



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 17, 2023

Program Reviewed: RAMS Peer to Peer Services

Report Date: September 12, 2023

Program Code(s): N/A

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

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

Finalized Date:

CID/MOU#: 20708 **Appendix #:** A-1, A-2

Funding Source(s): General Fund, Grant, MHSA

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

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

Overall Program Rating: 3 - Acceptable/Meets Standards

Category Ratings:

4 = Commendable/Exceeds Standards		3 = Acceptable/Meets Standards					
2 = Improvement Needed/Below Standards		1 = Unacceptable					
4	Program Performance	1	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 Services

- 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 24.4 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. 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.

Under this contract, program continues to provide a hybrid model of support to clients accessing the Peer Wellness Center (PWC) services. Program refers to this service as "Peer to Peer Employment", which includes PWC, peer counseling and peer program support staff working at BHS clinics and community partner sites, and peer counseling internship program.

A site visit was conducted on 7/17/23 to generate findings in this report. Additional information was collected via email.

Due to COVID-19 pandemic, the program pivoted to focus work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services.

During FY21-22, program reopened PWC for in-person services, re-introduced in-person work at clinic sites, and continued the hybrid model for counseling interns to provide services in-person and virtually. Program expanded services back to six days a week at the PWC, simplified paperwork for new members, switched to no appointment necessary, and offered on-demand rapid antigen COVID-19 testing to ensure a safe work environmental for all.

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

2/15/2024

Signature of Authorized Contract Signatory (Service Provider)

Date

Angela Tang, CEO

Print Name and Title

RESPONSE TO THIS REPORT DUE:	February 15, 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: 65/85=76%

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	By June 30, 2022, 75% of program employees (working 16+ hours/week) will participate in four skills development or wellness trainings/sessions.	According to the Year-End Program Narrative Report, 100% (52/52) of program employees working 16+ hours/week have participated in four skills development or wellness trainings/sessions.	Points: 5
Ind.2	Peer Counseling & Outreach Services and Peer Wellness/Drop-In Center: By June 30, 2022, 75% of surveyed clients/participants of group services and/or Wellness Center services will report that they feel socially connected.	According to the Year-End Program Narrative Report, 95% (82/86) of surveyed clients/participants report that they feel socially connected.	Points: 5
Ind.3	Peer Internship: By June 30, 2022, 75% of enrolled interns will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field.	According to the Year-End Program Narrative Report, 91% (10/11) of enrolled interns have remained enrolled in the peer internship program or successfully completed early due to obtaining employment related to this field.	Points: 5
Ind.4	Peer Internship: At program completion, 75% of surveyed intern graduates will indicate improvements in their abilities to manage stress in the workplace.	According to the Year-End Program Narrative Report, 100% (6/6) who completed the survey at the time of graduation indicated improvements in their abilities to manage stress in the workplace.	Points: 5

Commendations/Comments:

Performance objective findings were gathered from the MHSA Year-End Program 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 objective targets.

Identified Problems, Recommendations and Timelines:

None indicated.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		0	24% of Contracted Units of Service	
Program Deliverables Points:		0		
Points Given:	0/20	Category Score:	0%	Performance Rating: Unacceptable

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
P2P Employment	10/30 - 39 DS - Vocational (M17JU11SUP)	4,149	4,531
P2P Services	10/30 - 39 DS - Vocational (M16JU22)	440	725
P2P Services	10/30 - 39 DS - Vocational (M35JU22)	976	1,066
P2P Services	10/30 - 39 DS - Vocational (M36JU22)	292	319
P2P Services	15/ 01 - 09 OP - Case Mgt Brokerage (M16JU22)	69,645	11,726
P2P Services	15/ 10 - 57, 59 OP - MH Svcs (M16JU22)	18,038	4,539
P2P Services CMHC Grant	10/30 - 39 DS - Vocational (M76SE22)	183	0

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
P2P Employment	0	393

Commendations/Comments:

Based on the final cost reimbursement invoices (M16JU22, M17JU22SUP, M35JU22, M36JU22, M76SE22), program delivered 24.4% of its contracted units of service (UOS). Program achieved 110% of its vocational UOS, 17% of its case management UOS, and 25% of its MH services UOS. Program states the low UOS is because these two services are part of a pilot Peer Billing Project in collaboration with SFDPH, which was intentionally starting out very paced.

The contract does not require a target UDC; actual UDC was obtained from the program's MHSA Year-End Demographic Data Report.

Identified Problems, Recommendations and Timelines:

Three service modes are listed on the multiple invoices and are combined into one monitoring report. Program states that Peer to Peer Services CMHC Grant is integrated into the overarching Peer to Peer Services, hence it is included in this report. However, it is listed as its own appendix (A-2) in the contract. BOCC recommends that the programs be separately monitored in the future based on having separate appendices in the contract.

"Peer to Peer Services" and "Peer to Peer Employment" program names were used simultaneously and interchangeably throughout documentation. BOCC recommends for the program to maintain the naming convention by using programs' listed name in contracts and invoices to reduce confusion and streamline tracking.

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
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Commendations/Comments:

Based on the Year-End Program Narrative report, the program distributed and collected data from client satisfaction surveys across individual and group services. Surveys were conducted by mail, phone, and online through Survey Monkey. According to program data, a total of 40 surveys were completed and results from the surveys showed 100% satisfaction. Results indicated that clients felt socially connected and less isolated as a result of their participation in peer services, as well as feeling supported by their peer counselors.

Peer Division Operations staff and leadership reviewed results and incorporated feedback, such as need for lower barrier to entry (e.g. shifting from mandatory to voluntary weekly COVID-19 testing).

Identified Problems, Recommendations and Timelines:

None indicated.