



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 21-22 Behavioral Health Services

Section: BHS-SUD

Target Population: Adult/Older Adult

Agency: HealthRIGHT 360

Site Visit Date: January 12, 2023

Program Reviewed: HR360 Drug Sobering Center (SOMA RISE)

Report Date: February 15, 2023

Program Code(s):

Review Period: July 1, 2021-
June 30, 2022

Site Address: 1076 Howard St., San Francisco, CA 94103

Finalized Date: 03/10/2023

CID/MOU#: 17171 **Appendix #:** A-1

Funding Source(s): Prop C

On-Site Monitoring Team Member(s): Michelle O'Neal and Israel Alleyne

Program/Contractor Representatives: Jose Rios, Paul Harkin, Melissa Chavez, Praseeja Chittiyath (Personnel), and Danielle Jennings (Training)

Overall Program Rating: 2 - Improvement Needed/Below Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
N/A	Program Performance	1	Program Deliverables	4	Program Compliance	N/A	Client Satisfaction

Sub-Categories Reviewed:

Program Performance	Program Deliverables	Program Compliance	Client Satisfaction
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: HealthRIGHT 360/HR360 Drug Sobering Center (SOMA RISE)

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program was exempt of contracted performance objectives.
 - The program met 00.0 percent of its contracted units of service target.
 - A review of the administrative binder evidenced 78.6 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 was exempt of its client satisfaction survey.

BOCC is monitoring the Drug Sobering Center program under the administration of Behavioral Health Services (BHS) Substance Use Disorder (SUD) System of Care (SOC).

The program provides a user-responsive space to move through substance-induced altered states focusing on the principles of harm reduction. It serves adult substance users who are 18 and older, who may be acutely intoxicated, high, tweaking, and/or “coming down,” from recent substance use and who are on the street and most of whom are experiencing homelessness.

BOCC conducted an in-person program site review on 1/12/23 then verified personnel records and training certification in-person at its administrative offices on 1/20/23.

Since this pilot program opened on June 27, 2022, BOCC rendered many of the standard compliance items as not applicable. The site visit was conducted to ensure site and administrative binder requirements were in place. The program is commended for being very organized.

BOCC delayed the completion of this report due to compliance verification.

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

If "Yes", describe program's implementation.

FY21-22 Plan of Action required? **Yes** **No** **See Section 5: Plan of Action Required Report.**

Signature of Author of This Report

DocuSigned by:

Michelle O'Neal

Name and Title: Michelle O'Neal, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

Name and Title: BOCC designee

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:

Patricia Esparza

3/7/2023

Signature of Authorized Contract Signatory (Service Provider)

Date

Patricia Esparza, Managing Director of Compliance Operations

Print Name and Title

RESPONSE TO THIS REPORT DUE:	March 7, 2023
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A Plan of Action (POA) is required. Please attach by clicking on the attachment icon below:



- BOCC Monitor Comments
- X BOCC monitor approves POA
- BOCC Monitor does not approve POA

Program Performance & Compliance Findings

Rating Criteria:

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

Overall Score:

Total Points Given:	28/50=56%
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1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):		N/A	
Program Performance Points:		0	
Points Given:	0/0	Category Score:	0%
Performance Rating:		N/A	

Performance Objectives and Findings with Points

Commendations/Comments:

According to the FY 21-22 contract: All objectives, and descriptions of how objectives will be measured, are to be contained in the Mental Health SF Legislation (MHSF).

According to the SOC, the evaluation of this pilot program will include all aspects of program operations, outcomes, quality and community impact under MHSF.

Identified Problems, Recommendations and Timelines:

BOCC has been unable to verify the objectives located in the MHSF.

2. Program Deliverables (20 points possible):

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

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
SOMA RISE	SA-Sec Prev Early Intervention	8,760	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
SOMA RISE	876	0

Commendations/Comments:

The units of service deliverables are based on the S01 June invoice.

Identified Problems, Recommendations and Timelines:

According to the final S01 June invoice, the program did not list the units of service delivered to date or unduplicated client count.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):		5	Submitted Declaration		
B. Administrative Binder Complete (0-10 pts):		8	79% of items in compliance		
C. Site/Premises Compliance (0-10 pts):		10	100% items in compliance		
D. Chart Documentation Compliance (0-10 pts):		N/A			
E. Plan of Action (if applicable) (5 pts):		5	<input checked="" type="checkbox"/> No FY20-21 POA was required <input type="checkbox"/> FY20-21 POA was submitted, accepted and implemented <input type="checkbox"/> FY20-21 POA submitted, not fully implemented <input type="checkbox"/> FY20-21 POA required, not submitted		
Program Compliance Points:		28			
Points Given:	28/30	Category Score:	93%	Compliance Rating:	Commendable/ Exceeds Standards

Commendations/Comments:

BOCC conducted an in-person site review.

- **Chart Documentation:** BOCC did not review client charts during this monitoring period.
- **Administrative Binder:** The program had 78.6% of the required compliance documents in its binder.
- **Personnel Files:** BOCC reviewed a small sample of personnel files. The program met 91% of personnel requirements.
- **Premises / Site:** The program met 100% of the requirements.
- **Training Certificates:** The program provided evidence that employees completed 65.7% of the training requirements based on a small sample of employees.

Identified Problems, Recommendations and Timelines:

The program needs to ensure it has evidence of employees completion of the following training:

- **Emergency Response:** The program had an Emergency Response Plan; however, it did not have evidence of employees receiving training on the plan.
- **Sexual Orientation Gender Identity.**
- **Fire Clearance:** The program submitted its plan to secure a Fire Clearance by completing an application to the San Francisco Fire Department (SFFD) on 1/12/2023. BOCC was unable to confirm whether the SFFD completed the clearance on the date this report was completed.

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

- Emergency Response Plan
- Fire Clearance - Current/Valid
- SOGI or Transgender Training

4. Client Satisfaction (10 points possible): N/A

Scoring Category	Scoring Criteria	Points
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Commendations/Comments:

No data provided by QM.

According to the SOC, this is a program under continuous Quality Improvement and as a pilot and it will conduct a client survey.

BOCC waived the Client Satisfaction Survey Process for FY 21-23 (only) because the program opened on June 27th, at the end of the fiscal year.

Identified Problems, Recommendations and Timelines:

The program is responsible for conducting a client survey process annually, either through the standardized QM process or by conducting its own customized survey.

5. Plan Of Action Required Report

Attach your Plan Of Action to the signed Monitoring Report for submission to DPH within the deadline on page 3.

Other Deficiencies

Program Compliance: Fire Clearance	The program is in the process of obtaining a Fire Clearance. It must submit a copy of the fire clearance certificate to BOCC upon receipt.
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March 7, 2023

Behavior Health Services
Business Office Contract Compliance
1380 Howard Street, 4th FL
San Francisco, CA 94103

RE: HR360 Drug Sobering Center (SOMA RISE)
Site Visit held on January 12, 2023

Thank you for submitting your audit findings. We, at HealthRIGHT 360, acknowledge your findings and outline a detailed plan of correction (POC) based on your report.

Findings:

I. The program is in the process of obtaining a Fire Clearance. It must submit a copy of the fire clearance certificate to BOCC upon receipt.

Pan of Action:

I. On 2/23/2023, Fire inspector, Denise Bailey, came to inspect HR360 SOMA RISE facility at 1076 Howard St, San Francisco, CA 94103. The building owner is currently working with the fire panel servicing company and the fire inspector to correct the deficiency (a fire panel needs servicing). According to Arturo Carillo, HR360 Maintenance Manager, a fire panel technician would be visiting the premises today, 3/7/2023. Once the fire panel is serviced, and the facility is issued a fire clearance, I will submit it to BOCC.

Thank you for your continued support.

Respectfully Submitted,

Patricia Esparza

Patricia Esparza
Managing Director of Compliance Operations
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