



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-MH

Target Population: Adult/Older Adult

Agency: Richmond Area Multi-Services, Inc.

Site Visit Date: July 18, 2023

Program Reviewed: RAMS Adult Outpatient Services

Report Date: September 8, 2023

Program Code(s): 38943

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

Site Address: 3626 Balboa St, San Francisco, CA 94121

Finalized Date:

CID/MOU#: 10838 **Appendix #:** A-1

Funding Source(s): General Fund, Medi-Cal, MHSA

On-Site Monitoring Team Member(s): Elissa Velez, Michelle O'Neal, and Denise Williams

Program/Contractor Representatives: Sachi Inoue, Angela Tang, Christina Shea, and Priscilla Kyu

Overall Program Rating: 4 - Commendable/Exceeds Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
3	Program Performance	4	Program Deliverables	4	Program Compliance	4	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: Richmond Area Multi-Services, Inc./RAMS Adult Outpatient Services

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 80.0 percent of its contracted performance objectives.
 - The program met 107.6 percent of its contracted units of service target.
 - A review of the administrative binder evidenced 100.0 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 submitted its client satisfaction results in a timely fashion.
 - The program's client satisfaction return rate was more than 50%.
 - The percentage of clients indicating satisfaction with the program's services was 90-100%.

Richmond Area Multi-Services Inc.'s (RAMS) Adult Outpatient program is under the Behavioral Health Services (BHS) Adult and Older Adult System of Care (AOA-SOC).

The program provides outpatient and prevention services to adults and older adults who reside in San Francisco, with an emphasis on serving the Richmond District. Services include: individual, group and family therapy; case management; psychiatric evaluation and medication management; psychological assessment and testing; psychoeducation; consultation. Services are provided on-site and in the community as needed.

FY21-22 was a time of recovery from the impacts of COVID-19. The pandemic brought change and challenges related to adjusting operations for alignment with proper protocols as well as clients and staff navigating new technology. The program reported being proud of its ability to act quickly and modify operations during COVID, keeping connections with clients, learning how to deliver services through telehealth, and realizing that telehealth made it easier for providers to connect to clients and maintain engagement. Peer groups continued via telehealth.

This review was conducted virtually using the Microsoft Teams meeting platform on 7/18/23.

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

If "Yes", describe program's implementation.

FY21-22 Plan of Action required? **Yes** **No**

Signature of Author of This Report

DocuSigned by:

Elissa Velez

Name and Title: Elissa Velez, Business Office Contract Compliance Manager

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

Name and Title: Jerna Reyes, 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:

Angela Tang

2/16/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Angela Tang, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:	February 16, 2024
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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
Over 90% = Commendable/ Exceeds Standards	71% - 90% = Acceptable/Meets Standards	51% - 70% = Improvement Needed/ Below Standards	Below 51% = Unacceptable

Overall Score:

Total Points Given: 87/90=97%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	27	36 total points out of 45 points (from 9 Objectives) = 80%			
Program Performance Points:	27				
Points Given:	27/30	Category Score:	90%	Performance Rating:	Acceptable/ Meets Standards

Performance Objectives and Findings with Points

AOA.MHO P1	Objective: At least 80% of psychiatric inpatient hospital discharges occurring in FY 21-22 will not be followed by a readmission within 90 days.	Finding: In FY21-22 there were 2 clients open in 38943 who experienced a psychiatric hospitalization and were open in the program for 90 days post hospital discharge. During the review period, 0 clients were readmitted to psychiatric hospitalization within 90 days, resulting in 100% compliance.	Points: 5
AOA.MHO P10	Objective: 100% of clients will be offered an appointment within 10 business days of the initial request for services.	Finding: In FY21-22 there were 338 initial requests for services in 38943 since the beginning of the fiscal year. During the review period, 321 were offered an appointment within 10 business days of the initial request as found in AVATAR Timely Access Log, resulting in 94.97% compliance.	Points: 5
AOA.MHO P11	Objective: 100% of clients will have an initial Assessment finalized in Avatar within 60 days of episode opening.	Finding: In FY21 22 there were 123 clients registered in 38943 since the beginning of the fiscal year. During the review period, 78 clients had finalized ANSA as found in AVATAR within 60 days of the episode opening, resulting in 63.41% compliance.	Points: 2
AOA.MHO P2	Objective: At least 80% of psychiatric emergency services (PES) episodes occurring in FY 21-22 will not be followed by a readmission to PES within 30 days.	Finding: In FY21-22 there were 3 clients open in 38943 who experienced a PES episode and were open in the program for 30 days post PES discharge. During the review period, 0 clients were readmitted to PES within 30 days, resulting in 100.00% compliance.	Points: 5
AOA.MHO P3	Objective: Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA.	Finding: In FY21-22 there were 525 clients in program 38943 with actionable items on the ANSA. During the review period 257 clients improved on at least 30% of the items, resulting in 48.95% of clients achieving the ANSA benchmark.	Points: 4
AOA.MHO P4	Objective: SUSPENDED PER AOA SOC. 100% of new referrals to a psychiatrist or nurse practitioner must have the referral date recorded in Avatar via the Psychiatric Referral Date form.	Finding: SUSPENDED PER SOC.	Points:
AOA.MHO P5	Objective: SUSPENDED PER AOA SOC. 100% of new clients referred to a psychiatrist or nurse practitioner must receive a medication support service within 15 business days of the referral date.	Finding: SUSPENDED PER SOC.	Points:
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 FY21-22 there were 682 clients enrolled in 38943 During the review period, 242 entries were recorded in the AVATAR Vocational/Meaningful Activities Enrollment screen, resulting in 35.48% enrollment rate.	Points: 4
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 FY21-22 there were 123 clients registered in 38943 since the beginning of the fiscal year. During the review period, 79 clients had a 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 64.23% compliance.	Points: 2
AOA.MHO P8	Objective: On any date 100% of clients will have a current finalized annual Assessment in Avatar.	Finding: In FY21-22 there were 531 clients with annual assessments due in 38943. During the review period, 525 clients had finalized annual assessments as found in AVATAR, resulting in 98.87% compliance.	Points: 5
AOA.MHO P9	Objective: On any date 100% of clients will have a current finalized Treatment Plan of Care in Avatar.	Finding: In FY21-22 there were 531 clients registered in 38943 for whom an updated Treatment Plan of Care was due. During the review period, 470 clients had a current finalized Treatment Plan of Care as found in AVATAR, resulting in 88.51% compliance.	Points: 4

Commendations/Comments:

The overall achievement for the contracted program objectives was 80%. The program met acceptable to excellent levels of

achievement, scoring four or five for all but two of the applicable performance objectives.

The program is commended for demonstrating proper documentation of new referrals, timely access to care, and medication support.

The program achieved 94.97% of compliance with program objective AOA.MHOP10, ensuring close to all clients are offered an appointment to mental health services within 10 business days of the initial request for services. The data demonstrates high compliance with timely access to outpatient psychiatry and medication support services.

Objectives AOA.MHOP4 and AOA.MHOP5 are suspended by the SOC due to unclear guidance for tracking programs' achievement of these objectives.

Identified Problems, Recommendations and Timelines:

Program objective AOA.MHOP11 received a score of two (2). The program is reminded that despite CalAIM Documentation Reform, BHS Policy #3.10-14 requires providers serving adults to complete the initial assessment within 60 days from the episode opening and every three years for subsequent specialty mental health services (SMHS) assessments.

No plan of action is required for timely finalization of the Initial Treatment Plan of Care (AOA.MHOP) due to CalAIM changes not requiring this item effective 7/1/2023.

2.Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	108% of Contracted Units of Service		
Program Deliverables Points:		20			
Points Given:	20/20	Category Score:	100%	Performance Rating:	Commendable/ Exceeds Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
38943	15/ 01 - 09 OP - Case Mgt Brokerage	8,850	7,467
38943	15/ 10 - 57, 59 OP - MH Svcs	424,784	462,200
38943	15/ 60 - 69 OP Medication Support	72,000	74,297
38943	15/ 70 - 79 OP - Crisis Intervention	930	1,163
38943	45/ 10 - 19 OS - MH Promotion	1,394	1,253

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38943	750	682

Commendations/Comments:

Based on final invoices for the 7/1/21-6/30/22 contract term (#s M02JU22, M03JU22, M79JU22), the program met 107.6% of its contracted units of service. The funding type was Fee for Service.

Based on Avatar data, the program utilized 3,859 units of non-billable ADM services, resulting in 0.07% of the total.

Delivered unduplicated client count (UDC) data was from Avatar. Program reached 90% of contracted UDC.

The program is commended for successful completion of contracted deliverables.

Identified Problems, Recommendations and Timelines:

None identified.

3. Program Compliance (40 points possible):

A. Declaration of Compliance Score (5 pts):	5	Submitted Declaration			
B. Administrative Binder Complete (0-10 pts):	10	100% 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:		30			
Points Given:	30/30	Category Score:	100%	Compliance Rating:	Commendable/ Exceeds Standards

Commendations/Comments:

The FY21-22 review of premise and administrative binder requirements was conducted virtually on 7/18/23. The program received 100% of compliance for attesting to premises requirements and 100% of compliance for the administrative binder review.

Identified Problems, Recommendations and Timelines:

The review of staff training evidenced that some certificates (aerosol transmittable disease, exposure to bloodborne pathogens, and harm reduction) were not available or missing. BOCC recommends for the program to develop a process or tracking mechanism to maintain a training log. No plan of action is required at this time.

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			
Submission	On Time = 2/Not On Time = 0	2			
Return Ratio: Survey Forms Received per Clients with Face-to-Face Service in Survey Period	>50% = 3 / <50% = 0	3			
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	5			
Client Satisfaction Points:		10			
Points Given:	10/10	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards

Commendations/Comments:

DPH-BHS Quality Management provided analyzed data for the FY21-22 Standardized Client Satisfaction Survey. The RAMS Adult Outpatient Program (Program Code 38943) had a return rate of 63.4% and an overall satisfaction rate of 91.9%. No changes in response to client feedback were reported.

Identified Problems, Recommendations and Timelines:

The program is encouraged to increase the return rate of surveys so that the data gathered can be more representative of client experiences.