <input checked="" type="checkbox"/> Are monthly reports timely <input checked="" type="checkbox"/> Are monthly reports accurate <input checked="" type="checkbox"/> Is contractor responsive to agency requests	
Client Tracking System <input checked="" type="checkbox"/> Contractor has a system for tracking client data relevant to contract objectives <input checked="" type="checkbox"/> Group activities are documented with attendance logs	

Notes:

Site F has been in operation since the beginning of the pandemic in 2020. This site was stood up by staff serving at the Covid Command Center. The site began with 120 trailers. Since the opening, the site has lost 4 trailers due to onsite fires. The current number of trailers is 116. As of this writing, there are 113 trailers occupied with 120 guests staying at Site F. There are two trailers that are offline as buffer trailers and one vacant trailer. Single adults and couples are allowed to stay in trailers. There are no families allowed in this program.

This program was assigned to HSH Program Manager, Cathy Perdue as of February 1, 2021. During that time period, Ms. Perdue met with staff biweekly to understand the site operations and the many vendor contracts associated with this site. Currently, there are vendors for the trailer maintenance, propane tanks, ADA restrooms, security cameras, fencing, and trailer water and dumping.

This provider has undergone a switch in the Fiscal sponsorship during this fiscal year. Effective February 2022, Heluna Health ended their fiscal sponsorship and Bayview Hunters Point Foundation became the new Fiscal sponsor. Since then, Bayview Hunters Point Foundation has indicated their desire to end their fiscal sponsorship. It is not known who will cover fiscal sponsorship thereafter.

As of March 2, 2022, the new HSH Program Manager for this program is Angelica Varela. Angelica will complete all future contract monitoring site visits and reports.

The provider reported the following as accomplishments for this fiscal year:

- DPH Team onsite Tuesday, Wednesday, and Friday as follows:
 - Two Nurses 9am to 12pm
 - One Doctor 9am to 2pm
 - One Health worker 9am to 2pm
- RAMS Team on site 2 to 3 days week to meet with guests to assist with housing options, IHSS, Mental Health services and other resources.
- DPH Medication Drop off team
- Omitted loitering on site
- Added Community events such as game days, barbecues, Christmas Tree decoration, Easter Egg hunt, and Trailer clean up contest.
- Cleared out inoperable cars and illegally parked cars.



Department of Homelessness and Supportive Housing

The provider reported the following as challenges for this fiscal year:

- Guest trailers with hoarding issues – DPH Behavioral Health team is involved in intervention; however, this is a long process.
- Pet feces has been a constant issue – guests are not cleaning up after pets
- A lot of guests are refusing housing opportunities
- Fires inadvertently caused by guests destroyed four of the 120 trailers.



**Human Services Agency
Housing and Homeless Programs Division**

PROGRAM SERVICE AND OUTCOME OBJECTIVES				
Service Objectives	Goal	Actual	Achieved (Y/N)	Comments
1. Report the number of guests that entered the program this fiscal year	Report #	33	Y	
2. Report the number of guests that exited the program this fiscal year	Report #	26	Y	
3. Report the total number of guests demographics updated in RTZ this fiscal year	100%	34	Y	This measure has not been tracked in the past as this program was under the CCC at the time of inception. RTZ is now being diligently tracked and provider is continuously updating RTZ records on a daily basis.
4.				
Outcome Objectives	Goal	Actual	Achieved (Y/N)	Comments
1. A minimum of 75% of unduplicated participants responding to satisfaction surveys will rate the quality of service as good or excellent.	75%	80%	Y	
2. 100% of guests to be referred to Problem Solving and Coordinated Entry. Report the # of guests referred this fiscal year.	100%	100%	Y	100% of guests referred; however, only 54 guests were actually assessed through coordinated entry this fiscal year. The provider has had difficulty engaging guests in CE process as guests are very comfortable in the trailers and often turn down housing opportunities because they do not want to pay for housing and/or do not want to leave Site F.
3. Report the number of individuals moved into more stable housing this fiscal year.	N/A	17	Y	A total of 17 guests have moved into more stable housing this fiscal year as follows: 10 PSH 1 Rental Subsidy 5 Shared housing 1 Market rate housing



Human Services Agency Housing and Homeless Programs Division

Corrective Actions Taken Yes No

Date of Previous Monitoring Report: N/A

The previous monitoring report noted the following needs for corrective action (improvement needed or unsatisfactory rating).

Previous Findings	Corrective Actions Taken
1. N/A	N/A
2.	
3.	
4.	

FOLLOW UP

- Technical assistance needed per department
- Technical assistance requested by contractor
- Timeline for recommended program adjustments
- Recommended program adjustments completed

First time monitoring. Recommendations below.

GENERAL COMMENTS, RECOMMENDATIONS & FOLLOW-UP

There are no findings for this fiscal year; however, the following recommendations must be implemented no later than June 30, 2022:

- Keep track of the number of surveys distributed, collected, and the number of guests who rated overall services as satisfactory or better.
- Post meal menus weekly
- Continue to engage guests in problem solving and coordinated entry assessments. The goal is to get 100% of guests assessed through coordinated entry every six months.

Thank you for serving guests in the Bayview community.

CITY DEPARTMENT USE: DOCUMENT SHARING & SIGNATURE

Shared with Contracts staff? Yes No

Comments:

H&H Program Monitor Signature:

CPerdue

Date:

May 12, 2022