



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:

Agency: Richmond Area Multi-Services, Inc.

Site Visit Date: July 17, 2023

Program Reviewed: RAMS Peer to Peer Linkage

Report Date: August 30, 2023

Program Code(s): N/A

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

Site Address: 1282 Market Street, San Francisco, CA 94103

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	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 Peer to Peer Linkage

- 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 97.7 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.

This program is administered under the Behavioral Health System (BHS) System of Care (SOC). Program implements a cohesive, empowering and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. Additionally, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

A site visit was conducted on 7/17/23.

Program's service coordinators continued to provide in-person and telehealth peer support in English, Spanish, and Cantonese, and physical accompaniment in the field to clients receiving services at 5 BHS clinics (Mission MH, Chinatown/North Beach MH, OMI Family Center, Sunset MH, and Southeast Mission Geriatrics). Program experienced staffing challenges and needed to readjust services and coverage as some staff were deployed as disaster service workers to the COVID-19 emergency response and some staff left the organization which resulted in vacancies.

Program continued to creatively meet with clients outdoors or in large indoor spaces to maintain COVID-19 requirements and ensure safety.

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:

Jessica Brown

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

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: 85/85=100%

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

Ind.1	During the 2021-2022 Fiscal Year, the RAMS Peer to Peer Linkage program will have four contacts with the Site Supervisor(s) regarding staffing, work duties and assignments, and address any concerns with the program. This will be documented in program reports.	According to program's year-end narrative report, all 7 sites each had a minimum of four contacts (100%) between RAMS Peer to Peer Linkage program and Site Supervisor(s).	Points: 5
Ind.2	By June 30, 2022, 80% of surveyed clients will indicate an increased knowledge about the community, health and cultural resources available to them. This will be evidenced by items on client feedback tools.	According to program's year-end narrative report, 86% (6 out of 7) clients surveyed reported that they "Agree" or "Strongly Agree" that the services provided by the Service Coordinator have increased their knowledge about the community, health and cultural resources available to them.	Points: 5
Ind.3	By June 30, 2022, 80% of surveyed clients will indicate that they feel supported by the Service Coordinator. This will be evidenced by items on client feedback tools.	According to program's year-end narrative report, 89% (8 out of 9) clients surveyed reported that they "Agree" or "Strongly Agree" that they feel supported by the Service Coordinator.	Points: 5
Ind.4	By June 30, 2022, 80% of surveyed clients will indicate that their Service Coordinator helped them achieve their agreed upon task/goal. This will be evidenced by items on client feedback tools.	According to program's year-end narrative report, 89% (8 out of 9) clients surveyed reported that they "Agree" or "Strongly Agree" that their Service Coordinator helped them achieve their agreed upon task/goal.	Points: 5

Commendations/Comments:

Performance objectives findings were provided by the Mental Health Services Act (MHSA) year-end narrative report. Given the challenges of the ongoing COVID-19 pandemic and stress to transition back to in-person services, the program is commended for meeting all the performance objectives.

Identified Problems, Recommendations and Timelines:

None noted.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		20	98% 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	
P2P Linkage	10/30 - 39 DS - Vocational	725	708

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
P2P Linkage	200	70

Commendations/Comments:

Based on the final cost reimbursement invoice #M75JU22 Supplemental, program delivered 98% of its contracted units of service. 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 administrative 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
---------------	-----	-----------------	------	-----------------------------	--------------------------------

Commendations/Comments:

According to the Year-End Program Narrative Report, surveys were offered as digital and paper to clients in English, Spanish, and Chinese, who had completed tasks/goals with the support of their Service Coordinator during FY 21-22. A total of 9 surveys were completed. Results from survey indicated:

- 89% of clients strongly agreed their Service Coordinator has been respectful and sensitive to their culture and opinions.
- 89% strongly agreed they would like to receive services from their Service Coordinator again.

The findings and accompanying client comments from completed surveys were reviewed anonymously with staff during monthly group supervision. With reduced in-person services at clinics and barriers to collecting surveys via mail and online, it made collecting surveys more challenging. Program plans to increase efforts to collect surveys in FY22-23 and partner with BHS clinics to gather more feedback.

Identified Problems, Recommendations and Timelines:

BOCC recommends for the program to include the survey return rate in the data analysis.