



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 Wellness Centers, SF TRACK, School-Based Expansion

Report Date: September 11, 2023

Program Code(s): 38946, 3894SD

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

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

Finalized Date:

CID/MOU#: 10839 **Appendix #:** A-3, A-3a, A-3b

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: Dennielle Kronenberg, Angela Tang, Christina Shea, Priscilla Kyu, and Kristin Chun

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	3	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 Wellness Centers, SF TRACK, School-Based Expansion

- Findings/Summary:**
- The services provided by this program were funded by the Sources listed on page 1.
 - The program met 82.5 percent of its contracted performance objectives.
 - The program met 79.6 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%.

This contract is administered through Behavioral Health Services (BHS) Children, Youth, and Families System of Care (CYF-SOC).

The program provides services through Wellness Centers established in cooperation with SFUSD. The program's clinician works within an integrative, collaborative team environment that includes a coordinator, school nurse, and community health outreach worker to serve youth with a focus on vocational, recreational, skill building, college, and career.

The program seeks to help link students to the school community to reduce isolative behaviors and provide positive engagement in school climate.

The program provides integrated behavioral health and case management services at 16 of the high school based Wellness Centers and intensive case management services to court-ordered youth on probation.

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

246739CF6784118

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

Signature of Authorizing Departmental Reviewer

DocuSigned by:

Jerna Reyes

038124956050489

Name and Title: Jerna Reyes, BOCC Director

Signature of Authorizing System of Care Reviewer

DocuSigned by:

Maximilian Rocha

EBE112466326418

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

69A81D004F48E

Signature of Authorized Contract Signatory (Service Provider)

2/15/2024

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: 83/90=92%

1. Program Performance (30 points possible):

Achievement of Performance Objectives (0-30 pts):	27	66 total points out of 80 points (from 16 Objectives) = 82%			
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 8 client(s) in program 38946 with actionable items on the CANS. During the review period 6 client(s) improved on at least 50% of the items, resulting in 75.00% 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 8 client(s) in program 38946 with at least 2 CANS and at least 8 months between CANS. During the review period 6 clients maintained or developed at least 2 useful or centerpiece strengths, resulting in 75.00% of clients achieving the benchmark.	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 were 10 new clients opened in 38946. During the review period, 9 clients had an initial CANS assessment finalized in AVATAR within 60 days of episode opening, resulting in 90.00% 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 P5	Objective: 100% of clients will have a completed and updated CANS assessment in Avatar annually.	Finding: In FY21-22 there were 8 clients with annual CANS assessments due in 38946 . During the review period, 8 clients had finalized CANS assessments as found in AVATAR , resulting in 100.00% 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 8 clients requiring an updated Treatment Plan of Care in 38946 . During the review period, 8 clients had a finalized treatment plan as found in AVATAR, 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 14 clients discharged from 38946. During the review period, 13 clients had finalized Closing Summary and Discharge CANS completed in AVATAR within the 30 days after episode closing, resulting in 92.86% compliance.	Points: 5
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:
Ind.1	By June 30, 2022, 450 hours of Outreach & Promotion will be provided.	Achieved. According to the Year-End Narrative Program Report, 545 hours of Outreach & Promotion services were provided.	Points: 5
Ind.2	By June 30, 2022, 210 hours of Screening & Assessment will be provided.	Achieved. According to the Year-End Narrative Program Report, 421 hours of Screening & Assessment services were provided.	Points: 5
Ind.3	By June 30, 2022, 380 hours of Mental Health Consultation will be provided.	Achieved. According to the Year-End Narrative Program Report, 463 hours of Mental Health Consultation services were provided.	Points: 5
Ind.4	By June 30, 2022, 870 hours of Individual Therapeutic Services will be provided.	Not achieved. According to the Year-End Narrative Program Report, 406 hours out of 870 hours (47%) of Individual Therapeutic Services were provided.	Points: 0
Ind.5	By June 30, 2022, 240 hours of Group Therapeutic Services will be provided.	Not Achieved. According to the Year-End Narrative Program Report, 153 hours of 240 hours (64%) of Group Therapeutic Services were provided.	Points: 2
Ind.6	By June 30, 2022, 1500 individuals will receive Outreach & Promotion services.	Achieved. According to the Year-End Narrative Program Report, the program served 10,885 individuals.	Points: 5

Ind.7	By June 30, 2022, Screening & Assessment services will be provided to 120 individuals.	Achieved. According to the Year-End Narrative Program Report, 178 youth received screening and assessment services.	Points: 5
Ind.8	By June 30, 2022, Mental Health Consultation will be provided to 380 individuals.	Achieved. According to the Year-End Narrative Program Report, 510 individuals received Mental Health Consultation.	Points: 5
Ind.9	By June 30, 2022, Individual services will be provided to 120 individuals.	Not achieved. According to the Year-End Narrative Program Report, 62 of 120 (52%) individuals received individual services.	Points: 1
Ind.10	By June 30, 2022, Group services will be provided to 75 individuals.	Not Achieved. According to the Year-End Narrative Program Report, 74 out of 75 (99%) individuals received Group services.	Points: 5

Commendations/Comments:

Performance objectives for this contract included seven (7) Children, Youth, and Families (CYF) standardized outpatient performance objectives and ten (10) MHSA individualized performance objectives. In aggregate the rate of achievement for all performance objectives was 82.5%.

CYF objectives were successfully achieved, with all but one scoring five (5). The data demonstrates positive client outcomes, the development of useful and centerpiece strengths, and compliance with applicable Specialty Mental Health Services (SMHS) documentation requirements.

Standardized Objective CYF.MHOP4 was retroactively suspended by CYF for this monitoring period due to a discrepancy between the published calculation and SOC instruction for providing services before a Treatment Plan of Care is finalized. In addition, CalAIM changes no longer require treatment plans effective 7/1/23.

Standardized Objective CYF.MHOP9 was also retroactively suspended by CYF for FY21-22 due to unclear guidance for tracking achievement of this objective.

MHSA objectives are based on program service deliverables, by hour and individuals served. Evaluation of the findings show mixed results including exceeding the contract mandate for outreach/promotion, screening/assessment, consultation, and group services.

Identified Problems, Recommendations and Timelines:

Three (3) of ten (10) MHSA findings were not achieved. The findings demonstrate challenges meeting Individual Therapeutic Services, Group Therapeutic Services, and meeting the contract mandate for number of clients served through mental health Individual services. BOCC suggests that the program focus on client engagement for individual and group therapeutic services.

2. Program Deliverables (20 points possible):

Units of Service Deliverables (0-20 pts):		16	80% of Contracted Units of Service	
Program Deliverables Points:			16	
Points Given:	16/20	Category Score:	80%	Performance Rating: Acceptable/ Meets Standards

Units of Service Delivered

Program Code	Service Description	Contracted/Actual	
3894	45/ 10 - 19 OS - MH Promotion	3,204	1,962
38946	15/ 01 - 09 OP - Case Mgt Brokerage	8,810	3,731
38946	15/ 10 - 57, 59 OP - MH Svcs	40,770	22,394
38946	15/ 60 - 69 OP Medication Support	522	0
38946	15/ 70 - 79 OP - Crisis Intervention	522	135
38946	45/ 10 - 19 OS - MH Promotion	15,465	21,811
3894SD	15/ 01 - 09 OP - Case Mgt Brokerage	3,776	2,592
3894SD	15/ 10 - 57, 59 OP - MH Svcs	49,114	44,769
3894SD	15/ 60 - 69 OP Medication Support	468	384
3894SD	15/ 70 - 79 OP - Crisis Intervention	469	384
3894SD	45/ 10 - 19 Admin Wk	515	286
3894SD	45/ 10 - 19 OS - MH Promotion	1,420	1,034

Unduplicated Clients by Program Code

Program Code	Contracted/Actual	
38946	155	25
3894SD	65	54

Commendations/Comments:

Based on final invoices (#sM45JU22, M64JU22, M65JU22, M66MR22) for the 7/1/21-6/30/22 contract term, the program met 79.6% of its contracted units of service. Many of the interventions show a slight under-utilization of UOS. Program staff reported having no psychiatric providers during FY21-22 which speaks to unmet medication support targets.

Based on Avatar data the program utilized 151 units of non-billable ADM services, resulting in 0.31% of the total. The delivered Unduplicated Client Count (UDC) was obtained from Avatar, resulting in 35.9% (79/220) of the contracted UDC.

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:

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:

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): 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
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Commendations/Comments:

DPH-BHS Quality Management provided analyzed data for the FY21-22 Standardized Client Satisfaction Survey. Program Code 38946 had a return rate of 100% with a reported overall satisfaction rate of 100%. The program did not make changes based on survey responses.

Identified Problems, Recommendations and Timelines:

The program described in it's MHSA Year-End Program Narrative report the launching of a new platform for digital consumer feedback surveys. The program reported transferring to Jotform in FY22-23 after using Survey Monkey with limited success in 20-21. Despite onsite survey distribution at schools (where internet connectivity was challenging), engagement was still lower than in years when paper surveys were used.

The program reported modifying its approach using Jotforms in FY22-23 and focusing to increase engagement with the online version of the consumer survey.