



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: MHSA

Target Population: Adult/Older Adult

Agency: Richmond Area Multi-Services, Inc.

Site Visit Date: July 17, 2023

Program Reviewed: RAMS ICM Transition Support to Outpatient

Report Date: August 29, 2023

Program Code(s): N/A

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

Site Address: 1282 Market Street, San Francisco, CA 94102

Finalized Date:

CID/MOU#: 20708 **Appendix #:** A-4

Funding Source(s): MHSA

On-Site Monitoring Team Member(s): Michelle O'Neal, Melissa Ta

Program/Contractor Representatives: Angela Tang, Richard Zevin, Michele Alexia, Qiyanna Love

Overall Program Rating: 4 - Commendable/Exceeds Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	2	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 ICM Transition Support to Outpatient

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 100.0 percent of its contracted performance objectives.
 - The program met 67.7 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 completed its client satisfaction survey.
 - The program analyzed the client satisfaction results.

RAMS' Intensive Case Management (ICM) Outpatient Peer Transition Team is administered under the Behavioral Health System (BHS) System of Care (SOC). Mobilizing a peer linkage team providing both wraparound services and a warm hand off, the program works to increase client engagement in behavioral health outpatient services among those stepping down from ICM/FSP services, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.

Target population are peers, who are individuals with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members, or significant others of consumers.

This is a 5-year program. Services are offered in English, Spanish, and Cantonese to clients.

Due to COVID-19 pandemic and increased client decompensation across the BHS SOC, program continued to support clients longer to assist with stabilization at the outpatient level of care. The average length of stay was 11 months.

59% (17/29) of clients who exited the program successfully completed their transition to the outpatient level of care, including attending at least 3 outpatient appointments independently on their own and completing their case management goals.

Even though referrals were low, program is proud it partnered with other programs to increase outreach which will increase referrals in the future. Program specifically focus on TAY population as they begin to age out of their current services.

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:

Melissa Ta

Name and Title: Melissa Ta, 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

2/8/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Angela Tang, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:	February 8, 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: 79/85=93%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	30	20 total points out of 20 points (from 4 Objectives) = 100%
Program Performance Points:	30	
Points Given:	30/30	Category Score: 100%
		Performance Rating: Commendable/ Exceeds Standards

Performance Objectives and Findings with Points

O.1	By June 30, 2022, 75% of surveyed clients will report feeling heard and understood by their Peer Counselor, as evidenced by Client Feedback Tool.	According to Year-End Program Narrative Report, 83% (5 out of 6) surveyed clients reported they "Strongly Agree" or "Agree" with feeling heard and understood by their Peer Counselor, as evidenced by Client Feedback Tool administered during FY 21-22.	Points: 5
O.2	By June 30, 2022, 75% of surveyed clients will report that they feel more comfortable with their new provider, as evidenced by Client Feedback Tool.	According to Year-End Program Narrative Report, 80% (4 out of 5) surveyed clients reported they "Strongly Agree" or "Agree" with feeling more comfortable with their new provider, as evidenced by Client Feedback Tool administered during FY 20-21.	Points: 5
O.3	By June 30, 2022, 75% of surveyed referral clinics will report that the Peer Transition Team was helpful in transitioning clients to less intensive services, as evidenced by referral feedback tools.	According to Year-End Program Narrative Report, 92% (11 out of 12) providers from ICM & OP referral clinics surveyed reported that the Peer Transition Team was helpful in transitioning clients to less intensive services, as evidenced by provider feedback surveys administered in February 2022.	Points: 5
P.1	By June 30, 2022, 80% of clients enrolled with the Peer Transition Team will meet with a Peer Counselor within 30 days of date of enrollment.	According to Year-End Program Narrative Report, 92% (45 out of 49) clients enrolled during FY 21-22 successfully met with their Peer Counselor within 30 days of program enrollment.	Points: 5

Commendations/Comments:

Performance objectives findings were provided by the Mental Health Services Act (MHSA) Year-End Program Narrative Report. The program is commended for meeting all the performance objectives.

Identified Problems, Recommendations and Timelines:

None identified.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		14	68% of Contracted Units of Service		
Program Deliverables Points:		14			
Points Given:	14/20	Category Score:	70%	Performance Rating:	Improvement Needed/ Below Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
ICM Transition to OP	10/30-39 DS-Vocational	7,534	5,099

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
ICM Transition to OP	25	45

Commendations/Comments:

Based on the last cost reimbursement invoice #M72JU22, program delivered 67.7% of its contracted units of service. This is a 21% increase in usage of from the previous monitoring period. The UDC was obtained from program's MHSA Year-End Demographic Report.

Identified Problems, Recommendations and Timelines:

None noted.

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:

Program is commended for maintaining an organized admin binder.

Identified Problems, Recommendations and Timelines:

When staff training was reviewed, some certificates (aerosol transmittable disease, site specific emergency response plan, exposure to blood borne pathogens, and harm reduction) were unavailable or missing. BOCC recommends for the program to develop a process or tracking mechanism to maintain a training log. BOCC also provided technical assistance regarding the Harm Reduction Training Institute and BHS online training websites.

4. Client Satisfaction (10 points possible): Program-Specific Client Satisfaction Survey

Scoring Category	Scoring Criteria	Points
Completed Program Specific Survey	Yes = 2, No = 0	2
Results Analyzed	Yes = 3, No = 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	N/A
Client Satisfaction Points:		5

Points Given:	5/5	Category Score:	100%	Client Satisfaction Rating:	Commendable/ Exceeds Standards
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Commendations/Comments:

The program experienced increased challenges with collecting surveys due to fewer successful client graduations and reduced in-person client meetings.

The program offered digital and paper client feedback surveys in English, Spanish, and Cantonese, and collected 6 completed surveys. Results indicated that clients agreed 100% that their peer counselor was flexible and advocated for them.

Findings and comments were reviewed anonymously with staff during team meetings. The program plans to make a more concerted effort to gather more client feedback in FY22-23 for better, qualitative, constructive feedback.

Identified Problems, Recommendations and Timelines:

None noted.