



Edwin M. Lee
Mayor

CP §	Identified Problem	Correction to be Undertaken	Due Date	DPH Action Needed	Status Report – Date and Action Needed								
Issues Summary													
<p>DPH contracts with Bayview Hunters Point Foundation (BVHPF) for a total amount of \$7,538,198. Of this amount, a total of \$511,982 is allocated to a youth substance abuse outpatient treatment and outreach program (Youth Moving Forward, or YMF), and, \$1,019,346 for adult mental health services (Integrated Behavioral Health Services, or IBHS).</p>													
<p>Annual monitoring reports for the YMF program for fiscal years 2011 and 2012 disclosed service/charting documentation and quality management deficiencies. Accordingly, DPH requested that BVHPF submit plans of action (POA). In its response to both years' POAs, BVHPF staff provided detailed plans to address the issues raised. (See pages 2-3.) However, a subsequent DPH staff audit of YMF services for fiscal years ended 2012 and 2013 demonstrated that none of the issues identified in the POAs had been addressed. The audit resulted in a disallowance of 100 percent of all YMF services (with the exception of outreach services), and a payback due to DPH of \$470,722. (See pages 1-3.) Based on this result, DPH staff conducted full audits of YMF's 2009, 2010 and 2011 services. Identical audit exceptions were noted, resulting in an additional payback due DPH of \$961,110 which comprised 100 percent of all YMF services. (See page 3.)</p>													
<p>Given the YMF audit results, DPH staff conducted a 10% audit sample of IBHS' 2012 and 2013 services. Auditors found instances in which charts lacked assessments and properly executed treatment plans, which will result in additional payback to DPH of \$303,921. (See page 3.) The total payback for YMF and IBHS is \$1,735,753. (See page 4.)</p>													
<p>The State Department of Healthcare Services (DHCS) recently notified DPH that YMF's DHCS substance abuse treatment services certification was terminated effective March 31, 2013 due to YMF staff's failure to submit an extension application. DPH requires both through the contract boilerplate and applicable RFP minimum qualifications that substance abuse treatment programs be certified by the State (See page 4.). As YMF does not receive any State funding, there is no impact from a financial aspect. However, the agency is out of compliance with DPH requirements.</p>													
<p>Bayview Hunters Point Foundation has a history of very limited non-City fund development. Therefore, the substantial amounts due to DPH will create serious financial challenges for BVHPF. (See pages 5-6.)</p>													
<p>Conclusion: YMF is the only DPH-funded substance abuse treatment program for youth in the Bayview. The youth and their families deserve to have a well managed program with quality services. Problems with this program were identified in 2011 and 2012 and detailed Plans of Action were developed. However, the program failed to implement these plans and the result is a loss of over \$1 million. Additionally, the program has failed to meet other contractual requirements such as maintaining its substance abuse certification. The Department is very concerned about the viability of this agency.</p>													
<p><u>Payback Summary</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">YMF Audit of FY11-12 and FY12-13 (Full Audit):</td> <td style="text-align: right;">\$470,722</td> </tr> <tr> <td>YMF Audit of FY08-09, FY09-10, and FY10-11 (Full Audit):</td> <td style="text-align: right;">961,110</td> </tr> <tr> <td>IBHS Audit of FY11-12 and FY12-13 (10% Audit)</td> <td style="text-align: right;"><u>303,921</u></td> </tr> <tr> <td>Total Payback</td> <td style="text-align: right;">\$1,735,753</td> </tr> </table>						YMF Audit of FY11-12 and FY12-13 (Full Audit):	\$470,722	YMF Audit of FY08-09, FY09-10, and FY10-11 (Full Audit):	961,110	IBHS Audit of FY11-12 and FY12-13 (10% Audit)	<u>303,921</u>	Total Payback	\$1,735,753
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Per letter dated March 3, 2014, DPH Deputy Financial Officer approved BVHP's plan for repayment of \$14,000/month for 10.3 years.					
Program Operations					
CBHS	<p><u>Annual Monitoring Report Findings:</u> BVHPF claimed to have taken corrective action with respect to Youth Moving Forward (YMF) client charting and related quality assurance matters in response to the FY2011 and 2012 monitoring reports. YMF's fiscal year end 2011 monitoring report noted many problems related to chart maintenance. DPH required YMF to submit a plan of action (POA) addressing lack of treatment planning standards and chart forms and to undergo related training. In response to the FY2011 monitoring report, YMF submitted a POA dated January 13, 2012, signed by the BVHPF Executive Director, which incorporated a detailed compliance plan, including chart form compilation; chart review 48 hours after intake; quality assurance review for dates, signatures and forms; chart training; creation of treatment plans within 30 days of admission and 30 days thereafter; treatment plan reassessment every 90 days; and, case management (referral, intake, initial assessment, case conference, draft treatment plan, and final treatment plan).</p> <p>YMF's 2012 monitoring report</p>	<p>BVHPF to engage a quality management (QM) consultant, approved by DPH, to review and document YMF's and IBHS' existing quality management practices and to provide ongoing QM supervision for a minimum of six months.</p> <p>Quality management consultant to provide a report to the BVHPF board of directors and DPH regarding YMF's and IBHS' current QM practices and recommendations for improvement.</p> <p>Quality management consultant to provide monthly reports to the BVHPF board of directors and DPH regarding QM practices in place at YMF and IBHS.</p>	<p>Jan. 11, 2014</p> <p>Feb. 28, 2014</p> <p>Mar 31, 2014 – June 30, 2014</p>	<p>Review QM consultant contract and resume; provide feedback to BVHPF.</p> <p>Review QM report; provide feedback to BVHPF.</p> <p>Review monthly reports and begin testing YMF and IBHS charting beginning June 2014.</p>	<p>RESOLVED: In conformance with DPH's recommendation, BVHPF engaged Lisa Scott-Lee who provides documentation training and consultation for DPH.</p> <p>Report not received by due date; sent reminder to BVHP via email on 3/3/14. Per BVHP email of 3/14/14, first report will be presented to BVHP board on 3/12, 14, and then sent to DPH.</p> <p>Report received 3/26/14: baseline audit conducted, two regulatory/compliance training sessions held; weekly chart reviews conducted.</p> <p>Second report received March 27, 2014: Weekly chart audits of both programs, with improvements noted. Staff appears to understand and apply charting documentation concepts. Next step is to develop internal utilization review capacity.</p> <p>Third report received 7/21/14. Internal Quality Utilization Review committee formed. Recent charting reflective of documentation principles implementation. BVHPF hired interim Clinical Director for YMF which has proven very positive. Continued improvement contingent on management's support of quality management staff and realistic evaluation of BVHPF's line and supervisory staff competencies.</p>

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	<p>noted that YMF failed to meet seven of nine performance objectives, and accordingly required YMF to submit a POA. In response to the FY2012 monitoring report, YMF submitted a POA, dated April 3, 2013, signed by the Executive Director, stating that the program identified areas of improvement through chart reviews and case conferences conducted monthly/weekly. The POA added that program counselors receive weekly/monthly/daily supervision from the Program Director and Clinical Supervisor in areas such as progress notes documentation, treatment planning, and continuous quality improvement direction from the QA Coordinator in maintaining client records, i.e., accurate and timely service documentation.</p> <p><u>DPH Audit Findings:</u> Recent audits conducted by City staff established that YMF did not take effective corrective action. City staff's audit of YMF's client charts for fiscal years ending 2012 and 2013 evidenced that YMF staff failed to produce charts or service documentation for 152 of 290 client services YMF entered into AVATAR and invoiced DPH. Required charting elements (progress notes, group notes, assessments and treatment plans) were not in evidence in the 138 client charts YMF staff were able to produce. As a result of this audit, DPH will back out all related billings</p>				<p>Consultant conducted executive exit conference with BVHPF staff on July 29, 2014. Final report received September 5, 2014. Report reiterated BVHPF's quality activities undertaken to date and stressed that internal oversight and continuous quality assurance reviews must become part of the organization's culture. Specific recommendations included: development of program oversight manual; strong quality management oversight and accountability and manager and staff levels; additional clinical and administrative resources to allow time for supervisors to oversee line staff; and addressing staff productivity.</p>

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	<p>and seek a \$470,722 reimbursement from BVHPF which constitutes all funds DPH paid to BVHPF for this program for fiscal years 11-12 and 12-13.</p> <p>Given the results of the FY11-12 and FY12-13 YMF audits, DPH staff conducted a full audit of this program for fiscal years 08-09, 09-10, and 10-11. Identical audit exceptions were noted during this audit. As a result of this audit, DPH will seek reimbursement of \$961,110. This constitutes all funds DPH paid to BVHPF for this program for fiscal years 08-09, 09-10, and 10-11.</p> <p>In view of the YMF audit results, DPH staff conducted a sample audit of the agency’s FY11-12 and FY12-13 adult mental health services program, Integrated Behavioral Health Services (IBHS). The audit of IBHS charts indicated that services valued at \$303,921 will be recouped due to the absence of assessments and properly executed treatment plans.</p> <p><u>State Certification Lapse:</u> The California Department of Health Care Services (DHCS) advised BVHPF on August 23, 2013 that the state certification for the YMF program was terminated effective March 31, 2013 because BVHPF failed to submit an extension application before the certification expiration date.</p>	<p>Submit required application to DHCS; provide verification of DHCS’ receipt of application.</p>	<p>Jan. 15, 2014</p>	<p>Review Application</p>	<p>PARTLY RESOLVED: BVHPF provided copy of application on January 15, 2014. DHCS has reportedly not responded to BVHPF’s application request. Once done, DHCS will conduct on-site audit to determine whether YMF will be certified. BVHPF needs to affirmatively follow up with DHCS to move the process along.</p> <p>DHCS conducted site inspection in September, issued report in October. Report had two findings:</p>

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	<p>The Department requires both through the contract boilerplate and applicable RFP minimum qualifications that substance abuse treatment programs be certified by the State.</p>				<p>1) one YMF employee’s performance evaluation was not in the employee’s personnel file; and 2) one YMF employee has yet to earn his drug and alcohol counseling certificate.</p>
Financial Management					
CBHS	<p><u>Summary of Amounts Owed by Agency:</u> BVHPF is to reimburse DPH for funds paid to BVHPF for the YMF program of \$1,431,832, and seek reimbursement for funds paid to BVHPF for the IBHS program of \$303,921, for a total of \$1,735,753.</p> <p><u>Agency Cash Flow/ Audited Financial Statements:</u> According to BVHPF’s audited financial statements for period ending June 30, 2012, BVHPF had unrestricted net assets totaling just over \$1 million, a year during which BVHPF experienced a net decrease in cash and cash equivalents of \$285,629. A payback \$1,735,753 far exceeds BVHPF’s net assets.</p> <p>BVHPF’s audited financial statements for periods ending June 30, 2011 and 2012 reflected non-City source revenues as</p>	<p>Bayview Hunters Point Foundation to refund a payback of \$1,735,753 to DPH. The BHVPF Board of Directors may submit a schedule for refunding this amount to DPH not to exceed one year unless otherwise negotiated with DPH’s Chief Financial Officer. The plan is to be approved by the BVHPF board of directors and should include a more robust plan than the one offered during the Joint Fiscal and Compliance process.</p>	Jan 31, 2014	DPH to review the plan with regard to the payback and fund development.	<p>Per letter dated March 3, 2014, DPH Deputy Financial Officer (DFO) approved BVHPF’s plan for repayment of \$14,000/month for 10.3 years. DPH began the \$14,000 monthly offset effective April 2014, however, BVHPF requested downward revision of the monthly offset which the DFO is taking under advisement.</p> <p>Per letter dated July 31, 2014, DFO approved BVHPF request to reduce the monthly repayment to \$12,000 for 12 years. DFO requested annual fiscal year repayment proposals.</p>

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	<p>respectively totaling one percent and .02 percent of gross revenue. City staff from DPH, DCYF and HSA documented these findings in successive year Joint Fiscal and Compliance Monitoring reports. In response to the monitoring reports, BVHPF provided a fund development plan which was modest in scope and which BVHPF stated would start in late March 2013.</p>				