



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: CYF

Agency: Richmond Area Multi-Services, Inc.

Site Visit Date: July 18, 2023

Program Reviewed: RAMS Children Outpatient – Managed Care

Report Date: September 25, 2023

Program Code(s): 38947, 3894MC

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

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

Finalized Date:

CID/MOU#: 10839 **Appendix #:** B2

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

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

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

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	2	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 Children Outpatient – Managed Care

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 83.3 percent of its contracted performance objectives.
 - The program met 105.6 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 less than 50% and therefore points were not awarded for this subcategory.
 - The percentage of clients indicating satisfaction with the program's services was 90-100%.

Richmond Area Multi-Services Inc.'s (RAMS) Children's Outpatient - Managed Care program is under Behavioral Health Services (BHS) Children, Youth, and Families (CYF) System of Care (SOC).

The program's goal is to implement a culturally competent, efficient, and effective coordinated care model of service where clients are actively involved and where they learn to build on strengths, alleviate and manage symptoms, and develop and make choices that assist them to the maximum extent possible to lead satisfying and productive lives in the least restrictive environments.

Monitoring of FY21-22 and before has historically evaluated program codes 38947 and 38947MC under this contract; effective 7/1/22 these program codes were merged into 38947.

The program reported having no psychiatric rendering providers during 21-22 and working with the Medical Director to refer those in need of services to other clinics.

Program reports being proud of its staff that adapted to the pandemic response environment and pivoted to remote sessions, particularly with younger clients that were harder to engage and with families. Further challenges during this time were around staffing and burnout. The program reported no dips in unit of services or deliverables during the post pandemic shelter-in-place climate.

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:

Farahna Farahmand

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

3/6/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Angela Tang, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:

March 6, 2024

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: 84/90=93%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	27	50 total points out of 60 points (from 12 Objectives) = 83%			
Program Performance Points:	27				
Points Given:	27/30	Category Score:	90%	Performance Rating:	Acceptable/ Meets Standards

Performance Objectives and Findings with Points

CYF.MHO P1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY21-22 there were 75 client(s) in program 38947 with actionable items on the CANS. During the review period 29 client(s) improved on at least 50% of the items, resulting in 38.66% of clients achieving the CANS benchmark.	Points: 0
CYF.MHO P1	Objective: 80% of clients will improve on at least 50% of their actionable items on the CANS.	Finding: In FY21-22 there was 1 client in program 3894MC with actionable items on the CANS. During the review period 1 client(s) improved on at least 50% of the items, resulting in 100.00% of clients achieving the CANS benchmark.	Points: 5
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY21-22 there were 78 client(s) in program 38947 with at least 2 CANS and at least 8 months between CANS. During the review period 76 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 97.40% of clients achieving the benchmark.	Points: 5
CYF.MHO P2	Objective: 100% of clients will either maintain or develop at least 2 useful or centerpiece Strengths.	Finding: In FY21-22 there were 1 client(s) in program 3894MC with at least 2 CANS and at least 8 months between CANS. During the review period 1 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 100.00% of clients achieving the benchmark.	Points: 5
CYF.MHO P3	Objective: 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Finding: In FY21-22 there were 90 new clients opened in 38947. During the review period, 66 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 73.33% compliance.	Points: 3
CYF.MHO P3	Objective: 100% of new clients with an open episode will have the initial CANS assessment completed in the online Avatar record within 60 days of episode opening.	Finding: In FY21-22 there was 1 new client opened in 3894MC. During the review period, 1 client had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 100.00% compliance.	Points: 5
CYF.MHO P4	Objective: SUSPENDED PER SOC. 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 1st planned service.	Finding: SUSPENDED PER SOC.	Points:
CYF.MHO P4	Objective: SUSPENDED PER SOC. 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 1st planned service.	Finding: SUSPENDED PER SOC.	Points:
CYF.MHO P5	Objective: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Finding: In FY21-22 there were no clients meeting the denominator for inclusion (open in treatment >365 days) in 3894MC.	Points:
CYF.MHO P5	Objective: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Finding: In FY21-22 there were 95 clients with annual CANS assessments due in 38947 . During the review period, 91 clients had finalized CANS assessments as found in AVATAR , resulting in 95.79% compliance.	Points: 5
CYF.MHO P6	Objective: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Finding: In FY21-22 there were no clients meeting the denominator for inclusion (open in treatment >365 days) in 3894MC.	Points:
CYF.MHO P6	Objective: 100% of clients will have an updated and completed Treatment Plan of Care in Avatar annually.	Finding: In FY21-22 there were 95 clients requiring an updated Treatment Plan of Care in 38947 . During the review period, 86 clients had a finalized treatment plan as found in AVATAR, resulting in 90.53% compliance.	Points: 5
CYF.MHO P7	Objective: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Finding: In FY21-22 there were 5 clients discharged from 3894MC. During the review period, 5 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within the 30 days after episode closing, resulting in 100.00% compliance.	Points: 5

CYF.MHO P7	Objective: 100% of clients in treatment will have a Closing Summary and Discharge CANS completed no later than 30 days after episode closing.	Finding: In FY21-22 there were 54 clients discharged from 38947. During the review period, 48 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within the 30 days after episode closing, resulting in 88.89% compliance.	Points: 4
CYF.MHO P8	Objective: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Finding: In FY21-22 there was 1 request for appointments in 3894MC. During the review period, 1 client was offered an appointment within 10 days, resulting in 100.00% compliance.	Points: 5
CYF.MHO P8	Objective: 100% of clients must be offered an appointment within 10 business days of the initial request for services.	Finding: In FY21-22 there were 104 requests for appointments in 38947. During the review period, 82 clients were offered an appointment within 10 days, resulting in 78.85% compliance.	Points: 3
CYF.MHO P9	Objective: SUSPENDED PER SOC. 100% of new referrals to a psychiatrist or nurse practitioner who aren't currently linked to psychiatric medication services must have the referral date and first offered appointment recorded in Avatar via the Time to Outpatient Psychiatry form.	Finding: SUSPENDED PER SOC.	Points:
CYF.MHO P9	Objective: SUSPENDED PER SOC. 100% of new referrals to a psychiatrist or nurse practitioner who aren't currently linked to psychiatric medication services must have the referral date and first offered appointment recorded in Avatar via the Time to Outpatient Psychiatry form.	Finding: SUSPENDED PER SOC.	Points:

Commendations/Comments:

The overall achievement for the contracted program objectives was 83.3%. The program met an acceptable level of achievement, scoring three or above, for 6 out of 7 applicable performance objectives. The full data set represents performance for the program's two Avatar program codes.

Program code 38947 contained the majority of the program's clients. Data findings for 38947 show 97% of clients in care either maintained or developed at least 2 useful or centerpiece strengths. Further, the data demonstrated timely documentation of the initial CANS Assessment, updated Treatment Plans and Closing Summary and Discharge CANS. Objective OP8 for 38947 showed adequate documentation in the Timely Access Log.

Program code 3894MC is the smaller of the two codes and made up of Medi-Cal clients. The program is commended for demonstrating positive client outcomes with 100% of clients meeting ANSA benchmarks and 100% of clients either maintained or developed at least 2 useful or centerpiece strengths. Data also shows timely documentation of the initial Assessment, initial Treatment Plan, the Closing Summary, Discharge CANS, and the Timely Access Log. After this monitoring year the data set will be combined under 38947.

Identified Problems, Recommendations and Timelines:

Program code 38947 did not achieve objective CYF.MHOP1, with only 38.66% of clients achieving the CANS benchmark. This review period was during COVID which significantly impacted the program's youth population, contributing to the challenge of making meaningful and measurable progress during this time. BOCC encourages the program to place focus on this objective for FY23-24.

CYF.MHOP4 scoring was suspended for this reporting year because of policy changes under CalAIM. January 1, 2022, access criteria and medical necessity changes went into effect, allowing BHS providers to begin treatment services immediately. As a result of this change the concept of a planned service was eliminated impacting how the objective should be measured. Subsequently, on July 1, 2022, DHCS removed requirements around the standalone Treatment Plan. Due to the extensive policy changes under CalAIM this objective will not be scored.

Objective CYF.MHOP9 was suspended due to needed technical assistance for providers understanding of the objective and measure. The program reported not having a psychiatrist for a portion of this period and reports current compliance entering data in the Time to Psychiatry form. Findings for objectives with suspended scoring remain in the report for historical reference.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	106% 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	
38947	15/ 01 - 09 OP - Case Mgt Brokerage	3,483	3,123
38947	15/ 10 - 57, 59 OP - MH Svcs	213,666	252,651
38947	15/ 60 - 69 OP Medication Support	7,891	21
38947	15/ 70 - 79 OP - Crisis Intervention	150	703
38947	45/ 10 - 19 OS - MH Promotion	416	162
3894MC	15/ 01 - 09 OP - Case Mgt Brokerage	879	493
3894MC	15/ 10 - 57, 59 OP - MH Svcs	24,195	7,698
3894MC	15/ 60 - 69 OP Medication Support	35	0
3894MC	15/ 70 - 79 OP - Crisis Intervention	80	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38947	150	183
3894MC	14	9

Commendations/Comments:

Based on final invoices for the 7/1/21-6/30/22 contract term (#s M43JU22, M45JU22, M56JU22, M60JU22), the program met 105.6% of its contracted units of service. The funding type was Fee for Service. Based on Avatar data the program utilized 1,536 units of non-billable ADM services, resulting in 16% of the total.

Delivered unduplicated client count (UDC) was collected from Avatar. The program reached 90% of contracted UDC. The program is commended for successful completion of contracted deliverables.

Identified Problems, Recommendations and Timelines:

None indicated.

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 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.

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	>50% = 3 / <50% = 0	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	5
Client Satisfaction Points:		7

Points Given:	7/10	Category Score:	70%	Client Satisfaction Rating:	Improvement Needed/ Below Standards
---------------	------	-----------------	-----	-----------------------------	-------------------------------------

Commendations/Comments:

DPH-BHS Quality Management provided analyzed data for the FY21-22 Standardized Client Satisfaction Survey. The RAMS, Children's Outpatient Managed Care Program (Program Code 38947) had a return rate of 37.1% and an overall satisfaction rate of 100%.

Program Code 3894MC had a return rate of 100% and an overall satisfaction rate of 100%. The program is praised for its high consumer satisfaction scores.

Identified Problems, Recommendations and Timelines:

The program is encouraged to find ways to increase the return rate of surveys.