

File No. 260439

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date May 20, 2026

Board of Supervisors Meeting Date _____

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☒	☐	<u>DPH Presentation 5/20/2026</u>
☐	☐	_____

Completed by: Brent Jalipa Date May 14, 2026

Completed by: Brent Jalipa Date _____

1 [Agreement Amendment - Richmond Area Multi Services, Inc. - Peer-to-Peer Employment
2 and Peer Specialist Mental Health Certificate Services - Not to Exceed \$48,211,511]

3 **Resolution approving Amendment No. 2 to the agreement between the City and County**
4 **of San Francisco, acting by and through, the Department of Public Health (DPH), and**
5 **Richmond Area Multi Services, Inc., to provide peer-to-peer employment and peer**
6 **specialist mental health certificate services, to extend the term by three years from**
7 **June 30, 2026, for a new term of July 1, 2021, through June 30, 2029, and to increase**
8 **the amount by \$19,095,330 for a new total not to exceed amount of \$48,211,511; and to**
9 **authorize DPH to enter into amendments or modifications to the agreement that do not**
10 **materially increase the obligations or liabilities to the City and are necessary to**
11 **effectuate the purposes of the agreement or this Resolution.**

12
13 WHEREAS, On August 17, 2020, July 6, 2018, and December 18, 2019, respectively,
14 the Department of Public Health (DPH) issued a Request for Qualifications for peer-to-peer
15 employment and peer specialist mental health certificate programs (RFQ 27-2020), for Mental
16 Health Services Act - intensive case management/full service partnership to outpatient
17 transition support (RFQ 22-2018), and for Mental Health Services Act - peer-to-peer
18 behavioral health services (RFQ 43-2019); and

19 WHEREAS, Richmond Area Multi Services, Inc. submitted a proposal and was the
20 highest ranked proposer; and

21 WHEREAS, DPH awarded the contract to Richmond Area Multi Services, Inc.; and

22 WHEREAS, The contract is consistent with the Civil Service Commission's approval
23 obtained on November 2, 2020, July 15, 2019, and July 19, 2021, respectively, under
24 Personal Service Contract Nos. 46266-14/15, 40587-17/18, and 49279-17/18; and
25

1 WHEREAS, On July 1, 2021, DPH and Richmond Area Multi Services, Inc. entered into
2 an agreement to provide peer-to-peer employment and peer specialist mental health
3 certificate services ("Original Agreement"); and

4 WHEREAS, The Original Agreement has a term of July 1, 2021, through December 31,
5 2022, and a not to exceed amount of \$9,862,750; and

6 WHEREAS, DPH amended the Original Agreement on December 1, 2022, to extend
7 the term to June 30, 2026, and to increase the maximum expenditure by \$19,253,431 (the
8 "First Amendment"); and

9 WHEREAS, DPH wishes to amend the agreement by extending the term to June 30,
10 2029, and increasing the maximum expenditure by \$19,095,330 to \$48,211,511 (the "Second
11 Amendment"); and

12 WHEREAS, The Second Amendment is consistent with the Civil Service Commission's
13 approval, to be considered on May 4, 2026, under Personal Service Contract No.
14 DHRPSC0001895, and with the Department of Human Resources on behalf of the Civil
15 Service Commission's approval obtained on February 5, 2024, under Personal Service
16 Contract No. DHRPSC0005396; and

17 WHEREAS, Charter, Section 9.118(b), requires Board of Supervisors approval by
18 Resolution of any contract which, when entered into, extends over 10 years, and of any
19 contract which, when entered into, costs the City \$10,000,000 or more; and

20 WHEREAS, The proposed amendment contained in File No. 260439, is substantially in
21 final form, with all material terms and conditions included, and only remains to be executed by
22 the parties upon approval of this Resolution; now, therefore, be it

23 RESOLVED, That the Board of Supervisors hereby approves the amendment in
24 substantially the form contained in File No. 260439; and, be it
25

1 FURTHER RESOLVED, That the Board of Supervisors authorizes DPH to make any
2 modifications to the amendment, prior to its final execution by all parties, that DPH
3 determines, in consultation with the City Attorney, are consistent with this Resolution, in the
4 best interest of the City, do not materially increase the obligations or liabilities of the City, are
5 necessary or advisable to effectuate the purposes of the amendment, and are in compliance
6 with all applicable laws, including the City's Charter; and, be it

7 FURTHER RESOLVED, That within 30 days of the amendment being fully executed by
8 all parties, DPH shall submit to the Clerk of the Board of Supervisors a completely executed
9 copy for inclusion in File No. 260439; this requirement and obligation resides with the
10 Department, and is for purposes of having a complete file only, and in no manner affects the
11 validity of approved amendment.

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16 RECOMMENDED

17 /s/

18 Daniel Tsai

19 Director of Health
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Item 6 File 26-0439	Department: Public Health
EXECUTIVE SUMMARY	
Legislative Objectives - The proposed resolution would approve the second amendment to the behavioral health services contract between the Department of Public Health (DPH) and Richmond Area Multi Services, Inc. (RAMS), extending the term by three years through June 2029, and increasing the not-to-exceed amount by \$19,095,330, for a total not to exceed \$48,211,511, and authorize DPH to enter into immaterial amendments to the contract. Key Points - Under the amended contract, RAMS would provide the following four services: Peer to Peer employment services, Peer Specialist Mental Health Certificate Program to prepare for employment in the behavioral health system, Peer to Peer Linkage, and Outpatient Peer Counseling, which represents a reduced scope from the current contract. Peers are people with lived experience who have used or are close to someone who has used DPH Behavioral Health Services mental health treatment programs. - DPH sets formal targets to serve 437 unduplicated clients annually (162 for the Certificate program, 200 for Linkage, and 75 for Outpatient Counseling). RAMS estimated that it serves approximately 1,900 unduplicated clients through the system-wide Peer to Peer employment services. The FY 2023-24 program monitoring reports showed that all four programs met their performance objectives. Fiscal monitoring for RAMS in FY 2025-26 identified no findings. Fiscal Impact - The proposed second amendment would increase the not-to-exceed amount of the contract by \$19,095,330, from \$29,116,181 to a total not to exceed \$48,211,511, including a 12 percent contingency. - The contract budget for the three-year extension is funded approximately 80 percent by state sources, eight percent by federal sources, and 11 percent by the City's General Fund. - In order to meet the Mayor's FY 2026-27 budget reduction target, the Department has been working with RAMS to identify reductions equal to approximately \$1.3 million across all of its contracts with DPH. Of this total, there are anticipated reductions that will impact the Peer to Peer Services program. The Department reports that it is continuing to plan for impact mitigation to the greatest extent possible. Recommendation - Approve the proposed resolution.	

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

The Department of Public Health (DPH) selected Richmond Area Multi Services (RAMS) to provide Peer to Peer behavioral health services through a competitive process. In July 2021, DPH executed an original contract with RAMS for an initial term of 18 months from July 1, 2021 through December 31, 2022, and an amount not to exceed \$9,862,750. In December 2022, the Board of Supervisors approved the first amendment to the agreement, which extended the term by three years and six months to June 30, 2026, and increased the not-to-exceed amount by \$19,253,431, for a new total of \$29,116,181 (File 22-1119).

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the second amendment to the behavioral health services contract between DPH and RAMS, extending the term by three years through June 2029, and increasing the not-to-exceed amount by \$19,095,330, for a total not to exceed \$48,211,511. The proposed resolution would also authorize DPH to enter into immaterial amendments to the contract.

Under the amended contract, RAMS would provide the following four services, which represents a reduced scope from the current contract.¹ Under the following programs “peers” are people with lived experience that have used or are close to someone who has used DPH Behavioral Health Services mental health treatment programs.

1. Peer to Peer Services: provides employment and paid internships of peers throughout the system of care to provide direct client services through peer support activities, which may include peer wellness groups, linkage, appointment accompaniment, system navigation, and program support at over 30 DPH and DPH-funded sites.
2. Peer Specialist Mental Health Certificate: a certification program to prepare peers, family members, or former consumers of behavioral health services with skills and knowledge for entry- and advanced-level peer provider employment in the behavioral health system,

¹ New solicitations were issued for Intensive Case Management Transition to Outpatient, Wellness in the Streets, and Whole Person Care, which are all discontinued from this contract, as is the Peer to Peer Community Mental Health Center Grant.

and provides academic and career planning that supports their success in higher learning institutions.

3. Peer to Peer Linkage: employs peers (Empowerment Service Coordinators) to work with clients at civil service clinics to provide accompaniment to appointments, linkage services, peer support, and clinic peer activity group services.
4. Outpatient Peer Counseling: a peer outreach team stationed within the RAMS Adult Outpatient Clinic. The purpose of the team is to diversify the behavioral health workforce by increasing consumer and family member representation, and to provide additional services and support to RAMS outpatient clients from a Wellness and Recovery approach.

DPH sets formal targets to serve 437 unduplicated clients annually (162 for the Certificate program, 200 for Linkage, and 75 for Outpatient Counseling). Under the amended contract the number of unduplicated clients is declining for the Outpatient Counseling program from 120 to 75 because of clients presenting with a greater level of need than in the past. While the core Peer to Peer Services program does not have a contracted unduplicated client target in the budget, RAMS estimated that it serves approximately 1,900 unduplicated clients through those system-wide services. The amended contract funds approximately 47 full-time equivalent (FTE) employees, including indirect administrative positions.

Program Performance

In 2025, DPH completed FY 2023-24 program monitoring for the RAMS Peer to Peer Services, which included a site visit on May 28, 2025. According to the Department, the report includes performance results for the Peer to Peer employment program, Peer to Peer Linkage program, and the Outpatient Peer Counseling program. The Mental Health Certificate Program was monitored separately in FY 2023-24 with a site visit on May 28, 2020. . The results are summarized in Exhibit 1 below.

Exhibit 1: Program Monitoring for RAMS Peer to Peer Services and Mental Health Certificate Program for FY 2023-24

Metric	Result
<i>Peer to Peer Services</i>	
Overall Program Rating (1-4)	4 – Commendable/Exceeds Standards
Program Performance Score	100%
Performance Objectives Met	100%
Units of Service Deliverables	82.2%
Contracted/Actual Clients	244%
Compliance Score	100%
Client Satisfaction Score	100%
<i>Mental Health Certificate Program</i>	
Overall Program Rating (1-4)	4 – Commendable/Exceeds Standards
Program Performance Score	100%
Performance Objectives Met	100%
Units of Service Deliverables	111%

Metric	Result
Contracted/Actual Clients	100%
Compliance Score	100%
Client Satisfaction Score	100%

Source: DPH

As reflected in Exhibit 1 above, the FY 2023-24 program monitoring reports showed that both RAMS Peer to Peer Services and the Mental Health Certificate Program had an overall rating of “4 – Commendable/Exceeds Standards.” The Peer to Peer Services program received an overall score of 98 percent (83 out of 85 total points given), while the Mental Health Certificate Program received a 100 percent overall score (85 out of 85 total points given).

Both programs received 30 out of 30 possible points for a 100 percent Program Performance Score. This score was based on achieving 40 out of 40 points across eight performance objectives for the Peer to Peer Services program, and 20 out of 20 points across four performance objectives for the Mental Health Certificate Program, meaning both programs successfully met 100 percent of their contracted performance objectives. No formal plan of action was required for either program for the FY 2023-24 monitoring period.

The Peer to Peer Services program met 82.2 percent of its contracted units of service deliverables (10,173 actual units provided against a contracted 12,378 units), while the Mental Health Certificate program exceeded its contracted units of service deliverables at 111 percent (2,898 actual units provided against a contracted 2,610 units). The Peer to Peer Services program significantly exceeded its contracted unduplicated clients target, serving 244 percent of its target (781 actual clients versus a target of 320), and the Mental Health Certificate program met 100 percent of its unduplicated clients target (162 clients). Additionally, both programs demonstrated full adherence to BHS policy requirements and client satisfaction, achieving a 100 percent compliance score and a 100 percent overall client satisfaction rating.

Fiscal and Compliance Monitoring

The Human Services Agency and the Department of Public Health conducted citywide fiscal and compliance monitoring for RAMS for FY 2025-26 and identified no findings. In addition, DPH staff reviewed financial documents for RAMS in April 2026 as part of a review of the fiscal health of the agency for the period from FY 2014-15 to FY 2024-25. According to a DPH memo, DPH’s Business Office of Contract Compliance rated RAMS a “low risk” agency. According to the memo, agencies with this rating have solid financials and the capability to absorb some losses in turbulent times, as well as the financial capability to take on new programs and expand.

FISCAL IMPACT

The proposed second amendment would increase the not-to-exceed amount of the contract by \$19,095,330, from \$29,116,181 to a total not to exceed \$48,211,511, including a 12 percent contingency. The estimated annual sources and uses of funds by program are shown in Exhibit 2 below.

Exhibit 2: Estimated Annual Sources and Uses of Funds

Sources	FY 2026-27	FY 2027-28	FY 2028-29	Total
General Fund	\$559,583	\$641,870	\$725,309	\$1,926,762
State Sources	4,733,261	4,643,261	4,553,261	13,929,783
Federal Sources	487,647	487,647	487,647	1,462,941
Total Sources	5,780,491	5,772,778	5,766,217	17,319,486

Uses	FY 2026-27	FY 2027-28	FY 2028-29	Total
Peer to Peer Services	\$4,505,764	\$4,415,764	\$4,325,764	\$13,247,292
Peer Specialist MH Certificate	563,889	563,889	563,889	1,691,667
Peer to Peer Linkage	478,545	478,545	478,545	1,435,635
Outpatient Peer Counseling	144,108	144,108	144,108	432,324
Cost of Doing Business	88,185	170,472	253,911	512,568
Total Uses	5,780,491	5,772,778	5,766,217	17,319,486

Source: DPH

Since the contract term began in FY 2021-22 through FY 2025-26, contract expenditures are expected to be \$28,118,954. Three additional fiscal years, plus a 12 percent contingency yields the new not-to-exceed amount of \$48,211,511. Exhibit 3 shows the contract budget by year and the not to exceed amount.

Exhibit 3: Not to Exceed Amount

Year	Amount
FY 2021-22	\$4,708,649
FY 2022-23	5,847,839
FY 2023-24	6,036,279
FY 2024-25	5,736,748
FY 2025-26	5,789,439
FY 2026-27	5,780,491
FY 2027-28	5,772,778
FY 2028-29	5,766,217
Total Budget	45,438,440
Contingency (12%)	2,773,071
Not to Exceed Amount	\$48,211,511

Source: Proposed Amended Agreement

Funding Sources

The contract budget for the three-year extension is funded approximately 80 percent by state sources, eight percent by federal sources, and 11 percent by the City's General Fund.

In order to meet the Mayor's FY 2026-27 budget reduction target, the Department has been working collaboratively with RAMS to identify reductions equal to approximately \$1.3 million across all of its contracts with DPH. Of this total, there are anticipated reductions that will impact the Peer to Peer Services program via a reduction to the units of service delivered. The

Department reports that it is continuing to plan for impact mitigation to the greatest extent possible.

RECOMMENDATION

Approve the proposed resolution.

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

Second Amendment

THIS **SECOND** AMENDMENT (“Amendment”) is made as of **May 01, 2026**, in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

WHEREAS, Contractor was competitively selected pursuant to a Request for Qualifications (“RFQ”) entitled Peer-to-Peer Programs - Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program issued on 08/17/2020 through Sourcing Event ID RFQ 27-2020, which resulted in a prequalified pool of suppliers from which Contractor was selected, and a Request for Qualifications (“RFQ”) entitled MENTAL HEALTH SERVICES ACT PEER-TO-PEER BEHAVIORAL HEALTH SERVICES issued on 12/18/2019 through Sourcing Event ID RFQ 43-2019, where the Contractor was selected the highest rank proposer after a solicitation by the Department to the prequalified pool; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code because local preferences are not permitted by grant and state funding sources and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on 3/12/2024 and 2/05/2024 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number DHRPSC0001895 and DHRPSC0005396 which authorizes the award of multiple agreements, the total value of which cannot exceed \$55,874,000 and \$438,051,200 and the individual duration of which cannot exceed 14.5 years and 13 years; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s [Board of Supervisors] under [insert resolution number] approved on [insert date of Commission or Board action] in the amount of [insert Dollar Amount] for the period commencing [Insert Start Date] and ending [Insert End Date]; and

Now, **THEREFORE**, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated July 01, 2021 between Contractor and City, as amended by the:

First Amendment, dated December 1, 2022.

1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

1.3 **San Francisco Labor and Employment Code.** As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U, it shall be construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

1.4 **Open For Business Legislative Changes.** In October 2025, San Francisco enacted legislation that reduced obligations City places on contractors. These changes went into effect January 1, 2026. Articles 141 and 142 were repealed, to the extent those conditions appear in this Agreement, they should be treated as nullified. The dollar value threshold for application for Administrative Code Chapters 12F, 12N, 12L, 12Y, and 101 and Labor and Employment Code Article 151 were increased. If the Agreement is valued at less than \$230,000, 12N, 12Y and 101 are not in effect. If the Agreement is valued at \$230,000 or less, 12F and 151 are not in effect. If the Agreement is valued at less than \$1,000,000, Chapter 12L is not in effect. Any clause in the Agreement concerning a condition referenced above that is not in effect shall be treated as nullified.

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 **Term of the Agreement.** Article 2 Term of the Agreement of the Amendment # 1 currently reads as follows:

2.1 Term. The term of this Agreement shall commence on July 1, 2021 and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.

Such section is hereby amended in its entirety to read as follows:

2.2 **Term.** The term of this Agreement shall commence on July 1, 2021 and expire on June 30, 2029, unless earlier terminated as otherwise provided herein.

2.2 **Financial Matters.** Section 3.3.1 Payment of the Amendment # 1 currently reads as follows:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Forty Eight Million Two Hundred Eleven Thousand Five Eleven Hundred Dollars (\$48,211,511)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Appendix A, A-1, A-3, A-4 and A-8.** Appendix A, A-1, A-3, A-4 and A-8 is hereby replaced in its entirety by Appendix A, A-1, A-3, A-4 and A-8, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A, A-1, A-3, A-4 and A-8 in any place, the true meaning shall be Appendix A, A-1, A-3, A-4 and A-8, which is a correct and updated version.

2.4 **Appendix B, B-1, B-3, B-4 and B-8.** Appendix B, B-1, B-3, B-4 and B-8 is hereby replaced in its entirety by Appendix B, B-1, B-3, B-4 and B-8, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B, B-1, B-3, B-4 and B-8 in any place, the true meaning shall be Appendix B, B-1, B-3, B-4 and B-8, which is a correct and updated version.

2.5 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement

refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version.

2.6 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E, attached to this Amendment and incorporated within the Agreement.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 **Article 1 Definitions.** *Article 1 of the Agreement is replaced in its entirety to read as follows:*

Article 1 Definitions

1.1 **“Agreement”** means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 **“Appendices”** means the appendices listed in Article 14 (“Appendices”) herein.

1.3 **“Artificial Intelligence” or “Artificial Intelligence Model”** means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

1.4 **“Artificial Intelligence System”** means a machine-based system that is designed to operate with varying levels of autonomy and that may exhibit adaptiveness after deployment, and that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments.

1.5 **“Business Associate” or “BAA”** has the meaning given to such term under HIPAA and its implementing regulations, including 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103, as may be amended from time to time.

1.6 **“City”** means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and the Department of Public Health.

1.7 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.8 **“CMD”** means the Contract Monitoring Division of the City.

1.9 **“Confidential Information”** means confidential City information including, but not limited to, personal identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is

subject to local, state or federal laws restricting the use and disclosure of such information. Confidential Information includes, without limitation, City Data.

1.10 **“Contractor”** means **Richmond Area Multi-Services, Inc. 4355 Geary Blvd, San Francisco, CA 94118.**

1.11 **“Deliverable Data”** means any data that is required to be delivered to City as a Deliverable, or as a part of a Deliverable, under this Agreement.

1.12 **“Deliverables”** means Contractor’s or its subcontractors’ work product, including any partially completed work product and related materials, resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.13 **“Generative Artificial Intelligence”** means Artificial Intelligence that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the Artificial Intelligence’s training data.

1.14 **“Health Care Component”** has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.15 **“Hybrid Entity”** has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.16 **“Mandatory City Requirements”** means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.17 **“Party” and “Parties”** means City and Contractor either individually or collectively.

1.18 **“Personal Identifiable Information (PII)”** means information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular individual or household. Personal information includes, but is not limited to, the following if it identifies, relates to, describes, is reasonably capable of being associated with, or could be reasonably linked, directly or indirectly, with a particular individual or household as further defined in the California Consumer Privacy Act.

1.19 **“Services”** means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

3.2 **Section 3.3.4 Invoices.** Section 3.3.4 of the Agreement is replaced in its entirety to read as follows:

3.3.4 Invoicing. Contractor shall invoice the City for the Services provided under this Agreement on a timely basis, and in no event later than 30 days after delivery of the Services as specified in Appendix B, Calculation of Charges, except for the last invoice of the fiscal year which must be submitted within [15] days before the end of July. Invoices submitted by

Contractor must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.7, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of Services performed, sales/use tax (if applicable), contract payment terms and contract price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

3.3 Section 3.3.6 Getting paid by City for Services. *Section 3.3.6 of the agreement is hereby deleted in its entirety to read as follows:*

3.3.6 Reserved

3.4 Section 3.7 Contract Amendments; Budgeting Revisions. *Section 3.7 of the agreement is hereby deleted in its entirety to read as follows:*

3.7 Reserved

3.5 Section 4.2 Qualified Personnel. *Section 4.2 of the Agreement is replaced in its entirety to read as follows:*

4.2 Qualified Personnel. Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.6 Section 4.5 Assignment. *Section 4.5 of the Agreement is replaced in its entirety to read as follows:*

4.5 Assignment. Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

3.7 Section 4.6 Warranty. *Section 4.6 of the agreement is hereby deleted in its entirety to read as follows:*

4.6 Reserved

3.8 **Section 5.1 Insurance.** *Section 5.1 of the agreement is hereby replaced in its entirety to read as follows:*

5.1 Insurance.

5.1.1 Required Coverages. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than **\$5,000,000** each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. **Policy must include Abuse and Molestation coverage.**

(b) Commercial Automobile Liability Insurance with limits not less than **\$1,000,000** each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(c) Workers' Compensation Liability Insurance, in statutory amounts, with Employers' Liability Limits not less than **\$1,000,000** each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than **\$3,000,000** for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) **Technology Errors and Omissions Liability Insurance.**
(Reserved)

(f) Cyber and Privacy Liability Insurance with limits of not less than **\$3,000,000** per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(g) **Pollution Liability Insurance. (Reserved)**
5.1.2 Additional Insured.

(a) The Commercial General Liability Insurance policy must include as Additional Insured the City and County of San Francisco, and its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must include as Additional Insured the City and County of San Francisco and its Officers, Agents, and Employees.

(c) **Pollution Additional Insured Endorsement. (Reserved)**

5.1.3 Waiver of Subrogation. The Workers' Compensation Liability Insurance policy(ies) shall include a waiver of subrogation in favor of City for all work performed by the Contractor, and its employees, agents and subcontractors.

5.1.4 Primary Insurance.

(a) The Commercial General Liability Insurance policy shall provide

that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) **Pollution Liability Insurance as Primary Insurance. (Reserved)**

5.1.5 Other Insurance Requirements.

(a) Thirty (30) days' advance written notice shall be provided to City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsrms410@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, be maintained for a period of three (3) years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance including additional insured and waiver of subrogation status, as required, with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco and its officers, agents, and employees, and the Contractor as additional insureds and waive subrogation in favor of City, where required.

3.9 Section 6.1 Liability of City. *Section 6.1 of the agreement is hereby replaced in its entirety to read as follows:*

6.1 Liability of City. CITY'S TOTAL LIABILITY UNDER THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ITS PAYMENT OBLIGATIONS UNDER THIS AGREEMENT, SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "CALCULATION OF CHARGES AND CONTRACT NOT TO EXCEED AMOUNT" OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

3.10 Article 10 Additional Requirements Incorporated by Reference. *Article 10 of the Agreement is replaced in its entirety to read as follows:*

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/%20.

10.2 Governmental-Conduct Related Contractual Obligations.

10.2.1 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.); or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify City if it becomes aware of any such fact during the term of this Agreement.

10.2.2 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.2.3 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves; (ii) a candidate for that City elective office; or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve (12) months after the date City approves the contract. The prohibition on contributions applies to each prospective

party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than ten percent (10%) in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract and has provided the names of the persons required to be informed to the City department with whom it is contracting.

10.3 Employment-Related Contractual Obligations.

10.3.1 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of San Francisco Administrative Code Chapter 14B ("LBE Ordinance").

10.3.2 Minimum Compensation Ordinance. San Francisco Labor and Employment Code Article 111 applies to this Agreement. Contractor shall pay covered employees no less than the minimum compensation required by Article 111, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Article 111. Information about and the text of Article 111 is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of Article 111, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Article 111.

10.3.3 Health Care Accountability Ordinance. San Francisco Labor and Employment Code Article 121 applies to this Agreement. Contractor shall comply with the requirements of Article 121. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 121.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of Article 121, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Article 121. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

10.3.4 First Source Hiring Program. Contractor must comply with all of the applicable provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement; and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.3.5 Working with Minors. Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall

comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95.

10.3.6 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq.

10.3.7 Nondiscrimination in Contracts. Contractor shall comply with the provisions of San Francisco Labor and Employment Code Articles 131 and 132. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 131.2(a), 131.2(c)-(k), and 132.3 of the San Francisco Labor and Employment Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Articles 131 and 132.

10.3.8 Nondiscrimination in the Provision of Employee Benefits. San Francisco Labor and Employment Code Article 131.2 applies to this Agreement. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in Article 131.2.

10.4 Environmental-Related Contractual Obligations.

10.4.1 Packaged Water Prohibition. The scope of Services includes the sale, provision, or distribution of water to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

10.4.2 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.4.3 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.4.4 Sugar-Sweetened Beverage Prohibition. The scope of Services in this Agreement includes the sale, provision, or distribution of beverages to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.5 Slavery Era Disclosure. (Reserved)

10.6 Nonprofit Contractor Obligations.

10.6.1 Good Standing. If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City's request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

10.6.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization, provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries), and receives a cumulative total per year of at least \$1,000,000 in City or City-administered funds, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

3.11 Section 11.2 Compliance with Laws Requiring Access for People with Disabilities.
The following section is hereby replaced in its entirety to read as follows:

11.2 Compliance with Laws Requiring Access for People with Disabilities.

11.2.1 Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to people with disabilities. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against people with disabilities in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

11.2.2 Contractor shall provide technical assistance to City when responding to reasonable accommodation requests from City employees respecting their use of the information content and technology ("ICT") and/or Services provided under this Agreement.

11.2.3 Web and Mobile Content Accessibility. Contractor shall adhere to the requirements of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. Sec. 1201 et seq.), including the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, as specified in the Department of Justice’s Title II Rule on the accessibility of web content and mobile applications Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and the applicable Revised Section 508 Standards published by the U.S. Access Board (<https://www.access-board.gov/ict/>), as amended from time to time]. Contractor shall ensure that all ICT provided under this Agreement fully conforms to the Department of Justice’s Title II rules and, *if applicable*, the applicable Revised 508 Standard, prior to delivery and before the City’s final acceptance of the Services and/or Deliverables.

3.12 Section 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. *The following section is hereby deleted and replaced in its entirety to read as follows:*

11.6.3 Reserved

3.13 Section 11.15 No Third-Party Beneficiaries. *The following section is hereby added and incorporated in Article 11 of the Agreement:*

11.15 No Third-Party Beneficiaries. The representations, warranties and other terms contained herein are for the sole benefit of the Parties hereto and their respective successors and permitted assigns, and they shall not be construed as conferring any rights on any other person.

3.14 Section 12.6 Prevention of Fraud, Waste and Abuse. *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.6 Prevention of Fraud, Waste and Abuse. Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

3.15 Section 12.7 City Revisions to Program Budgets *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.7 Contract Amendments; Budgeting Revisions.

12.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

12.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to (1) purchase additional Services within the Statement of Richmond Area Multi-Services, INC.

Work or (2) reallocate funding among the Services within the Statement of Work. Any change made under this Subsection 12.7.2 must not involve an increase in the Maximum Cost or Amount Not to Exceed or a change to the Term of this Agreement, and must be approved in writing by both Parties, by a person with legal authority to bind their respective Party to its terms. Contractor shall not proceed with any work contemplated in any revision to program budget until Contractor receives written notification from City to commence such work. All revisions to program budget will become part of this Agreement, after written execution by the Parties, which will then form the new baseline upon which future changes will be measured.

3.16 Section 12.8 Health and Human Service Contract Dispute Resolution Procedure.

The following section is hereby added and incorporated in Article 12 of the Agreement:

12.8 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix [G] incorporated herein by this reference.

3.17 Article 13 Data and Security. *Article 13 is hereby replaced in its entirety to read as follows:*

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Protection of Private Information. If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 City Data; Confidential Information. In the performance of Services, Contractor may have access to, or collect on City’s behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 Payment Card Industry (“PCI”) Requirements. (Reserved)

13.3 Business Associate Agreement. The Parties acknowledge that City is designated as a Hybrid Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and all Health Care Components of the City, including a City department involved in this Agreement, are required to comply with the HIPAA rules governing the access, use, disclosure, transmission, storage, and security of protected health information (PHI).

For purposes of this Agreement, Parties agree that if Contractor is performing a service or function for or on behalf of a City department that is a Health Care Component, where such service or function makes Contractor a Business Associate of City, Contractor must comply with the obligations and conditions contained in the Business Associate Agreement (“BAA”) that shall be attached to this Agreement as Appendix E, and incorporated as though fully set forth herein. Parties agree that if Contractor is not performing a service or function that makes Contractor a Business Associate of City, a BAA is not required and will not be attached to this Agreement. Appendix E will be reserved if a BAA is not required. Contractor, however, must still comply with any data privacy and security laws that apply to Contractor, including, but not limited to, HIPAA, CMIA (Cal. Civ. Code Sec. 56 et.seq.), Cal. Welf. & Inst. Code Sec. 5328, and 42 CFR Part 2.

13.4 Management of City Data.

13.4.1 Use of City Data. Contractor agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Contractor shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Contractor or its authorized subcontractors using, or sharing or storage of, City Data outside the United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. Contractor is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use, provided, however, that no City Data may be used by Contractor to train, modify or improve any Artificial Intelligence Systems or Models without City’s prior written consent, which may be withheld or withdrawn at City’s sole discretion. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data and/or machine learning from the data, stored or transmitted by the service, for unrelated commercial purposes, advertising or advertising-related purposes, or for any purpose that is not explicitly authorized other than security or service delivery analysis.

13.4.2 Use of Generative Artificial Intelligence in Deliverables. Contractor is prohibited from using Generative Artificial Intelligence in the development of Deliverables without City’s prior written consent. Contractor represents and warrants to City that Deliverables will not be developed in a manner that conflicts with the City’s rights in and to the Deliverables under Article 9, “Rights in Deliverables,” or the City Data confidentiality and security requirements under Article 13, “Data and Security,” of this Agreement.

13.4.3 Disposition of City Data. Except as otherwise provided for in this Agreement, upon City’s request, termination or expiration of this Agreement, or the expiration of any required document retention period or litigation hold, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that the City Data has been successfully transferred to City, Contractor shall within ten (10) business days, securely dispose, clear, purge, and/or physically destroy, all copies of all City Data from its servers, files, hosted environments

used in performance of this Agreement (including subcontractors' environments), work stations used to process or produce the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such secure disposal occurred within five (5) business days of the disposal. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

13.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to City Data and any derivative works of City Data is the exclusive property of City.

13.6 Loss or Unauthorized Access to City's Data; Security Breach Notification. Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

13.7 Cybersecurity Risk Assessment. If a Cybersecurity Risk Assessment ("CRA") was required before entering the Agreement, Contractor must complete an annual CRA to demonstrate that it has maintained the data privacy and information security program required for City contractors. If Contractor does not satisfactorily complete an annual CRA, the City shall have the right, without further obligation or liability to Contractor, to terminate this Agreement or exercise any of its other remedies hereunder. Any failure by Contractor to comply with this Section shall be a material breach of this Agreement.

Article 4 Effective Date

Each of the modifications set forth in Articles 2 and 3 shall be effective on and after the date of this Amendment.

Article 5 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY
Recommended by:

Daniel Tsai
Director of Health
San Francisco Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney – Arnulfo Medina

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

CONTRACTOR
Richmond Area Multi-Services INC.

Angela Tang
Executive Director
4355 Geary Street
San Francisco, CA, 94103

City Supplier number: 0000012195

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Elizabeth Davis**, Program Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third-Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- 1) Staff evaluations completed on an annual basis.

- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC) to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

The detailed description of services is listed below and are attached hereto:

Appendix A-1 & 1a – RAMS Peer to Peer Services (B-1a is Discontinued)

Appendix A-2 – Peer to Peer Services CMHC (Discontinued)

Appendix A-3 – Peer Specialist Mental Health Certificate

Appendix A-4 – RAMS Peer to Peer Services

Appendix A-5 & 5a – ICM Transition Support to Outpatient (Discontinued)

Appendix A-6 – Wellness in the Streets (WITS) (Discontinued)

Appendix A-7 & 7a– RAMS Peer to Peer Services (Discontinued)

Appendix A-8 – Outpatient Peer Counseling Services

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

1. Identifiers:

Program Name: RAMS Peer to Peer Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ Original

☒ Contract Amendment

☐ Request for Program Budget (RPB)

3. Goal Statement

To implement 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. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

4. Target Population

Population for Peers: RAMS welcomes all populations and ethnicities, with Adult Peers defined as individuals with personal lived experience and are living in recovery from being unhoused and/or addiction challenges and/or mental health conditions. Peers may be former consumers of behavioral health services, or family members or significant others of consumers.

Population for clients: RAMS welcomes all populations and ethnicities, with clients defined as those who are 18+ years of age (or those below 18+ years of age in specific programs serving TAY) and who are accessing or interested in accessing peer support services for individual and group peer counseling, connection to community resources, and system of care navigation for behavioral health needs and related basic needs services, including shelter/housing resources, primary care linkage, and benefits linkage.

5. Modality(ies)/Interventions

See Appendix B CRDC pages.

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates BHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the BHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

This Appendix A (narrative) includes the following components:

- Peer to Peer Services (corresponding with Appendix B-1):
These services include employment and paid internships of peers throughout the system of care providing direct client services through peer support activities that may include peer wellness groups & activities, linkage, appointment accompaniment, system navigation, training and program support at 30+ DPH and DPH-funded sites throughout San Francisco.

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person and virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for the RAMS Peer Counseling Certificate and Peer Counseling Internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. In addition to this, RAMS promotes many of these opportunities including open workforce positions on their website and through our virtual job fairs.

B. Admission, enrollment and/or intake criteria and process where applicable

Clients may be referred by direct service providers at various BHS clinics, while indicating the service or assistance needed. The program then introduces services to the referred client, and may discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; service plan, as appropriate. Clients also have the option of self-enrolling by coming to the program location itself as a walk-in or scheduling an intake meeting for Peer Wellness Center services, or to complete and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website.

C. Service delivery model

- Peer to Peer Services (corresponding with Appendix B-1):

This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted SFDPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters & navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and support clients to maintaining overall wellness. Currently, RAMS provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in Dual Recovery Support groups.

As part of Peer to Peer Services, RAMS maintains a Peer Wellness Center. This is the low-barrier drop-in Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive

linkages to a variety of behavioral health and primary health resources and services; and 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; 4) A milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities. Clients of the Peer Wellness Center or any client visitors receiving services through Behavioral Health Services are welcome to participate in any of the groups offered. The Peer Wellness Center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Wellness/Drop-In Center activities may include, but are not limited to: Individual Peer Counseling, Peer-to-Peer Support Groups such as Dual Recovery Support Groups, Women's & Men's groups, and LGBT groups, Creative Arts activities, Mindfulness groups, Music appreciation, Cultural events, Outdoor walking groups and field trips and Resource/Service Linkage. The Peer Wellness Center is centrally located in the Mid-Market/Civic Center neighborhood and is easily accessible to public transportation and SFDPH-BHS headquarters. The hours and days of operation are Monday, Wednesday & Friday from 9 a.m. - 5 p.m.; Tuesdays and Thursdays from 9 a.m. – 6:30 p.m.; and Saturdays from 10 a.m. - 3 p.m. The program operates in a hybrid capacity, and clients may choose to access group services virtually.

Another component within Peer to Peer Services is the Peer Internship Program, an entry-level peer training program working directly with behavioral health consumers. The internship is a 9-month, 20-hour/week cohort, enrolling at least nine interns per cohort (one cohort per fiscal year) and is geared toward peers seeking experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Each intern is assigned at least one site placement with the option of additional rotations and are placed in a variety of SFDPH-funded programs and given the opportunity to provide direct and administrative support services to people in the community. Interns work in a variety of roles, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, front-line of customer service with current or new consumers of Behavioral Health Services, administrative and outreach support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

At the start of the internship, there is a two-week orientation which includes pre-rotation trainings on topics such as professional communication, privacy/HIPAA, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. Peer Interns receive weekly supervision with a Peer Supervisor/Coordinator, ongoing individual supervision from a site supervisor, and attends at least two formal trainings per month provided by RAMS. Each month, they attend the RAMS Peer Certificate, Leadership Academy, a monthly training series for current and aspiring peer providers. The Division management meets with each intern and their site supervisor, at least monthly. The Peer Internship Coordinator and the site supervisors provide a formal mid-year and final evaluation to give feedback about the intern's performance and provide ongoing opportunity for professional learning and growth.

D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See Appendix B Salaries and Benefits page.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS Division of Peer-Based Services has a management/supervisory team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community & Workforce Empowerment and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of

action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

1. Identifiers:

Program Name: Peer Specialist MH Certificate
Program Address: 1282 Market Street
City, State, Zip: San Francisco, CA 94102
Telephone: (415) 579-3021 Fax: (415) 941-7313
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative:
Richard Zevin, Director, Division of Peer-Based Services
Patty Rodriguez, Chief Operating Officer
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable

2. Nature of Document (check one)

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement

To prepare peers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level peer provider employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning.

4. Target Population

Underserved and underrepresented San Francisco mental health consumers, peers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training. The target population will also include individuals of diverse backgrounds, from all ethnicities and cultural backgrounds including individuals representing the LGBTQI communities, individuals interested in serving different population groups including the elderly, immigrants, and disenfranchised communities. In addition to this, RAMS is a certified vendor through CalMHSA to train students who qualify for the Medi-Cal state certification test for peer providers.

5. Modality(ies)/Interventions

See Appendix B CRDC

The RAMS Peer Specialist Mental Health Certificate has three components:

- 1) Entry Level Certificate: 12-week course designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning. This component is operated in collaboration with San Francisco State University, Department of

Counseling. Students who complete this course will be eligible to apply for the CalMHSA Medi-Cal Peer Support Specialist certification exam.

- 2) Advanced Level Certificate: 8-week course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing (or have recently provided) peer services and/or community advocacy. This component is operated in collaboration with San Francisco State University, Department of Counseling.
- 3) Leadership Academy: Offers monthly trainings to further support and educate peers working in the behavioral health field

During the contract year, RAMS will provide the following modality/intervention:

Workforce Development

- 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide 190 program hours and the Advanced Level Certificate will provide 96 program activity hours; in addition, there are post-program engagement activities (i.e. reunion). The program directly engages with adults to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce.
- The hours of operation of the Peer Specialist Mental Health Certificate program
 - Entry Course: 4 hours/day; 2 days/week; 12 weeks total
 - Advanced Course: 3 hours/day; 2 days/week; 8 weeks total
- The Leadership Academy will provide 24 hours of seminar hours.

Wellness Promotion

- Coordinate and hold two social networking events (connecting/linking program alumni with current participants for professional network and support) and two alumni reunions (maintain professional network and support) intended for wellness and promotion; includes activities for individuals or groups intended to enhance protective factors, reduce risk-factors and/or support individuals in their recovery; promote healthy behaviors (e.g. mindfulness, physical activity); provide cultural, spiritual, and social enrichment opportunities; foster hope, a sense of belonging and inter-dependence; promote responsibility and accountability for one's wellness; increase problem solving capacity; or develop or strengthen networks that community members trust.

Outreach and Engagement

- Participate and/or hold two career and/or resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination; establish/maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 16,000 adults, children, youth and families offering over 30 programs (integrated into 13 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

This Peer Certificate program is integrated within the larger RAMS Division of Peer-Based Services, which employs 100+ peer providers within the SFDPH system of care. It is through these close partnerships with BHS and the other community-based organizations that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Community Advisory Boards, all of which actively engage in the Certificate Program. RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. Lastly, since the inception of the program in 2010, RAMS has maintained strong relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, Curry Senior Center, Hospitality House, PRC, SF First, Larkin Street Youth, Mental Health Association etc.

RAMS maintains program promotional material (e.g. brochures, flyers for Open House, etc.) that are available for distribution throughout the year. These materials are also available for download at the program's webpage. The program engages in additional promotional efforts when recruiting applicants for a new cohort and community trainings. During these times, announcement emails are sent to all of the program affiliates and networks. Many organizations are specifically targeted, as their constituents are those of the underserved and underrepresented communities identified in the contract. Program enrollment and registration also becomes available on the RAMS blog and other social media outlets. Additionally, RAMS conducts presentations and table events about the program when relevant opportunities are available.

B. Admission, enrollment and/or intake criteria and process where applicable

To be eligible for the Certificate program, participants must be:

- At least 18 years old
- A resident of San Francisco
- A high school graduate (or have GED)
- A consumer or family member of behavioral health services
- A high school graduate/GED (only required for Entry and Advanced Level components)

To apply for the Entry and Advanced Level Certificate components, interested participants are required to complete and submit an application packet by the application deadline. The application packet includes the following components:

- Application Form with applicant's basic information
- Proof of San Francisco Residency
- Proof that applicant is at least 18 years of age
- Proof of high school level or higher education
- Two personal or professional references
- Personal Statement

All qualified applications are reviewed by the program's admissions committee who is generally composed of at least three members. During phase 1 of the application review, each committee member reviews all applications independently and selects the targeted number of qualified applicants to be admitted into the program. During phase 2, the committee members come together to share their results from phase 1. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

To participate in the Leadership Academy, those interested must only register and admission is based on a first come, first served basis.

C. Service delivery model

Entry Level & Advanced Certificate Components:

The Entry Level component is a 12-week course, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, in-person, generally on Tuesdays and Thursdays, from 10:00 a.m. - 2:00p.m. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, in person, generally on Tuesdays and Thursdays, from 9:30am. – 12:30p.m. Course activities include, but are not limited to:

- Interactive Lectures: Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with individuals with acute needs or who are challenging to engage with, leadership and supervisory areas, mentorship of other peers, and how to prepare for the civil service testing process for city employment.
- Classroom Exercises & Activities, Role-Play, and Progress Notes: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- Shadow Experience Project (Entry Level only): Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 minute presentation.
- Written Report (Entry Level only): Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- Capstone Project (Advanced Level only): Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course. Quizzes and Exams: Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams

- Individual Support & Advising/Counseling: Course Instructor and Teaching Assistant serve as advisor to students, focusing on overall well-being (psychological & academic). Appointments are offered for students to work with the Peer Intern mentor as needed.
- Cohort Support & Counseling: Course Instructor plans two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events also connect current students with graduates of the program to facilitate networking and sharing of resources.
- Job Placement & Support: Course Instructor organizes a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the Course Instructor continues to offer support & coaching into the workforce and connects participants to additional resources such as RAMS Hire-Ability Vocational Service, Department of Rehabilitation, peer job opportunities in the community, etc.
- Program Completion Incentive: Financial incentives are provided to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are estimated at least \$600 per student.
- Educational Materials Scholarship: All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- Accessibility: SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2 hour course, in specific topics and offer courses frequently throughout the year (usually monthly) at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component teaches peers and consumers basic education in the areas of, but not limited to, peer counseling best practices, self-care and burnout prevention, boundaries & ethics, de-escalation techniques, wellness and recovery, trauma-informed training, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component provides unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses helps peers and consumers develop skills to feel better equipped when participating in activities that request consumer input.

D. Discharge planning and exit criteria and process

For the Entry and Advanced Level Certificate components, exit criteria include successful completion of all coursework related to the course as well as maintaining regular attendance. The Course Syllabus further details to students the grading structure; all students must achieve a grade of 75% in order to receive a Certificate of Completion. In addition, participants must have a 90% attendance rate or higher for Entry Level and 85% for the Advanced Level in order to graduate from the program.

For the Leadership Academy, participants may be eligible to receive a verification of training for having participated in the full session.

E. Program staffing

See Appendix B Salaries and Benefits page.

F. Mental Health Services Act Programs

1. **Consumer participation/engagement:** Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each Entry and Advanced Level Certificate cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The Program Manager/Course Instructor is not involved in this evaluation process to support open and objective feedback from the participants. For the Leadership Academy, written evaluations are administered for training sessions.

Results of these evaluations are presented to the program Advisory Committee during its regular meetings. Advisory members then consider ways of programmatic improvements to meet the needs of participants. Various changes have been made to the program since its inception based on information obtained from these evaluations.

Advisory Committee: The program holds two meetings per year—consisting of former program participants (graduates) and other community stakeholders in the workforce development and peer counseling systems—in an effort to inform the community of program updates and to invite feedback related to training needs for peer providers to remain at the forefront of innovative behavioral health service delivery. Topics may include updates related to the California Medi-Cal Peer Specialist Certification, upcoming and proposed changes to the Peer Certificate curriculum, identified needs for training and workforce development in the behavioral health system of care, and other related topics. The program sends out quarterly updates to the Peer Certificate listerv via email to inform stakeholders of key activities happening during that time period in the program.

Peer Mentor Position: This position may be held by a program graduate currently enrolled in the RAMS Peer Counseling Internship or employed by RAMS (both funded through a different contract) when qualified Peer Mentors are available. The intent of this position is to further engage past participants in the program and to facilitate student success. The peer mentor, as part of a peer-to-peer model, provides academic support to students and administrative assistance to the Program Manager. The peer mentor meets with participants regularly on a one-on-one basis as well as conducts review sessions outside of formal class time.

2. **BHSA Vision:** The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates on the basis that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as they had

in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond this training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

Additionally, the curriculum content is based on Wellness and Recovery principles. In fact, for the Entry Level Certificate component, the very first lecture of the program is an overview of the Wellness and Recovery Model. Throughout the rest of the course, Wellness and Recovery concepts are tightly integrated into the instructions on how to provide counseling and other services as peer counselors. Some of the specific topics that embody wellness and recovery concepts include: WRAP, Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, and employment. Furthermore, the required textbook used for the program, "Voices of Recovery" is also based on Wellness and Recovery principles. The program intends for the materials to not only further promote recovery among participants of the program, but also for participants to practice this approach while working with clients as providers in the community behavioral health system.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. Staff are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Division Director reports progress/status towards each contract objective in the monthly report to executive management. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an ongoing basis, with its methodology depending on the type of information. In addition, the Division Director monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons (graduation, etc.).

B. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Division Director throughout the program cohort duration; based on these reviews, determinations/recommendations are provided relating to any needed adjustments to match to the cohorts' progress & workforce development needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

C. Measurement of cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Director and the CEO meets with each program to solicit feedback for this purpose. The agency may administer a staff satisfaction and/or climate survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program conducts a written participant satisfaction survey. Collected data is tabulated and summarized. The Division Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS quality management. The Program Director also collaborates with staff, RAMS Executive Management, and quality improvement/evaluation staff to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

E. Measurement, analysis, and use of ANSA data

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program Name: Peer Specialist MH Certificate

Funding Term: 07/01/25 *through* 06/30/26

CID#: 1000020708

Funding Source (non-BHS only):

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

1. Identifiers:

Program Name: RAMS Peer

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ Original

☒ Contract Amendment

☐ Request for Program Budget (RPB)

3. Goal Statement

To implement 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. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

4. Target Population

Population for Peers: RAMS welcomes all populations and ethnicities, with Adult Peers defined as individuals with personal lived experience and are living in recovery from being unhoused and/or addiction challenges and/or mental health conditions. Peers may be former consumers of behavioral health services, or family members or significant others of consumers.

Population for clients: RAMS welcomes all populations and ethnicities, with clients defined as those who are 18+ years of age (or those below 18+ years of age in specific programs serving TAY) and who are accessing or interested in accessing peer support services for individual and group peer counseling, connection to community resources, and system of care navigation for behavioral health needs and related basic needs services, including shelter/housing resources, primary care linkage, and benefits linkage.

5. Modality(ies)/Interventions

See Appendix B CRDC pages.

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates BHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the BHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

This Appendix A (narrative) includes the following components:

- Peer to Peer Linkage (corresponding with Appendix B-4):
This program employs peers (Empowerment Service Coordinators) to work with clients from up to six civil service clinics which include Chinatown North Beach Outpatient Clinic, South of Market Mental Health Clinic, Mission Mental Health Clinic, Ocean-Merced-Ingleside Family Center, Southeast Mission Geriatric Services Clinic, Sunset Mental Health Clinic. Peers in this program provide client accompaniment to appointments, linkage services, peer support and clinic peer activity group services.

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling-related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person and virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for the RAMS Peer Counseling Certificate and Peer Counseling Internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. In addition to this, RAMS promotes many of these opportunities including open workforce positions on their website and through our virtual job fairs.

B. Admission, enrollment and/or intake criteria and process where applicable

The Peer to Peer Linkage program provides Peer Service Coordinators who work with clients who access services designated BHS clinics/program, providing support to clinicians and their clients to identify community resources and provide assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

C. Service delivery model

• Peer-to-Peer Linkage (corresponding with Appendix B-4):

The RAMS Peer to Peer Linkage component enhances treatment services by providing supportive case management and resource linkage to clients at contracted SFDPH behavioral health clinics. Services, delivered by Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. The Service Coordinators work at — or in collaboration with — designated BHS clinics/program and provide support to clinicians and their clients on identifying community resources, and provide assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate. The Service Coordinator works with the client to support them in the access and utilization of available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

- Transportation and Mobility
- Affordable Housing
- Assistive Technology
- Language Interpretation
- Government Services & Programs
- Cultural Adjustment
- Immigration Services
- Food Assistance

- Women's Services
- Medical Assistance
- Mental Health Services
- Training & Education Programs
- Independent Living Skills
- Vocational Service

D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See Appendix B Salaries and Benefits page.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS Division of Peer-Based Services has a management/supervisory team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community &

Workforce Empowerment and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

1. Identifiers:

Program Name: Outpatient Peer Counseling Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To: (1) diversify behavioral health workforce by increasing consumer & family member representation and identified underrepresented groups, and (2) to provide additional services and support to clients of the RAMS Adult Outpatient Clinic from a Wellness and Recovery approach.

4. Target Population:

Adults/older adults from all ethnicities from the RAMS' Outpatient Services Program which is: all adult and older adult residents of San Francisco in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. The clinic has a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.

5. Modality(s)/Intervention(s)

See Appendix B CRDC.

The Outpatient Peer Counseling Program will provide individual counseling and support to the clients of the RAMS Adult Outpatient Clinic. This includes, but are not limited to: face-to-face counseling, case management, resource linkage, etc.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the direct services providers (e.g. peer counselors, psychologists, social workers, marriage & family therapists, etc.) with varying activities, topic foci, and location. RAMS also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

To engage the RAMS outpatient clients in participating in the Outpatient Peer Counseling Services program, the following takes place:

- Peer Counselors attend monthly RAMS Adult Outpatient Program staff meeting to disseminate program information to direct service providers
- Supervisors of the RAMS Outpatient Clinic meet with peer counselors for individual supervision to discuss referral information, program services, events, etc. In addition, Peer Counselors receive support from Supervisors from the Division of Peer-Based Services as needed.
- Peer Counselors offer promotional flyers about Peer Counseling activities on-site and in the community, and display them in the program wait areas as well as disseminate them to all Outpatient Clinic direct services providers
- Peer Counselors collaborate with Outpatient Clinic direct service providers in working with clients to ensure a team-based treatment approach. This allows Peer Counselors to develop

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.

- Peer counseling activities may be provided virtually or in-person, either on-site at the RAMS Adult Outpatient clinic or in the community.

B. Admission, enrollment and/or intake criteria and process where applicable

RAMS clients can be admitted into the Peer Counseling Program should they express interest in participating in the services and events provided by the program. Clients can be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.) or by Clinic Director.

C. Service delivery model

The Outpatient Peer Counseling Services is integrated into the RAMS Adult/Older Adult Outpatient Services Program. To further support accessibility of services, the RAMS Adult/Older Adult Outpatient Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond “normal” business hours. The Program hours are: Monday to Thursday (9:00 am to 7:00 pm); Friday (9:00 am to 5:00 pm).

The RAMS programs’ design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, peer counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices and wellness recovery groups/workshops.

Specifically, the Outpatient Peer Counseling Services offers peer-based support Mon-Fri., 9am-5pm, that includes, but is not limited to:

- Individual Face-to-Face Counseling (virtual telehealth as an option)
- Case Management
- Resource Linkage

D. Discharge Planning and exit criteria and process

Participation in the Peer Counseling Program is voluntary. Clients may utilize services as long as they continue to be a client of the RAMS Outpatient Clinic. Clients may also voluntarily terminate services with the program, at any time, should they feel that their needs for peer counseling services have been met and/or if the program no longer meets their needs.

E. Program staffing

See Appendix B Salaries and Benefits page.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

RAMS Outpatient Peer Counseling Services include a full-time peer counselor (40 hrs./week) and a part-time peer counselor (10 hrs./week) to meet the needs of the diverse clients at Outpatient Clinic. Peer Counselors may be graduates of RAMS Peer Specialist Mental Health Certificate and/or graduates from other Community Mental Health or Peer Certificate Programs, with experience working with the adult populations RAMS Outpatient Clinic serve.

Not funded by MHSA – supervisor and program director who supervise the Peer Counselors and manage the program at the RAMS Adult Outpatient Clinic are part of the RAMS Adult/Older Adult Outpatient Services and are funded by SFDPH-BHS.

F. Mental Health Services Act Programs (Outpatient Peer Counseling Program)

- 1) Consumer participation/engagement: Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

The foundation of the Outpatient Peer Counseling Program is to engage consumers in providing services within the community system of care. This program employs only peers (consumers of behavioral health services with lived experience) to be service providers. Peer Counselors have the opportunity to share their personal experience and knowledge that they have gained as consumers to support others in their process of recovery. From the clients' perspective, the intent of the program is to inspire and instill hope as clients receive support and encouragement from providers who once had similar struggles as themselves.

In addition to peers being service providers, the Outpatient Peer Counseling Program engages clients to participate in the development, implementation, and evaluation of the program in several different ways. Client satisfaction are conducted annually to solicit feedback from clients about the services that they have received. Results from client surveys and feedback are compiled and analyzed by program management, presented to staff and RAMS management. The Program Director and RAMS management work together to assess and integrate client feedback into programming.

- 2) HSA Vision: The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

The Outpatient Peer Counseling Program was founded based on the Wellness and Recovery Approach. With peers as service providers, the program sets an example for clients that recovery is possible. Peer Counselors are also trained to work with clients from a Wellness and Recovery Approach. Services provided values the fundamental components of the recovery model: client-centered, client-directed, strengths-based, holistic, self-advocacy, etc.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives.

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an ongoing basis, with its methodology depending on the type of information; for instance, the RAMS Quality Management dept. may use electronic health records to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors services progress (level of engagement after intake, level of accomplishing service/treatment goals), discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of frequency and scope of internal audits

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by program management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & service needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of care topics are integrated throughout staff meetings and other clinical discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. course progress, caseload with regard to intervention strategies and service plans & progress), documentation, productivity, etc.

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and an annual roundtable discussion to share practice-based cultural competency strategies. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS may hold agency-wide cultural competency trainings. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and executive

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

management. The agency may disseminate staff climate and/or satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

The Outpatient Peer Counseling Services Program gathers feedback through various methods. An annual client satisfaction survey is facilitated by RAMS administrators in spring annually; collected data is tabulated and summarized. Results of all client surveys are shared at staff meetings and reported to executive management. Furthermore, the Program Director has conducted focus groups with the current clients to collect feedback. Adjustment to program is implemented, after Director and staff review, and as appropriate, according to feedback, to better serve the community. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management.

E. Timely completion and use of outcome data, including CANS and/or ANSA

ANSA data is not applicable for this contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes.

9. Required Language:

N/A

Appendix B

Calculation of Charges

1. Method of Payment

A. For the purposes of this Section, “General Fund” shall mean all those funds, which are not Work Order or Grant funds. “General Fund Appendices” shall mean all those appendices, which include General Fund monies. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For contracted services reimbursable by Fee for Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) For contracted services reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) For contracted services reimbursable by Fee for Service Reimbursement:

A final closing invoice, clearly marked “FINAL,” shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY’S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) For contracted services reimbursable by Cost Reimbursement:

A final closing invoice clearly marked “FINAL,” shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

D. Upon the effective date of this Agreement, and contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto:

Appendix B-1 & 1a – RAMS Peer to Peer Services (B-1a is Discontinued)
Appendix B-2 – Peer to Peer Services CMHC (Discontinued)
Appendix B-3 – Peer Specialist Mental Health Certificate
Appendix B-4 – RAMS Peer to Peer Services
Appendix B-5 & 5a – ICM Transition Support to Outpatient (Discontinued)
Appendix B-6 – Wellness in the Streets (WITS) (Discontinued)
Appendix B-7 & 7a– RAMS Peer to Peer Services (Discontinued)
Appendix B-8 – Outpatient Peer Counseling Services

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$2,773,071** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 12.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

C. For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

D. The amount for each fiscal year, to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and

Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in Section 3.7 section of this Agreement.

(1). Estimated Funding Allocations

Contract Term	Estimated Funding Allocation
July 1, 2021 to June 30, 2022	\$4,708,649
July 1, 2022 to June 30, 2023	\$5,847,839
July 1, 2023 to June 30, 2024	\$6,036,279
July 1, 2024 to June 30, 2025	\$5,736,748
July 1, 2025 to June 30, 2026	\$5,789,439
July 1, 2026 to June 30, 2027	\$5,780,491
July 1, 2027 to June 30, 2028	\$5,772,778
July 1, 2028 to June 30, 2029	\$5,766,217
Subtotal	\$45,438,440
Contingency @ 12%	\$2,773,071
Total Revised Not-to-Exceed Amount	\$48,211,511

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00343						Appendix B, Page 1	
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.						Fiscal Year 2025-2026	
Contract ID Number 1000020708						Funding Notification Date 09/08/25	
Appendix Number	B-1	B-3	B-4	B-8	B-#	B-#	
Provider Number	3894	3894	3894	3894			
Program Name	Peer-to-Peer Services	Peer Specialist MH Certificate	Peer to Peer Linkage	Outpatient Peer Counseling			
Program Code	TBD	TBD	TBD	TBD			
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26			
FUNDING USES							TOTAL
Salaries	\$ 2,637,990	\$ 220,107	\$ 267,463	\$ 90,449			\$ 3,216,009
Employee Benefits	\$ 738,642	\$ 61,630	\$ 96,287	\$ 31,658			\$ 928,217
Subtotal Salaries & Employee Benefits	\$ 3,376,632	\$ 281,737	\$ 363,750	\$ 122,107	\$ -	\$ -	\$ 4,144,226
Operating Expenses	\$ 661,000	\$ 212,902	\$ 56,028	\$ 4,304			\$ 934,234
Capital Expenses	\$ -						\$ -
Subtotal Direct Expenses	\$ 4,037,632	\$ 494,639	\$ 419,778	\$ 126,411	\$ -	\$ -	\$ 5,078,460
Indirect Expenses	\$ 565,265	\$ 69,250	\$ 58,767	\$ 17,697			\$ 710,979
Indirect %	14.0%	14.0%	14.0%	14.0%	0.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
BHS MENTAL HEALTH FUNDING SOURCES					Employee Benefits Rate		28.4%
MH Adult County General Fund	\$ 392,593			\$ 85,938			\$ 478,531
MH Adult State 1991 MH Realignment	\$ 221,871						\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000						\$ 20,000
MH MHSA (Adult)	\$ 3,500,786		\$ 478,545	\$ 58,170			\$ 4,037,501
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 317,381						\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266						\$ 150,266
MH MHSA (WET)		\$ 563,889					\$ 563,889
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
Prepared By Eduard Agajanian				Phone Number 408-394-8778			

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343						Appendix Number B-1	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>						Page Number 2	
Provider Number 3894						Fiscal Year 2025-2026	
Contract ID Number 1000020708						Funding Notification Date 09/08/25	
Program Name		Peer-to-Peer Services					
Program Code (RU) OR EPIC Bill Area	TBD	TBD	TBD	TBD	TBD	TBD	
Mode (MH) or Modality (SUD)	10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15	
Service Description	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	Outpatient Services	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	
FUNDING USES							TOTAL
Salaries & Employee Benefits	\$ 47,379	\$ 2,497,355	\$ 49,993	\$ 176,423	\$ 107,196	\$ 498,286	\$ 3,376,632
Operating Expenses	\$ 10,881	\$ 573,512	\$ 11,482	\$ 40,507	\$ 24,618		\$ 661,000
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 58,260	\$ 3,070,867	\$ 61,475	\$ 216,930	\$ 131,814	\$ 498,286	\$ 4,037,632
Indirect Expenses	\$ 8,157	\$ 429,919	\$ 8,605	\$ 30,371	\$ 18,452	\$ 69,761	\$ 565,265
Indirect %	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
TOTAL FUNDING USES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult County General Fund	\$ 66,417					\$ 326,176	\$ 392,593
MH Adult State 1991 MH Realignment						\$ 221,871	\$ 221,871
MH Adult Fed SDMC FFP (50%)						\$ 20,000	\$ 20,000
MH MHSA (Adult)		\$ 3,500,786					\$ 3,500,786
MH Grant SAMHSA Adult SOC, CFDA 93.958			\$ 70,080	\$ 247,301			\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958					\$ 150,266		\$ 150,266
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	66,417	3,500,786	70,080	247,301	150,266	568,047	4,602,897
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Unduplicated Clients (UDC)	N/A	N/A	N/A	N/A	N/A	N/A	
DPH Units of Service	488	24,561	503	1,722	1,034	4,306	
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 136.10	\$ 142.53	\$ 139.32	\$ 143.61	\$ 145.32	\$ 131.92	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 136.10	\$ 142.53	\$ 139.32	\$ 143.61	\$ 145.32	\$ 131.92	N/A

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services
 Program Code TBD

Appendix Number B-1
 Page Number 3
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251984-10000-10001792-0001	251984-17156-10031199-0119	251984-10001-10041864-0001	251984-10001-10041864-0001	251984-10001-10041864-0003	251984-10000-10001792-0001				
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		07/01/25-06/30/26		07/01/25-06/30/26		07/01/25-06/30/26		07/01/25-06/30/26	
Position Title	Practioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.55	\$ 87,962	0.01	\$ 1,448	0.48	76,319	0.01	\$ 1,528	0.03	\$ 5,391	0.02	\$ 3,276
Associate Program Director	Non Billing Staffing	0.65	\$ 83,957	0.01	\$ 1,382	0.56	72,844	0.01	\$ 1,458	0.04	\$ 5,146	0.03	\$ 3,127
Operations Manager	Non Billing Staffing	1.00	\$ 108,488	0.02	\$ 1,786	0.87	94,128	0.02	\$ 1,884	0.06	\$ 6,649	0.03	\$ 4,041
Peer Wellness Center Manager	Non Billing Staffing	1.00	\$ 107,640	0.02	\$ 1,772	0.87	93,392	0.02	\$ 1,870	0.06	\$ 6,597	0.03	\$ 4,009
BHSA Peer Coordinator	Non Billing Staffing	1.00	\$ 84,203	0.02	\$ 1,386	0.87	73,057	0.02	\$ 1,462	0.06	\$ 5,161	0.03	\$ 3,137
BHSA Peer Training Coordinator	Non Billing Staffing	1.00	\$ 74,933	0.02	\$ 1,233	0.87	65,014	0.02	\$ 1,301	0.06	\$ 4,593	0.03	\$ 2,792
Activities Coordinator	Non Billing Staffing	0.50	\$ 35,125	0.01	\$ 578	0.43	30,474	0.01	\$ 610	0.03	\$ 2,155	0.02	\$ 1,308
Peer Supervisor	Non Billing Staffing	1.50	\$ 127,849	0.02	\$ 2,104	1.30	110,926	0.03	\$ 2,221	0.09	\$ 7,836	0.06	\$ 4,762
Program/Operations Coordinator	Non Billing Staffing	4.60	\$ 419,301	0.08	\$ 6,902	3.99	363,800	0.08	\$ 7,283	0.28	\$ 25,700	0.17	\$ 15,616
Program/Operations Assistant	Non Billing Staffing	6.00	\$ 339,902	0.10	\$ 5,595	5.21	294,910	0.10	\$ 5,904	0.37	\$ 20,835	0.22	\$ 12,658
Senior Peer Counselor	Non Billing Staffing	1.75	\$ 132,477	0.03	\$ 2,181	1.52	114,945	0.03	\$ 2,301	0.11	\$ 8,120	0.06	\$ 4,930
Peer Counselor I	Non Billing Staffing	13.73	\$ 819,854	0.12	\$ 7,088	6.27	373,576	0.13	\$ 7,478	0.44	\$ 26,390	0.27	\$ 16,036
Peer Counselor II	Non Billing Staffing	3.00	\$ 216,301	0.05	\$ 3,560	2.60	187,670	0.05	\$ 3,757	0.18	\$ 13,258	0.12	\$ 8,056
Totals:		36.28	\$ 2,637,990	0.51	\$ 37,015	25.83	\$ 1,951,055	0.53	\$ 39,057	1.81	\$ 137,831	1.09	\$ 83,746
Employee Benefits:		28.00%	\$ 738,642	28.00%	\$ 10,364	28.00%	\$ 546,300	28.00%	\$ 10,936	28.00%	\$ 38,592	28.00%	\$ 23,450
TOTAL SALARIES & BENEFITS			\$ 3,376,632		\$ 47,379		\$ 2,497,355		\$ 49,993		\$ 176,423		\$ 107,196
													\$ 498,286

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services
 Program Code TBD

Appendix Number B-1
 Page Number 4
 Fiscal Year 2025-2026
 09/08/25

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0119	251984-10001-10041864-0001	251984-10001-10041864-0001	251984-10001-10041864-0003	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ 255,001	\$ 3,761	\$ 198,254	\$ 3,969	\$ 40,507	\$ 8,510	
Utilities (telephone, electricity, water, gas)	\$ 48,000	\$ 842	\$ 44,366	\$ 888	\$ -	\$ 1,904	
Building Repair/Maintenance	\$ 57,888	\$ 1,015	\$ 53,505	\$ 1,071	\$ -	\$ 2,297	
Occupancy Total:	\$ 360,889	\$ 5,618	\$ 296,125	\$ 5,928	\$ 40,507	\$ 12,711	\$ -
Office Supplies	\$ 16,622	\$ 291	\$ 15,364	\$ 308		\$ 659	
Photocopying	\$ 500	\$ 9	\$ 462	\$ 9	\$ -	\$ 20	
Computer Hardware/Software	\$ 7,200	\$ 126	\$ 6,655	\$ 133	\$ -	\$ 286	
Program Supplies	\$ 3,600	\$ 63	\$ 3,327	\$ 67	\$ -	\$ 143	
Materials & Supplies Total:	\$ 27,922	\$ 489	\$ 25,808	\$ 517	\$ -	\$ 1,108	\$ -
Training/Staff Development	\$ 30,696	\$ 538	\$ 28,372	\$ 568	\$ -	\$ 1,218	
Insurance	\$ 30,960	\$ 543	\$ 28,616	\$ 573		\$ 1,228	
Professional License	\$ 750	\$ 13	\$ 693	\$ 14	\$ -	\$ 30	
Software Subscription	\$ 10,201	\$ 179	\$ 9,428	\$ 189	\$ -	\$ 405	
Permits							
Equipment Lease & Maintenance	\$ 15,601	\$ 274	\$ 14,419	\$ 289	\$ -	\$ 619	
General Operating Total:	\$ 88,208	\$ 1,547	\$ 81,528	\$ 1,633	\$ -	\$ 3,500	\$ -
Local Travel	\$ 10,500	\$ 184	\$ 9,705	\$ 194		\$ 417	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -		\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -		\$ -	
Staff Travel Total:	\$ 10,500	\$ 184	\$ 9,705	\$ 194	\$ -	\$ 417	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate, Amounts, and Practitioner Type if Billable Provider)							
	\$ -	\$ -	\$ -	\$ -		\$ -	
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):		\$ -	\$ -	\$ -		\$ -	
Recruitment (Job Postings, etc.)	\$ 3,001	\$ 53	\$ 2,773	\$ 56	\$ -	\$ 119	
Client Stipends for 10 clients working approx. 16 hrs/week for 32 weeks at the rate of \$22.75/hr.	\$ 116,480	\$ 2,043	\$ 107,661	\$ 2,155	\$ -	\$ 4,621	
Client Related Expenses (food/snacks are estimated at \$3.5K/mo.; clothes, hygiene products estimated at \$1K/mo.)	\$ 54,000	\$ 947	\$ 49,912	\$ 999	\$ -	\$ 2,142	
Other Total:	\$ 173,481	\$ 3,043	\$ 160,346	\$ 3,210	\$ -	\$ 6,882	\$ -
TOTAL OPERATING EXPENSE	\$ 661,000	\$ 10,881	\$ 573,512	\$ 11,482	\$ 40,507	\$ 24,618	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 5	
Provider Number 3894		Fiscal Year 2025-2026	
Contract ID Number 1000020708		Funding Notification Date	
Program Name	Peer Specialist MH Certificate		
Program Code (RU) OR EPIC Bill Area	TBD		
Mode (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 281,737		\$ 281,737
Operating Expenses	\$ 212,902		\$ 212,902
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 494,639	\$ -	\$ 494,639
Indirect Expenses	\$ 69,250	\$ -	\$ 69,250
Indirect %	14.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 563,889	\$ -	\$ 563,889
BHS MENTAL HEALTH FUNDING SOURCES			
MH MHSa (WET)	\$ 563,889		\$ 563,889
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 563,889	\$ -	\$ 563,889
BHS SUD FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 563,889	\$ -	\$ 563,889
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	563,889	-	563,889
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)	162		
DPH Units of Service	2,743		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 205.57		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 205.57		162.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Peer Specialist MH Certificate

Program Code TBD

Appendix Number B-3

Page Number 6

Fiscal Year 2025-2026

Funding Notification Date 09/08/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251984-17156-10031199-0122		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy)	
Position Title	Pracitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.06	\$ 9,593	0.06	\$ 9,593				
Associate Director	Non Billing Staffing	0.80	\$ 106,514	0.80	\$ 106,514				
Program Coordinator	Non Billing Staffing	1.00	\$ 104,000	1.00	\$ 104,000				
Totals:		1.86	\$ 220,107	1.86	\$ 220,107	0.00	\$ -	0.00	\$ -
Employee Benefits:		28.00%	\$ 61,630	28.00%	\$ 61,630	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 281,737		\$ 281,737		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
Program Name Peer Specialist MH Certificate
Program Code TBD

Appendix Number B-3
Page Number 7
Fiscal Year 2025-2026
Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0122	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 28,767	\$ 28,767		
Utilities (telephone, electricity, water, gas)	\$ 7,980	\$ 7,980		
Building Repair/Maintenance	\$ 7,200	\$ 7,200		
Occupancy Total:	\$ 43,947	\$ 43,947	\$ -	\$ -
Office Supplies	\$ 1,800	\$ 1,800		
IT Supplies	\$ 1,500	\$ 1,500		
Photocopying	\$ -			
Program Supplies	\$ 3,900	\$ 3,900		
	\$ -			
Materials & Supplies Total:	\$ 7,200	\$ 7,200	\$ -	\$ -
Training/Staff Development	\$ 5,110	\$ 5,110		
Insurance	\$ 2,820	\$ 2,820		
Professional License	\$ -			
Software Subscription	\$ 4,100	\$ 4,100		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 1,500	\$ 1,500		
General Operating Total:	\$ 13,530	\$ 13,530	\$ -	\$ -
Local Travel	\$ 1,200	\$ 1,200		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,200	\$ 1,200	\$ -	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 24,000	\$ 24,000		
Recruitment (Job Postings, etc.)	\$ 500	\$ 500		
Client Tuitions for 65 clients at \$975/ea.	\$ 63,375	\$ 63,375		
Client Stipends for 65 total clients at \$750 each	\$ 48,750	\$ 48,750		
Client Related Expenses	\$ 10,400	\$ 10,400		
Other Total:	\$ 147,025	\$ 147,025	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 212,902	\$ 212,902	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 8	
Provider Number 3894		Fiscal Year 2025-2026	
Contract ID Number 1000020708		Funding Notification Date	
Program Name	Peer to Peer Linkage		
Program Code (RU) OR EPIC Bill Area	TBD		
Mode (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 363,750		\$ 363,750
Operating Expenses	\$ 56,028		\$ 56,028
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 419,778	\$ -	\$ 419,778
Indirect Expenses	\$ 58,767	\$ -	\$ 58,767
Indirect %	14.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 478,545	\$ -	\$ 478,545
BHS MENTAL HEALTH FUNDING SOURCES			
MH MSA (Adult)	\$ 478,545		\$ 478,545
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 478,545	\$ -	\$ 478,545
BHS SUD FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 478,545	\$ -	\$ 478,545
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	478,545	-	478,545
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)	150		
DPH Units of Service	4,008		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 119.39		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 119.39		200

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Peer to Peer Linkage

Program Code TBD

Appendix Number B-4

Page Number 9

Fiscal Year 2025-2026

Funding Notification Date 09/08/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251984-17156-10031199-0119		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy)	
Position Title	Practioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.07	\$ 11,195	0.07	\$ 11,195				
Associate Director	Non Billing Staffing	0.10	\$ 12,916	0.10	\$ 12,916				
Service Coordinator	Non Billing Staffing	2.63	\$ 159,352	2.63	\$ 159,352				
Peer Supervisor	Non Billing Staffing	1.00	\$ 84,000	1.00	\$ 84,000				
Totals:		3.80	\$ 267,463	3.80	\$ 267,463	0.00	\$ -	0.00	\$ -
Employee Benefits:		36.00%	\$ 96,287	36.00%	\$ 96,287	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 363,750		\$ 363,750		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 10
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0119	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 14,400	\$ 14,400		
Utilities (telephone, electricity, water, gas)	\$ 4,628	\$ 4,628		
Building Repair/Maintenance	\$ 2,950	\$ 2,950		
Occupancy Total:	\$ 21,978	\$ 21,978	\$ -	\$ -
Office Supplies	\$ 1,190	\$ 1,190		
Program Supplies	\$ 180	\$ 180		
IT Supplies	\$ 3,600	\$ 3,600		
Materials & Supplies Total:	\$ 4,970	\$ 4,970	\$ -	\$ -
Training/Staff Development	\$ 10,450	\$ 10,450		
Insurance	\$ 3,300	\$ 3,300		
Professional License	\$ -			
Permits	\$ -			
Software Subscription	\$ 1,850	\$ 1,850		
Equipment Lease & Maintenance	\$ 1,200	\$ 1,200		
General Operating Total:	\$ 16,800	\$ 16,800	\$ -	\$ -
Local Travel	\$ 4,800	\$ 4,800		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 4,800	\$ 4,800	\$ -	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 580	\$ 580		
Client Related Expenses	\$ 6,900	\$ 6,900		
	\$ -			
Other Total:	\$ 7,480	\$ 7,480	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 56,028	\$ 56,028	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343			Appendix Number B-8	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>			Page Number 11	
Provider Number 3894			Fiscal Year 2025-2026	
Contract ID Number 1000020708			Funding Notification Date 09/08/25	
Program Name	Outpatient Peer Counseling			
Program Code (RU) OR EPIC Bill Area	TBD	TBD		
Mode (MH) or Modality (SUD)	10/30-39	10/30-39		
Service Description	DS-Vocational	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26	07/01/25-06/30/26		
FUNDING USES				TOTAL
Salaries & Employee Benefits	\$ 72,818	\$ 49,289		\$ 122,107
Operating Expenses	\$ 2,567	\$ 1,737		\$ 4,304
Capital Expenses				\$ -
Subtotal Direct Expenses	\$ 75,385	\$ 51,026	\$ -	\$ 126,411
Indirect Expenses	\$ 10,553	\$ 7,144	\$ -	\$ 17,697
Indirect %	14.0%	14.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 85,938	\$ 58,170	\$ -	\$ 144,108
BHS MENTAL HEALTH FUNDING SOURCES				
MH Adult County General Fund	\$ 85,938			\$ 85,938
MH MHSA (Adult)		\$ 58,170		\$ 58,170
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 85,938	\$ 58,170	\$ -	\$ 144,108
BHS SUD FUNDING SOURCES				
				\$ -
				\$ -
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES				
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 85,938	\$ 58,170	\$ -	\$ 144,108
NON-DPH FUNDING SOURCES				
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	85,938	58,170	-	144,108
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased				
SUD Only - Number of Outpatient Group Counseling Sessions				
SUD Only - Licensed Capacity for Narcotic Treatment Programs				
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)	45	30		
DPH Units of Service	1,135	770		
Unit Type	Client Full Day	Client Full Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 75.72	\$ 75.55		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 75.72	\$ 75.55		75.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Outpatient Peer Counseling
 Program Code TBD

Appendix Number B-4
 Page Number 12
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

0.00%

0.00%

Funding

Notification

Date

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251984-10000-10001792-0001	251984-17156-10031199-0119	Dept-Auth-Proj-Activity			
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Pracitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.010	\$ 1,599	0.006	\$ 954	0.004	\$ 645		
Peer Counselor	Non Billing Staffing	1.250	\$ 88,850	0.745	\$ 52,985	0.505	\$ 35,865		
Totals:		1.260	\$ 90,449	0.751	\$ 53,939	0.509	\$ 36,510	0.00	\$ -
Employee Benefits:		35.00%	\$ 31,658	35.00%	\$ 18,879	35.00%	\$ 12,779	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 122,107		\$ 72,818		\$ 49,289		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
Program Name Outpatient Peer Counseling
Program Code TBD

Appendix Number B-8
Page Number 13
Fiscal Year 2025-2026
Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0119	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 75	\$ 44	\$ 31	
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 75	\$ 44	\$ 31	\$ -
Office Supplies	\$ 75	\$ 44	\$ 31	
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 75	\$ 44	\$ 31	\$ -
Training/Staff Development	\$ 750	\$ 447	\$ 303	
Insurance	\$ 600	\$ 357	\$ 243	
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 1,350	\$ 804	\$ 546	\$ -
Local Travel	\$ 524	315	209	
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 524	\$ 315	\$ 209	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ -			
Client-Related Expenses	\$ 2,280	\$ 1,360	\$ 920	
Other Total:	\$ 2,280	\$ 1,360	\$ 920	\$ -
TOTAL OPERATING EXPENSE	\$ 4,304	\$ 2,567	\$ 1,737	\$ -

Appendix B - DPH 6: Contract-Wide Indirect DetailContractor Name Richmond Area Multi-Services, Inc.Page Number 14Contract ID Number 1000020708Fiscal Year 2025-2026Funding Notification Date 09/08/25**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Chief Executive Officer	0.161	38,474
Chief Financial Officer	0.161	35,121
Deputy Chief	0.161	27,011
COO / Dir. Of Ops	0.161	26,382
Director of Community & Workforce Empowerment	0.259	39,147
Director of Community & Government Affairs	0.161	25,476
Director of Human Resources	0.161	24,340
Director of Training	0.289	36,276
Accounting Staff	0.642	55,905
HR Staff	0.642	59,674
Communication Manager	0.039	5,299
Grants Manager	0.120	10,012
QI Manager	0.161	17,745
IT Manager/Support	0.385	35,646
Executive/Admin Assistant	0.161	14,446
Janitor/Lead Facilities Tech	0.088	6,674

Subtotal: 3.752 \$ 457,628

Employee Benefits: 25.00% 114,407

Total Salaries and Employee Benefits: \$ 572,035**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	4,275
Depreciation	5,447
Rental	849
Utilities	3,506
Building Repair/Maintenance	2,921
Office Supplies	11,366
Training/Staff Development	1,963
Insurance	16,134
Equipment Rental	2,055
Local Travel	850
Audit Fees	9,420
Payroll Fees	32,045
Recruitment	27,350
Meetings and Conferences	786
Professional Fees	18,092
Bank Fees	1,885

Total Operating Costs \$ 138,944**Total Indirect Costs \$ 710,979****Total Indirect from DPH 1: \$ 710,979****Variance \$ -**

Appendix D
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

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Attachment 1 to SAA - System Specific Requirements

TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** All users must be issued a unique username for accessing City Data. Third Party must maintain a password policy based on information security best practices as required by 45 CFR § 164.308 and described in NIST Special Publication 800-63B.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department’s standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department’s standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User’s access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT’S RIGHTS

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party’s access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User’s access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

**A. Attachment 1 to SAA
System Specific Requirements**

I. For Access to Department Epic through Care Link the following terms shall apply:

A. Department Care Link Requirements:

1. Connectivity.

- a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Compliance with Epic Terms and Conditions.

- a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

B. Department Epic Hyperspace:

1. Connectivity.

- a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:
<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

I. For Access to Department Epic through OutReach

A. Department OutReach Requirements:

1. Connectivity.

- d) Third Party Responsibility: The Third Party is required to obtain and maintain an active internet connection and necessary equipment in compliance with the specifications provided by both Epic and the Department.
- d) Technical Equipment Changes: The specifications for accessing OutReach may be updated over time. Third Party must ensure their equipment and software align with these specifications and bear any related costs.
- d) Equipment Ownership: Access to the system by Third Party Data Users must occur exclusively through equipment owned, leased, and maintained by the Third Party.
- d) Equipment Purchase: Compatible equipment required for use with OutReach is the responsibility of the Third Party.

2. Compliance with Epic Terms and Conditions

- a) Obligations: The Third Party will access and use the system strictly according to Epic's Terms and Conditions. Data Users must electronically accept these terms during their initial login to OutReach.

3. Epic-Provided Terms and Conditions

- a) Usage Rules: Basic rules are provided by Epic that apply when using the Epic OutReach account. These include:

- a. Purpose of Use: Access to Epic OutReach is intended to facilitate care for shared patients, manage referral data, or further legitimate business interests with respect to data from an Epic customer's system.
- b. Restrictions: Users are prohibited from using Epic OutReach to develop similar software to EpicCare Link. Additionally, account information must not be shared with individuals outside the organization.

City and County of San Francisco
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the Agreement by and between the City and County of San Francisco, a Hybrid Entity designated under HIPAA, referred herein as the Covered Entity (“CE”), and Richmond Area Multi-Service, INC. (“Contractor”), the Business Associate (“BA”), dated May 01, 2026 (the “Agreement”).

RECITALS

A. CE, by and through the Department of Public Health (“DPH”), wishes to disclose, allow access to, or allow collection of certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement and this BAA, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA are committed to complying with all federal and state laws governing the confidentiality, privacy, and security of health information disclosed to BA pursuant to the Agreement, including, but not limited to the Standards for PHI under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws with respect to health information, mental health information, and substance use treatment information, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”), and 42 CFR Part 2.

D. CE is required to enter into an agreement containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“CFR”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose to BA, or allow BA to create, collect, use, access, maintain, or transmit for or on CE’s behalf, certain identifiable health information. The parties desire to enter into this BAA to permit BA to disclose, create, collect, use, access, maintain, or transmit such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding regulations.

1. Definitions. For purposes of this BAA, the Parties agree that each term below and any capitalized term used in this BAA, but not otherwise defined, has the meaning given to that term in the HIPAA Rules (as defined below), and as each may be amended from time to time.

- a. **Breach** means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI, as defined in 45 CFR §164.402.
- b. **Breach Notification Rule** means the portion of HIPAA set forth in Subpart D of 45 CFR Part 164.
- c. **Business Associate** means a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, as defined in 45 CFR §160.103.
- d. **Covered Entity** has the meaning given to such term under the Privacy Rule and the Security Rule, including 45 CFR §160.103.
- e. **Data Aggregation** means the combining of PHI by the BA with the PHI received by the BA in its capacity as a BA of one or more other covered entity, to permit data analyses that relate

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to the Health Care Operations of the respective covered entities, and the meaning given to such term in 45 CFR §164.501.

- f. **Designated Record Set** has the meaning given to such term under the Privacy Rule, including 45 C.F.R. Section 164.501.
- g. **Electronic PHI or ePHI** means any PHI maintained or transmitted by electronic media as defined in 45 CFR §160.103.
- h. **Health Care** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- i. **Health Care Component** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- j. **Health Care Operations** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.501.
- k. **HIPAA Rules** means the Privacy, Security, Breach Notification, and Enforcement Rules set forth in 45 CFR Part 160 and Part 164.
- l. **Hybrid Entity** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- m. **Privacy Rule** means that portion of HIPAA set forth in 45 CFR Part 160 and Part 164, Subparts A and E.
- n. **Protected Health Information or PHI** has the meaning given to such term under the Privacy Rule, including 45 CFR §§160.103 and 164.501, limited to the information created, maintained, stored, transmitted, or received by BA from or on behalf of CE, or another BA of CE.
- o. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and as defined in the Security Rule, including 45 CFR §164.304.
- p. **Security Rule** means the Security Standards for the Protection of Electronic Health Information provided in 45 CFR Part 160 & Part 164, Subparts A and C.
- q. **Unsecured PHI** has the meaning given to such term under 42 U.S.C. §17932(h) and 45 CFR §164.402.

2. Obligations of Business Associate.

a. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within fifteen (15) calendar days of a written request by CE.

b. Permitted Uses and Disclosures. BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA may use, access, and/or disclose PHI as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE (see 45 CFR §§164.502, 164.504(e)(2), and 164.504(e)(4)(i)). If BA discloses PHI to a third party, if the disclosure is required by law, or otherwise BA must obtain, prior to making such disclosure, (i) reasonable written assurances from such third party that such PHI will be held confidential as provided under this BAA and used or further disclosed only as required by law or for the purpose for which it was disclosed to this third party and (ii) an agreement from this third party to notify BA

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immediately of any breaches of the confidentiality of the PHI, to the extent it has knowledge of the breach.

c. Prohibited Uses and Disclosures. BA will not use, access, or disclose PHI other than as permitted or required by the Agreement, this BAA, and under the Privacy Rule, or as required by law. BA shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of CE and as permitted under 42 U.S.C. §17935(d)(2), and, 45 CFR §164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided under the Agreement.

d. Appropriate Safeguards. BA will use appropriate safeguards to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards under the Security Rule, including, but not limited to, 45 CFR §§164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA will comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 CFR §164.316, and 42 U.S.C. §17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. §17934(c).

e. Agreements with Subcontractors and Agents. BA will ensure that any of its agents and subcontractors that have access to, or which create, receive, maintain or transmit PHI for or on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.c. above (see 45 CFR §§164.504(e)(2) through (e)(5), and 164.308(b)). BA must mitigate the effects of any such violation.

f. Accounting of Disclosures. BA will document any disclosures of PHI made by it to account for such disclosures as required by 45 CFR §164.528(a). BA will also make available information related to such disclosures as would be required for CE to respond to a request for an accounting of disclosures in accordance with 45 CFR §164.528. At a minimum, BA will furnish CE the following with respect to any covered disclosures by BA: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI, and, if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure which includes the basis for such disclosure.

i. BA will furnish to CE information collected in accordance with this Section 2(e), within ten business days after written request by CE, to permit CE to make an accounting of disclosures as required by 45 CFR §164.528, or in the event that CE elects to provide an individual with a list of its business associates, BA will provide an accounting of its disclosures of PHI upon request of the individual, if and to the extent that such accounting is required under the HITECH Act or under HHS regulations adopted in connection with the HITECH Act.

ii. In the event an individual delivers the initial request for an accounting directly to BA, BA will forward such request to Covered Entity within ten (10) business days of receipt.

g. Access to PHI by Individuals. Upon request, BA agrees to provide CE copies of the PHI maintained by BA in a Designated Record Set in the time and manner designated by CE to enable CE to respond to an individual's request for access to PHI under 45 CFR §164.524. In the event any individual or personal representative requests access to the individual's PHI directly from BA, BA will forward that request to CE within ten (10) business days. Any disclosure of, or decision not to disclose, the PHI requested by an individual or a personal representative and compliance with the requirements applicable to an individual's right to obtain access to PHI shall be the sole responsibility of CE.

h. Amendment of PHI. Upon request and instruction from CE, BA will amend PHI or a record about an individual in a Designated Record Set that is maintained by, or otherwise within the

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possession of, BA as directed by CE in accordance with procedures established by 45 CFR §164.526. Any request by CE to amend such information will be completed by BA within fifteen (15) business days of CE's request. If an individual request an amendment of PHI directly from BA or its agents or subcontractors, BA must forward any such request to CE within ten (10) business days. Any amendment of, or decision not to amend, the PHI or record as requested by an individual and compliance with the requirements applicable to an individual's right to request an amendment of PHI will be the sole responsibility of CE.

i. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining CE's or BA's compliance with HIPAA and this BAA.

j. Minimum Necessary. BA, its agents and subcontractors shall request, use, access, and disclose only the minimum amount of PHI necessary to accomplish the intended purpose of such use, access, or disclosure, or request. (see 42 U.S.C. Section 17935(b) and 45 CFR §164.514(d)).

k. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information provided by CE to BA or created, received, maintained or transmitted by BA or BA's agents or subcontractors under the Agreement, including any and all forms thereof.

l. Notification of Suspected or Actual Breach. BA shall notify CE within five (5) calendar days of any breach of PHI; any use or disclosure of PHI not permitted by the Agreement or this BAA; any Security Incident (except as otherwise provided below) related to PHI, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take prompt corrective action to cure any deficiencies and any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

i. Unsuccessful Security Incident Attempts: The Parties acknowledge and agree that this Section constitutes notification by BA to CE of the ongoing existence and occurrence of attempted Security Incidents that do not result in and/or that BA does not anticipate will result in unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system (including, for example, pings on BA's firewall, port scans, attempts to log onto a system or enter a database with an invalid password or username, denial-of-service attacks that do not result in the system being taken off-line, or malware such as worms or viruses). Unless requested by CE, no further notification of unsuccessful Security Incident attempts is required.

ii. Successful Security Incident Attempts: BA must notify the City within five (5) calendar days of any Security Incident attempt that results in, or that BA anticipates may result in, unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system (such as continuous and/or persistent Security Incident attempts or a suspicious pattern of Security Incident attempts).

iii. Written Request for Security Incident Report: Upon CE's request, BA must provide CE a written Security Incident Report that: (a) identifies the categories of Security Incident

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attempts; (b) indicates whether BA believes its current defensive security measures are adequate to address Security Incidents, given the scope and nature of such attempts; and (c) if the security measures are not adequate, the measures BA will implement to address security inadequacies.

m. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Agreement or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

n. Audits, Inspection and Enforcement. Within ten (10) calendar days of a request by CE, BA will provide CE with a copy of its most recent independent HIPAA compliance report (AT-C 315), HITRUST certification or other similar mutually agreed upon independent standards-based third-party audit report. CE agrees not to re-disclose BA's audit report. If BA does not have such a report, BA will allow CE or its agents or subcontractors to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this BAA for the purpose of determining whether BA has complied with this BAA or maintains adequate security safeguards. BA shall notify CE within five (5) business days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights or other state or federal data privacy or security-enforcement government entity.

3. Termination.

a. Material Breach. A breach by BA, or BA's agent or subcontractor, of any obligations under this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the Agreement to the contrary notwithstanding. (45 CFR §164.504(e)(2)(iii).)

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which BA has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all PHI that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such PHI. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible (45 C.F.R. §164.504(e)(2)(ii)(J)). If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

City and County of San Francisco
Business Associate Agreement

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of PHI in accordance with the HIPAA Regulations and the HITECH Act including, 42 U.S.C. §17934(c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Litigation or Administrative Proceedings.

BA shall notify CE within forty-eight (48) hours of any litigation or administrative proceedings commenced against BA or its agents or subcontractors. In addition, BA shall make itself, and any subcontractors, employees and agents assisting BA in the performance of its obligations under the Agreement or this BAA, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the HIPAA regulations, or other state or federal laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

6. No Third-Party Beneficiaries.

Nothing express or implied in the Agreement or this BAA is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

7. Interpretation.

The provisions of this BAA shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provision in this BAA. This BAA and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy of health information. The parties agree that any ambiguity in the terms of this BAA shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy of health information.



File 260439: Contract Amendment

Richmond Area Multi-Services, Inc. (RAMS): Peer-to-Peer Programs

May 20, 2026

**Tracey Helton MPA
Program Manager - Justice, Equity, Diversity and Inclusion
Behavioral Health Services**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of Contract Amendment #2



Contractor: Richmond Area Multi-Services, Inc. (RAMS)

Contract Amendment Amount: \$19,095,330

- **Not-to-Exceed Amount:** \$48,211,511

Timeline: Total term of July 1, 2021, through June 30, 2029

- Extends contract term by 3 years

Contract Summary:

- RAMS provides end-to-end peer services including training, supervision, job placement, and counseling. Peer services are provided in all BHS clinics.

Program Summary

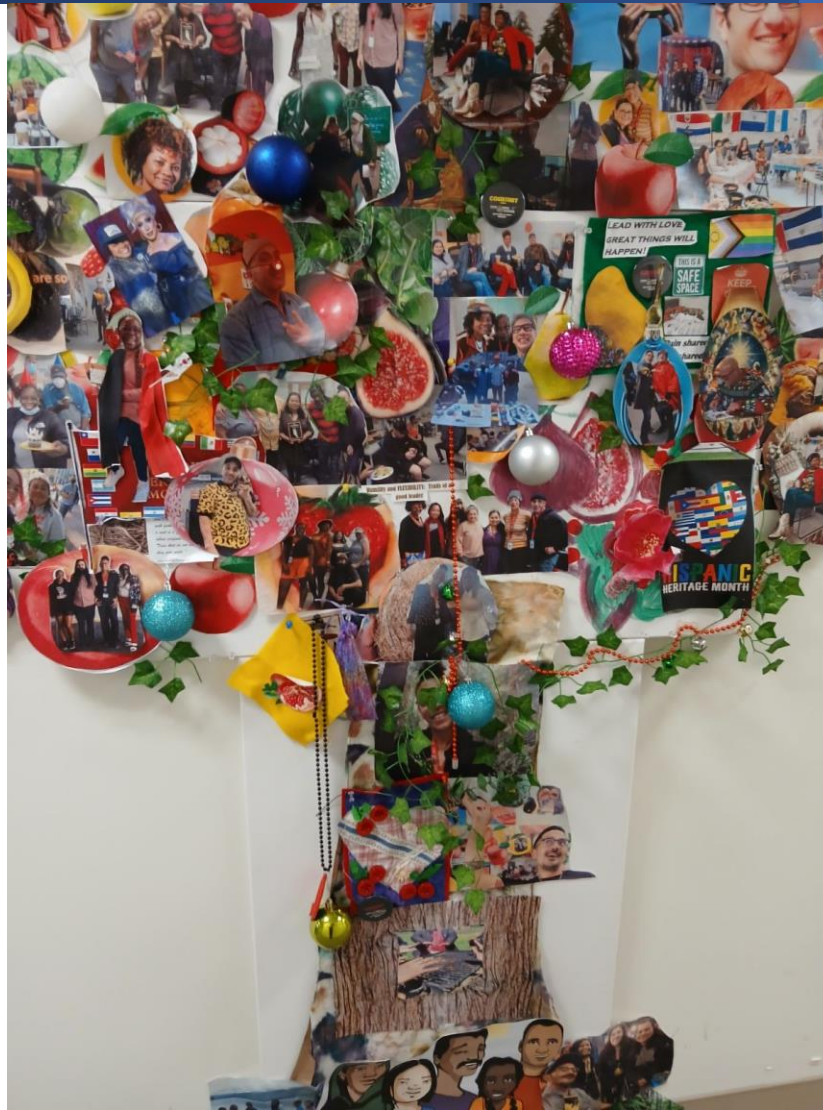


- **Services:** End-to-end peer services: training, supervision, job placement, and counseling for behavioral health consumers. Culturally-responsive peer services are provided across all BHS clinics
 - **Peer-to-Peer Employment Program:** Provides paid peer employment and internships to deliver support services at over 30 DPH sites (Served 1,286 in FY 24-25).
 - **Peer Specialist Mental Health Certificate Program:** Trains and certifies peers, family members, or former consumers of behavioral health services for behavioral health provider careers with academic and career support (Served 162 in FY 24-25).
 - **Peer-to-Peer Linkage:** Employs peers to accompany clients to appointments and offer linkage, support, and clinic-based peer activity groups (Served 150 in FY 24-25).
 - **Outpatient Peer Counseling Services** (Served 75 in FY 24-25).

Photos



Photos





Conclusion

DPH agrees with the BLA recommendations and respectfully requests approval of this item.

Thank you!

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

Agreement between the City and County of San Francisco and

Richmond Area Multi Services, Inc.

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This Agreement is made this 1st day of July, 2021, in the City and County of San Francisco (“City”), State of California, by and between **Richmond Area Multi Services, Inc. 4355 Geary Blvd. San Francisco, CA 94118**, a non-profit entity, (“Contractor”) and City.

Recitals

WHEREAS, the Department of Public Health (“Department”) wishes to contract for Peer to Peer Employment and Peer Specialist Mental Health Certificate Services; and,

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals (“RFP”) and Request for Qualifications (“RFQ”), RFQ 27-2020, dated August 17, 2020; and RFQ 22-2018, dated July 6, 2018; RFQ43-2019, dated December 18, 2019 in which City selected Contractor as the highest qualified scorer pursuant to the RFP and RFQ; and

WHEREAS, there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 46266-14/15 on November 2, 2020; 40587-17/18 on July 15, 2019; 49279-17/18 on July 19, 2021; and

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 **“Agreement”** means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 **“City” or “the City”** means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and Department of Public Health.”

1.3 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of the City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.4 **“CMD”** means the Contract Monitoring Division of the City.

1.5 **“Confidential Information”** means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and

Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.6 **“Contractor” or “Consultant”** means Richmond Area Multi Services, Inc. 4355 Geary Blvd. San Francisco, CA 94118.

1.7 **“Deliverables”** means Contractor’s work product resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.8 **“Mandatory City Requirements”** means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.9 **“Party” and “Parties”** means the City and Contractor either collectively or individually.

1.10 **“Services”** means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

2.1 **Term.** The term of this Agreement shall commence on July 1, 2021 and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City’s obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor’s assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs.** The City’s payment obligation to Contractor cannot at any time exceed the amount certified by City’s Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, “Modification of this Agreement.”

3.3 Compensation.

3.3.1 **Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, “Calculation of Charges.” Compensation shall be made for

goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Sixty Two Thousand Seven Hundred Fifty Dollars (\$9,862,750)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

3.3.2 Payment Limited to Satisfactory Services and Delivery of Goods. Contractor is not entitled to any payments from City until City approves the goods and/or Services delivered pursuant to this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory delivery of goods and/or Services even if the unsatisfactory character may not have been apparent or detected at the time such payment was made. Goods and/or Services delivered pursuant to this Agreement that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 Withhold Payments. If Contractor fails to provide goods and/or Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.7, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of goods delivered or Services performed, sales/use tax (if applicable), contract payment terms and contract price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System).

3.3.6 Getting paid by the City for Goods and/or Services.

(a) The City and County of San Francisco utilizes the Paymode-X[®] service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit http://portal.paymode.com/city_countyofsanfrancisco.

(b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to <https://sfcitypartner.sfgov.org/pages/training.aspx> for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

3.3.7 Grant Funded Contracts

(a) Disallowance. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other agreement between Contractor and City.

3.3.8 Payment Terms. Payment Due Date: Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.

3.4 Audit and Inspection of Records.

3.4.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.4 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 Reserved. (Payment of Prevailing Wages)

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 City Program Scope Reduction. In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services stated in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 Personnel

4.2.1 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.2.2 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to "Exemptions" to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

4.3 Subcontracting

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractor.

4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.

4.4.1 Independent Contractor. For the purposes of this Section 4.4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this Section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to this Section 4.4 shall be solely limited to the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this Section.

4.5 Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, transferred, or delegated by Contractor (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes.

4.7 Reserved. (Liquidated Damages).

4.8 Reserved. (Bonding Requirements).

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

(b) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

(f) Reserved (Technology Errors and Omissions Liability Insurance).

(g) Cyber and Privacy Insurance with limits of not less than \$3,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(h) **Reserved.** (Pollution Liability Insurance).

5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) The Commercial Automobile Liability Insurance policy must be endorsed to include (i) Auto Pollution Additional Insured Endorsement naming as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees; and (ii) Form MCS-90 for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980.

5.1.3 Waiver of Subrogation Endorsements

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) **Reserved.** (Pollution Liability Insurance Primary Insurance Endorsement).

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: luciana.garcia@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are

or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 **Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

6.2 **Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 **Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 **Contractor to Pay All Taxes.** Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 **Possessory Interest Taxes.** Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code Section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code Section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

7.3 **Withholding.** Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions may include any or all of the following, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically listed in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof

from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, under San Francisco Administrative Code Section 21.33, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. Under San Francisco Administrative Code Section 10.27, City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City. This Section 8.2.2 shall survive termination of this Agreement.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either Party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other Party at the time designated, shall not be a waiver of any such default or right to which the Party is entitled, nor shall it in any way affect the right of the Party to enforce such provisions thereafter.

8.4 **Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results

3.3.7(a)	Grant Funded Contracts – Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this Agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/.

10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

10.5 Nondiscrimination Requirements.

10.5.1 Nondiscrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P,

irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

10.8 Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) and California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350.

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has

provided the names of the persons required to be informed to the City department with whom it is contracting.

10.12 Reserved. (Slavery Era Disclosure).

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this Section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this Section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions.

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 Reserved. (Preservative Treated Wood Products).

Article 11 General Provisions

11.1 Notices to the Parties. Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, 4th floor Room 419 San Francisco, CA 94102	e-mail: ada.ling@sfdph.org
And:	Andrew Williams, Program Manager Contract Development & Technical Assistance Department of Public Health 1380 Howard Street, 5th floor San Francisco, CA 94103	e-mail: Andrew.williams@sfdph.org
To CONTRACTOR:	Richmond Area Multi-Services, Inc 4355 Geary Blvd San Francisco, CA 94118	e-mail: angelatang@ramsinc.org

Any notice of default must be sent by registered mail or other trackable overnight mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Incorporation of Recitals. The matters recited above are hereby incorporated into and made part of this Agreement.

11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the Parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this Section.

11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement. This contract sets forth the entire Agreement between the Parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in

11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (i) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (ii) such provision shall be enforced to the maximum extent possible so as to effect the intent of the Parties and shall be reformed without further action by the Parties to the extent necessary to make such provision valid and enforceable.

11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFQ 27-2020, dated August 17, 2020; and RFQ 22-2018, dated July 6, 2018; and RFP 49-2018, dated December 20, 2018. RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries. No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

12.3 Certification Regarding Lobbying.

12.3.1 Contractor certifies to the best of its knowledge and belief that: No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose [2021_RET_Guide.pdf](#) [2021_RET_Guide.pdf](#) accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review.

Contractor agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Contractor agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Contractor's work, which may include review by members of target communities.

12.5 Emergency Response.

Contractor will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. Contractor will update the Agency/site(s) plan as needed and Contractor will train all employees regarding the provisions of the plan for their Agency/site(s). Contractor will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. Contractor is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection. In a declared emergency, Contractor's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as Contractor's prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Protection of Private Information. If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 Confidential Information. In the performance of Services, Contractor may have access to, or collect on City's behalf, City's proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City's behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same

standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 Reserve (Payment Card Industry (“PCI”) Requirements)

13.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data and Confidential Information.

13.4.1 Use of City Data and Confidential Information. Contractor agrees to hold City’s Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City’s Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City’s Data outside the United States is subject to prior written authorization by the City. Access to City’s Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this

requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that City’s Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by “clearing,” “purging” or “physical destruction,” in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

13.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

13.6 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 14 MacBride And Signature

14.1 MacBride Principles - Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi Services, Inc.

DocuSigned by:

28527524752949F... 5/2/2022 | 9:58 AM PDT

Grant Colfax, MD
Director of Health
Department of Public Health

DocuSigned by:

6F19A81D004F44B... 4/25/2022 | 4:09 PM PDT

Angela Tang, LCSW
Director of Operations
Date
Supplier ID: 0000012195

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:

6D6CB58424584B1... 4/26/2022 | 10:03 AM PDT
By: _____
Henry Lifton
Deputy City Attorney

Approved:

DocuSigned by:

9AFA44694D514E7... 5/2/2022 | 11:29 AM PDT

Sailaja Kurella
Director of the Office of Contract Administration, and
Purchaser

By: _____

Appendices

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved (Insurance Waiver)
- D: Data Access and Sharing Terms
- E: HIPAA Business Associate Agreement and Attestations
- F: Invoice
- G: Dispute Resolution
- H: Reserved
- I. Declaration of Compliance

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator	N. Patients' Rights
B. Reports	O. Under-Utilization Reports
C. Evaluation	P. Quality Improvement
D. Possession of Licenses/Permits	Q. Working Trial Balance with Year-End Cost Report
E. Adequate Resources	R. Harm Reduction
F. Admission Policy	S. Compliance with Behavioral Health Services Policies and Procedures
G. San Francisco Residents Only	T. Fire Clearance
H. Grievance Procedure	U. Clinics to Remain Open
I. Infection Control, Health and Safety	V. Compliance with Grant Award Notices
J. Aerosol Transmissible Disease Program, Health and Safety	
K. Acknowledgement of Funding	
L. Client Fees and Third Party Revenue	
M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System	

2. Description of Services

3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by CLIENTS **or** STAFF **shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632

unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1	Peer to Peer Services
Appendix A-2	Peer to Peer Services CMHC
Appendix A-3	Grant Peer Specialist MH Certificate
Appendix A-4	Peer to Peer Linkage
Appendix A-5	ICM Transition to Outpatient
Appendix A-6	Wellness in the Streets
Appendix A-7	Whole Person Care - Shelter Care Coord Service

3. Services Provided by Attorneys.

Appendix A

Richmond Area Multi Services, Inc. (PTP, ID#1000020708)

7/1/2021

Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):****1. Identifiers:**

Program Name: Peer to Peer Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations;

Hasian Sinaga, Director, RAMS Division of Peer-Based Services

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)☒ Original☐ Contract Amendment☐ Request for Program Budget (RPB)**3. Goal Statement**

To implement 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. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Wellness Center, Peer Internship*; and Peer Specialist Mental Health Certificate and Street-based crisis services (funded by separate SFDPH-BHS contracts). Within this large contract we continue to provide a hybrid model of support to clients accessing our Peer Wellness Center services. This program is 100% peer staffed offering a variety of wellness groups and individual engagement opportunities with the overall goal of providing a safe space for individuals accessing behavioral health services to participate in peer-to-peer support in increasing wellness (A-3). We also work alongside with SFDPH Transitions Division and Street Medicine teams, assessing needs and outreach of homeless individuals in shelters or/and living in the streets and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care (A-5) model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care. In the last three years RAMS Division of Peer-Based Services continues to operate two MHSA *Innovation* funded contracts: (1) ICM to OP Peer Transition Support team services, where peers will be supporting the transition of clients exiting Intensive Case Management Services and stepping down to appointment based services, such as Outpatient Behavioral Health Services, and (2) WITS-Wellness In The Streets, an innovative program designed for peers to

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Linkage****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):**

engage with unhoused individuals living on the streets and to foster trust and bridge engagement to systems such as medical care, behavioral health and housing.

In addition to the existing services, and in response to the COVID-19 pandemic, RAMS Division of Peer-Based Services has met the moment in pivoting some focus of the work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services. This service was anticipated to end in December 2020, however, given the persistence of the pandemic, the services continue until further notice. This year would also mark the first complete year as part of the response to police reform in which RAMS Division of Peer-Based Services has successfully fully integrated and staffed six teams of first responder peers into the overall safety network of San Francisco. The service operations are 7 days per week, 24 hours, 365 days per year continuously and hires about 30 peers. This co-responder model called *Street Crisis Response Team* is part of Mental Health SF reform initiative in finding solutions to the increasing homelessness in San Francisco. The Street Crisis Response Team(s) is an alternative to law enforcement response to non-violent, behavioral health crisis in public settings.

This fiscal year, RAMS Division of Peer-Based Services will embark on additional services which will involve case management support provided by peers in coordination with the newly created BHS Office of Coordinated Care (A-7). This small team of peers will work directly with the Case Managers of the Office of Coordinated Care to provide follow up outreach to individuals who have had contact or had received services through the Street Crisis Response Team (s). The goal is to provide sustainable support to individuals to reduce the frequency of crisis related calls for these individuals as well as to secure appropriate long-term care for seriously ill individuals.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of 'system transformation'. The 'system transformation' envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Linkage****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):**

The RAMS Division of Peer-Based Services includes the following primary components:

- Peer Counseling & Outreach Services
- Peer-to-Peer Linkage
- Peer Internship
- Peer Wellness Center
- Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)
- Long-term pilot projects:
 - Whole Person Care
 - Intensive Case Management to Outpatient Services Peer Transition Support Team
 - Wellness In The Streets
 - CMHC (A-7)
- Street Crisis Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person or more recently, virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community.

Specifically for Peer to Peer Linkage, the program promotes open positions ("Service Coordinators") within the system of care by outreach and recruitment activities through linkages

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Linkage****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):**

to workforce development programs (e.g. RAMS Peer Specialist Mental Health Certificate; City College of SF Mental Health Certificate).

Each Service Coordinator is assigned to a specific SFDPH BHS clinic; they work closely with BHS staff and attend staff meetings at their clinics to maintain visibility of the program.

B. Admission, enrollment and/or intake criteria and process where applicable

Clients may be referred by direct service providers at various BHS clinics, while indicating the service or assistance needed. The program then introduces services to the referred client, and may discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; service plan, as appropriate. Clients also have the option of self-enrolling by coming to the program location itself as a walk-in or scheduling an intake meeting for application for the Peer Wellness Center services of to fill out and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website as well. Due to the impact of the COVID-19 pandemic, all new intakes are done mostly virtually.

The Peer-to-Peer Linkage program provides Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The RAMS Division of Peer-Based Services, under this contract, specifically includes the following three (out of four) components:

Peer Counseling & Outreach Services

This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted SFDPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters & navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and support clients to maintaining

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Linkage****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):**

overall wellness. Currently, RAMS provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in DRA groups (Dual Recovery Anonymous). Additional peer positions also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services. In FY 2021-22 we continue operating two MHSA Innovation funded pilot projects that were awarded to RAMS two years ago. This includes services to support clients exiting Intensive Case Management Services to less intensive appointment-based services through peer support. Peers will provide linkages to community resources that will help them become less dependent on Intensive Case Management Services, provide some emotional support and understanding during the transition as well as acclimate the client to their new outpatient service site and milieu. The second innovation pilot project is the Wellness In The Streets program that continue to support real-time engagement with homeless folks living on the streets or temporarily housed in Shelter-In-Place hotels.

Peer-to-Peer Linkage Program

RAMS Peer to Peer Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH behavioral health clinics. Services, delivered by Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery.

During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities. Please note that due to clinic closure and limited in-person services during the COVID-19 pandemic the contract objectives are different from previous years:

- Provide at least 300 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 100 unduplicated individuals

This program provides for Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

The Service Coordinator works with the client to support them in the access and utilization of available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

- *Transportation and Mobility*
- *Affordable Housing*
- *Assistive Technology*
- *Language Interpretation*

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-1, A-3, A-5, A-7****Program Name:** Peer to Peer Services**Contract Term:** 07/01/21 – 06/30/2022**CID#:** 1000020708**Funding Source (non-BHS only):**

- *Government Services and Programs*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*

Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program, which runs two consecutive cohorts per fiscal year, offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Providers throughout the program. Throughout the course of the program, each intern is assigned at least two rotations and are placed in a variety of SFDPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer Interns receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision from a Peer Supervisor/Coordinator, as well as ongoing individual supervision from a site supervisor.

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The program structure includes a one week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. The interns are assigned to different sites located across the city and meet weekly for group supervision and training. Each month, the peer interns attend the Leadership Academy series, which is also managed by the Division of Peer-Based Services. The Division Clinical Manager and Peer Internship Coordinator meet with each intern and their site supervisors at their sites at least monthly. After each rotation (at least two within a cohort cycle), the sites provide a formal evaluation feedback about the intern's performance.

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-1, A-3, A-5, A-7****Program Name:** Peer to Peer Services**Contract Term:** 07/01/21 – 06/30/2022**CID#: 1000020708****Funding Source (non-BHS only):**

Peer Wellness Center

This component is the membership drop-in Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive linkages to a variety of behavioral health and primary health resources and services; and 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; 4) A milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities. During the COVID-19 pandemic in FY 21-22, the Peer Wellness Center in-person drop-in model has been pivoted to a hybrid model of group and individual engagement. Clients of the Peer Wellness Center or any client visitors receiving services through Behavioral Health Services are welcome to participate in any of the groups offered.

This center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Wellness/Drop-In Center activities may include, but are not limited to: Individual Peer Counseling, Peer-to-Peer Support Groups such as Dual Recovery Groups (DRA), Women's & Men's groups, and LGBT group, Creative Arts activities, Mindfulness groups, Music appreciation, Cultural events, Outdoor walking groups and field trips and Resource/Service Linkage.

The Peer Wellness Center is centrally located in the Mid-Market/Civic Center neighborhood and is easily accessible to public transportation and SFDPH-BHS headquarters. The hours and days of operation are Monday, Wednesday & Friday from 9 a.m. - 5 p.m.; Tuesdays and Thursdays from 9 a.m. - 7 p.m.; and Saturdays from 10 a.m. - 3 p.m.

D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-1, A-3, A-5, A-7****Program Name:** Peer to Peer Services**Contract Term:** 07/01/21 – 06/30/2022**CID#: 1000020708****Funding Source (non-BHS only):**

peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2021-2022

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-1, A-3, A-5, A-7****Program Name:** Peer to Peer Services**Contract Term:** 07/01/21 – 06/30/2022**CID#:** 1000020708**Funding Source (non-BHS only):**

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS Quality Council. The Program Director also collaborates with RAMS Executive Management, Quality Council, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

Contractor Name: Richmond Area Multi-Services, Inc.

Program Name: Peer to Peer Services

CID#: 1000020708

Appendix A-1, A-3, A-5, A-7

Contract Term: 07/01/21 – 06/30/2022

Funding Source (non-BHS only):

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

Not applicable.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):****1. Identifiers:**

Program Name: Peer Specialist Mental Health Certificate

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org

Program Code: Not Applicable

2. Nature of Document (check one)☒ Original☐ Contract Amendment☐ Request for Program Budget (RPB)**3. Goal Statement**

To prepare peers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level peer provider employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning.

4. Target Population

Underserved and underrepresented San Francisco mental health consumers, peers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training. The target population will also include individuals of diverse backgrounds, from all ethnicities and cultural backgrounds including individuals representing the LGBTQI communities, individuals interested in serving different population groups including the elderly, immigrants and disenfranchised communities.

5. Modality(ies)/Interventions (aka Activities)

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*; *Peer Wellness Center*, *Shelter-In-Place peer outreach – in response to the COVID-19 pandemic*, *Street Crisis Response Team (funded by a separate SFDPH-BHS contract)*,

The RAMS Peer Specialist Mental Health Certificate offers three components:

- 1) Entry Level Certificate: 12-week course designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning. This component is operated in collaboration with San Francisco State University, Department of Counseling.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

- 2) Advanced Level Certificate: 8-week course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing (or have recently provided) peer services and/or community advocacy
- 3) Leadership Academy: Offers monthly trainings to further support and educate peers working in the behavioral health field

During the contract year, RAMS will provide the following modality/intervention:

Workforce Development (MHSA Modality #6)

- At least 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; Due to the COVID-19 pandemic, all classes have been hosted 100% online with some reduction to actual virtual face-to-face classroom teaching. For this fiscal year, depending on health orders, we may start having in-person classes again.
- 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion (MHSA Modality #3)

- Coordinate and hold at least two social networking events (connecting/linking program alumni with current participants for professional network and support) and two alumni reunions (maintain professional network and support) intended for wellness and promotion; includes activities for individuals or groups intended to enhance protective factors, reduce risk-factors and/or support individuals in their recovery; promote healthy behaviors (e.g. mindfulness, physical activity); provide cultural, spiritual, and social enrichment opportunities; foster hope, a sense of belonging and interdependence; promote responsibility and accountability for one's wellness; increase problem solving capacity; or develop or strengthen networks that community members trust.

Outreach and Engagement (MHSA Modality #1)

- Participate and/or hold at least two career and/or resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination; establish/ maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

6. Methodology

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Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):****A. Outreach, recruitment, promotion, and advertisement as necessary**

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 17,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. It is through these close partnerships with BHS and the other community-based organizations that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Community Advisory Boards, all of which actively engage in the Certificate Program. RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. Lastly, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, Curry Senior Center, Hospitality House, PRC, SF First, Larkin Street Youth, Mental Health Association etc.

RAMS maintains program promotional material (e.g. brochures, flyers for Open House, etc.) that are available for distribution throughout the year. These materials are also available for download at the program's webpage. The program engages in additional promotional efforts when recruiting applicants for a new cohort and community trainings. During these times, announcement emails are sent to all of the program affiliates and networks. Many organizations are specifically targeted, as their constituents are those of the underserved and underrepresented communities identified in the contract. Program enrollment and registration also becomes available on the RAMS blog and Facebook. Additionally, RAMS conducts presentations and table events about the program when relevant opportunities are available.

B. Admission, enrollment and/or intake criteria and process where applicable

To be eligible for the Certificate program, participants must be:

- At least 18 years old
- A resident of San Francisco
- A high school graduate (or have GED)
- A consumer or family member of behavioral health services
- A high school graduate/GED (only required for Entry and Advanced Level components)

To apply for the Entry and Advanced Level Certificate components, interested participants are required to complete and submit an application packet by the application deadline. The application packet includes the following components:

- Application Form with applicant's basic information

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- Proof of San Francisco Residency
- Proof that applicant is at least 18 years of age
- Proof of high school level or higher education
- Two personal or professional references
- Personal Statement

All qualified applications are reviewed by the program's admissions committee. The admissions committee is generally composed of at least three members. During phase 1 of the application review, each committee member reviews all applications independently and selects the targeted number of qualified applicants to be admitted into the program. During phase 2 of the program, the committee members come together to share their results from phase 1 of the process. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

To participate in the Leadership Academy, those interested must only register and admission is based on a first come, first served basis.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

Entry Level & Advanced Certificate Components:

The Entry Level component is a 12-week course, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10:00 a.m. - 12 p.m. With the course operating 100% online and virtually, classroom face-to-face virtually is reduced and hours of support/teaching increases through individual support and mentoring, homework and classroom projects. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10 am. – 1 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes:* Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- *Shadow Experience Project (Entry Level only):* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.
- *Written Report (Entry Level only):* Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- *Capstone Project (Advanced Level only):* Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course. *Quizzes and Exams:* Students are

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tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams

- *Individual Support & Advising/Counseling:* Course Instructor and Teaching Assistant serve as advisor to students, focusing on overall well-being (psychological & academic). Appointments are offered for students to work with the Peer Intern mentor as needed.
- *Cohort Support & Counseling:* Course Instructor plans two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events also connect current students with graduates of the program to facilitate networking and sharing of resources.
- *Job Placement & Support:* Course Instructor organizes a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the Course Instructor continues to offer support & coaching into the workforce and connects participants to additional resources such as RAMS Hire-Ability Vocational Service, Department of Rehabilitation, peer job opportunities in the community, etc.
- *Program Completion Incentive:* Financial incentives are provided to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are estimated up to \$250 per student.
- *Educational Materials Scholarship:* All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- *Accessibility:* SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly monthly) at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component teaches peers and consumers basic education in the areas of, but not limited to, peer counseling best practices, self-care and burnout prevention, boundaries & ethics, de-escalation techniques, wellness and recovery, trauma-informed training, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component provides unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses helps peers and consumers develop skills to feel better equipped when participating in activities that request consumer input.

D. Discharge planning and exit criteria and process

For the Entry and Advanced Level Certificate components, exit criteria include successful completion of all coursework related to the course as well as maintaining regular attendance. The Course Syllabus further details to students the grading structure; all students must achieve a grade of 75% in order to receive a Certificate of Completion. In addition, participants must have a 90% attendance rate or higher for Entry Level and 85% for the Advanced Level in order to graduate from the program.

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For the Leadership Academy, participants may be eligible to receive a verification of training for having participated in the full session.

E. Program staffing

See CBHS Appendix B.

F. Mental Health Services Act Programs

1. Consumer participation/engagement: Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each Entry and Advanced Level Certificate cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The written evaluation is generally followed by a focus group format discussion led by RAMS administrators. The Program Manager/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions. For this fiscal year, written evaluations are done through online Survey Monkey.

Results of these evaluations are presented to the program Advisory Committee during its regular meetings. Advisory members then consider ways of programmatic improvements to meet the needs of participants. Various changes have been made to the program since its inception based on information obtained from these evaluations.

Advisory Committee: The program maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services & other Peer Providers and employers etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year and the committee meets on a quarterly basis. This year, there is a plan to pivot the Advisory Committees focus to be two-fold: a group of qualified and interested individuals who would be part of a task force to plan and prepare for the integration of California State Certification requirements into our existing program; collaborate and partner with RAMS Hire-Ability TAY Certificate programs Advisory committee to create a joint committee.

Peer Mentor Position: This position may be held by a program graduate. The intent of this position is to further engage past participants in the program and to facilitate student success. The peer mentor, as part of a peer-to-peer model, provides academic support to students and administrative assistance to the Program Manager. The peer mentor meets with participants regularly on a one-on-one basis as well as conducts review sessions outside of formal class time.

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2. MHSA Vision: The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates on the basis that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond this training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

Additionally, the curriculum content is based on Wellness and Recovery principles. In fact, for the Entry Level Certificate component, the very first lecture of the program is an overview of the Wellness and Recovery Model. Throughout the rest of the course, Wellness and Recovery concepts are tightly integrated into the instructions on how to provide counseling and other services as peer counselors. Some of the specific topics that embody wellness and recovery concepts include: WRAP, Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, and employment. Furthermore, the required textbook used for the program, "Voices of Recovery" is also based on Wellness and Recovery principles. The program intends for the materials to not only further promote recovery among participants of the program, but also for participants to practice this approach while working with clients as providers in the community behavioral health system.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2021-2022.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the

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type of information. In addition, the Program Director monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons (graduation, etc.).

B. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Division Director throughout the program cohort duration; based on these reviews, determinations/recommendations are provided relating to any needed adjustments to match to the cohorts' progress & workforce development needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

C. Measurement of cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency may administer a staff satisfaction and/or climate survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

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Appendix A-2

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Funding Source (non-BHS only):

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program conducts a written participant satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; collected data is tabulated and summarized. The Division Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS quality management. The Program Director also collaborates with staff, RAMS Executive Management, and quality improvement/evaluation staff to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

E. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: ICM Transition to Support to Outpatient
CID#: 1000020708

Appendix A-4
Contract Term: 07/01/21 – 06/30/2022
Funding Source: (non-BHS only): N/A

1. Identifiers:

Program Name: ICM Transition Support to Outpatient
 Program Address: 1282 Market Street
 City, State, Zip: San Francisco, CA 94102
 Telephone: (415) 579-3021 Fax: (415) 941-7313
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, Zip: San Francisco, CA 94118
 Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☒ Original ☐ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement

To Mobilize a peer linkage team providing both wraparound services and a warm hand off, in an effort 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.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of 'system transformation'. The 'system transformation' envisioned by the MHSA is founded on the belief that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

The RAMS Division of Peer-Based Services includes the (below) primary components:

- Peer Counseling & Outreach Services
- Peer Internship

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- Peer Wellness Center
- Peer Specialist Mental Health Certificate
- Whole Person Care
- Wellness in the Streets
- ICM to Outpatient Services Peer Transition Support
- Response to COVID-19 Pandemic; Shelter-In-Place (SIP) Peer Outreach and linkage services
- Street Crisis Response Team

See also BHS Appendix B, CRDC pages.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. Method of promotion of engagement and services are primarily done through telehealth, virtual and phone call mtgs and support groups. All in adaptation to the COVID-19 pandemic health and safety practices of limiting in-person services.

For the Peer ICM Transition Support team, additional outreach and promotion activities may be further developed, while focusing on ICM/FSP programs.

B. Admission, enrollment and/or intake criteria and process where applicable

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process is triggered through the completed referral form from the ICM provider to RAMS PTT Coordinator. The client and provider is contacted by the PTT Coordinator to schedule an intake meeting within 30 days. Eligibility will include enrollment in an ICM and a degree of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

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- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.

Activities may include, but are not limited to the following:

- Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- As part of training and orientation, the peers will do a “rotation” at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- Peers will participate in client case conferences and present at program staff meetings
- The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- Regular peer cohort meetings/trainings with all peer transition team members
- Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

D. Discharge planning and exit criteria and process

, RAMS will collaboratively work with BHS to determine the exit and completion date. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

E. Program staffing

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See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2021-2022.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and then match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-4****City Fiscal Year: 2021-2022****Contract Term: 07/01/2021 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- To ensure accountability at all levels, the RAMS CEO reports out monthly to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and RAMS quality improvement. The Program Director also collaborates with RAMS Executive Management RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

Not applicable.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

Appendix A-6
Contract Term: 07/01/2021 – 06/30/2022
Funding Source (non-BHS only):N/A

1. Identifiers:

Program Name: Wellness in the Streets (WITS)
Program Address: 1282 Market Street
City, State, Zip: San Francisco, CA 94102
Telephone: (415) 579-3021 Fax: (415) 941-7313
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To test new ways of service delivery and engaging with unhoused San Francisco residents and ultimately to help participants transition along the stages of change until they can engage in services and to support homeless individuals temporarily living in assigned hotels. As of FY 21-22, due to access to vaccinations and health order clearance, the WITS teams continues to provide supporting homeless individuals living on the streets in addition to the temporary assigned hotels. WITS staff work in coordination with BHS staff and RAMS peers who are engaging individuals in these hotels for their needs, to follow up with appointments, resources and linkage to services in-person as part of the collective support for unhoused San Franciscans.

4. Priority Population:

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the client(s) being served.

Population Served by Peers: This includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

Appendix A-6
Contract Term: 07/01/2021 – 06/30/2022
Funding Source (non-BHS only):N/A

5. Modality(s)/Intervention(s):

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA is founded on the belief that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

The RAMS Division of Peer-Based Services includes major components:

- Peer Counseling & Outreach Services
- Peer Internship
- Peer Wellness Center
- Peer Specialist Mental Health Certificate
- Pilot projects: Whole Person Care, *Wellness in the Streets*, ICM to Outpatient Services
Peer Transition Support
- Shelter-in-Place peer phone call engagement and linkage
- Street Crisis Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at, and email correspondence with: BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community.

B. Admission, enrollment and/or intake criteria and process where applicable

The project will involve a roving support team of peer counselors (ideally who have experienced homelessness) who will engage in peer counseling activities directly on the streets of San Francisco in areas where individuals are unhoused. Teams of 2-3 peers would go out to the various neighborhoods of San Francisco in search of or to follow-up with unhoused residents who are at-risk or currently in need of peer-based mental health services.

C. Service delivery model

WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.

During this time of the pandemic, the work has pivoted primarily to support efforts of engagement with homeless individuals temporarily housed in assigned hotels. WITS peer specialist work in coordination with Shelter-In-Place partners and teams to follow up with specific needs of clients housed in these hotels. Activities include appointment accompaniment, linkage to services such as primary care, permanent housing services, benefits applications.

The peer staff will engage unhoused residents and gather real-time information from the unhoused residents about what intervention strategies may be more effective in achieving one or more of the program goals, such as increasing knowledge of community resources, and increasing both motivation and willingness to engage in the available community-based social services. Based on feedback from the participants, RAMS would adjust the program, as appropriate and able.

Peers will provide brief peer counseling activities including behavioral health education activities, wellness planning, crisis planning and other activities. Peer specialists may also distribute a one-page resource sheet to educate unhoused individuals regarding behavioral health services, housing resources and alternate peer counseling programs.

D. Discharge Planning and exit criteria and process

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

As services may range from one-time to ongoing support, the exit criteria may be further determined in collaboration with SFDPH. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to: training, supervision, consultation, job coaching and retention services, and peer-based support groups.

F. MHSA Vision

1. Consumer Participation/Engagement

RAMS Division of Peer-Based Services regards consumer participation/engagement at all levels of service delivery to be a key cornerstone to effective and inclusive services. The program demonstrates this by several ways: 90% of staff positions require minimum qualifications to include individuals with behavioral health lived experiences; peers are represented within department advisory committees such as in our Peer Certificate Quarterly Advisory Committee meetings, Peer Division Community Advisory Board Meetings and Peer Wellness Center Client Community Monthly meetings. We also include peers in the process of interviewing for management/supervisory positions as well as feedback from clients through annual surveys and focus groups. Peer staff have regular supervision and staff meetings that are spaces to offer feedback and to participate in the operations/development of the division business and services.

2. MHSA Principle: Providers have the attitudes, knowledge and skills needed to understand, communicate with and effectively serve people across cultures.

RAMS Division of Peer-Based Services demonstrates this at many levels which starts in outreach and recruiting peer providers from diverse communities, to reflect the client communities that we serve. We currently have peer providers who represent LGBTQ, Black/African American, Native American, AAPI, Latin X and Russian Communities. We have many staff who are bi-lingual and bi-cultured which include spoken languages such as Tagalog, Cantonese, Toisanese, Mandarin, Russian, Spanish and Portuguese.

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

We also have a number of staff that are more veteran level and meet the older adult communities, as well as younger individuals who are able to meet the TAY community. In addition to this, another important component of the peer provider work, we have staff that have a variety of *lived experiences* that are vital to being able to show empathy and be effectively resourceful. Many of our staff have struggled with many of the issues our client base struggle with which include experiences with homelessness, poverty, addiction and mental health issues and navigating the many different systems within the city resources network.

With many of peer providers graduating from our Peer Certificate Program or City College Community Mental Health Worker Certificate Program, our peer providers have the tools to be able to utilize their lived experiences in a professional manner and provide culturally responsive peer provider support. We also value the Wellness & Recovery model in which we perform our work within a strength-based model approach, finding ways to create a sustainable, healthy and balanced workforce.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled “MHSA Performance Objectives – FY 2021-22.

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Quality of documentation, including a description of the frequency and scope of internal chart audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/depending on type of services, and then match to client’s progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

Contractor Name: Richmond Area Multi-Services, Inc.**Program Name: Wellness in the Streets (WITS)****CID#: 1000020708****Appendix A-6****Contract Term: 07/01/2021 – 06/30/2022****Funding Source (non-BHS only):N/A**

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains a Quality Council that is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

Contractor Name: Richmond Area Multi-Services, Inc.

Program Name: Wellness in the Streets (WITS)

CID#: 1000020708

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Contract Term: 07/01/2021 – 06/30/2022

Funding Source (non-BHS only):N/A

- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS Quality Council. The Program Director also collaborates with RAMS Executive Management, Quality Council, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Timely completion and use of outcome data

As described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

Not applicable.

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1	Peer to Peer Services
Appendix B-2	Peer to Peer Services CMHC
Appendix B-3	Grant Peer Specialist MH Certificate
Appendix B-4	Peer to Peer Linkage
Appendix B-5	ICM Transition to Outpatient
Appendix B-6	Wellness in the Streets
Appendix B-7	Whole Person Care - Shelter Care Coord Service

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Eight Hundred Sixty Two Thousand Seven Hundred Fifty Dollars (\$9,862,750) for the period of July 1, 2021 through December 31, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation **\$1,056,723** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2021 through August 15, 2021	103,601 (CID#1000003052)
July 1, 2021 through June 30, 2022	5,801,617 (CID#1000020708)
July 1, 2022 through December 31, 2022	<u>2,900,809</u>
Sub.Total July 1, 2021 through December 31, 2022	8,806,027
Contingency	<u>1,056,723</u>
Total July 1, 2021 through December 31, 2022	9,862,750

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, **\$103,601** of grant funding for the Promoting Recovery & Services for the Prevention of Recidivism program of the period from July 1, 2021 through August 15, 2021 in the Contract Number 1000003052 is included with this Agreement. Reasons for payments overlap due to Contract Number 1000003052 ending on June 30, 2021, but the grant funding for this program ending on August 15, 2021.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such

Appendix B
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.”

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

DHCS Legal Entity Number 00343								Appendix B, Page 1
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.								Fiscal Year 2021-2022
Contract ID Number 1000020708								Funding Notification Date 11/10/21
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Provider Number	3894	3894	3894	3894	3894	3894	3894	
Program Name	Peer-to-Peer Services	Peer-to-Peer Services CMHC Grant	Peer Specialist MH Certificate	Peer to Peer Linkage	ICM Transition to Outpatient	Wellness in the Streets	Whole Person Care-Shelter Care Coord Services	
Program Code	TBD	N/A	TBD	TBD	TBD	TBD	TBD	
Funding Term	07/01/21-06/30/22	09/30/21-09/29/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
FUNDING USES								TOTAL
Salaries	\$ 1,953,317	\$ 99,965	\$ 143,306	\$ 266,002	\$ 338,575	\$ 204,879	\$ 248,433	\$ 3,254,477
Employee Benefits	\$ 527,394	\$ 29,990	\$ 35,827	\$ 79,801	\$ 94,801	\$ 61,464	\$ 74,530	\$ 903,807
Subtotal Salaries & Employee Benefits	\$ 2,480,711	\$ 129,955	\$ 179,133	\$ 345,803	\$ 433,376	\$ 266,343	\$ 322,963	\$ 4,158,284
Operating Expenses	\$ 527,363	\$ 35,300	\$ 137,354	\$ 31,674	\$ 123,951	\$ 56,983	\$ 40,656	\$ 953,281
Capital Expenses								\$ -
Subtotal Direct Expenses	\$ 3,008,074	\$ 165,255	\$ 316,487	\$ 377,477	\$ 557,327	\$ 323,326	\$ 363,619	\$ 5,111,565
Indirect Expenses	\$ 406,086	\$ 22,308	\$ 42,726	\$ 50,960	\$ 75,238	\$ 43,647	\$ 49,087	\$ 690,052
Indirect %	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
TOTAL FUNDING USES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 412,706	\$ 5,801,617
BHS MENTAL HEALTH FUNDING SOURCES								Employee Benefits Rate 28%
MH Adult County General Fund	\$ 385,460							\$ 385,460
MH Adult State 1991 MH Realignment	\$ 221,871							\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000							\$ 20,000
MH MHSA (Adult)	\$ 2,134,571			\$ 428,437				\$ 2,563,008
MH MHSA (WET)			\$ 359,213					\$ 359,213
MH MHSA (INN)					\$ 632,565	\$ 366,973		\$ 999,538
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 501,992							\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266							\$ 150,266
MH Grant SAMSHA CMHC, CFDA 93.958		\$ 187,563						\$ 187,563
MH MHSA (TAY) MCO								\$ -
MH Adult GF MCO	\$ -							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ -	\$ 5,388,911
BHS SUD FUNDING SOURCES								
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES								
Whole Person Care-DPH							\$ 412,706	\$ 412,706
								\$ -
								\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 412,706	\$ 412,706
TOTAL DPH FUNDING SOURCES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 412,706	\$ 5,801,617
NON-DPH FUNDING SOURCES								
								\$ -
								\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 412,706	\$ 5,801,617
Prepared By Eduard Agajanian								Phone: 415-800-0699

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343

Provider Name Richmond Area Multi-Services, Inc.

Provider Number 3894

Contract ID Number 1000020708

Appendix Number B-1

Page Number 1

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Program Name	Peer-to-Peer Services								
Program Code	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15/10-57, 59	15/01-09		
Service Description	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	OP-MH Svcs	OP-Case Mgt Brokerage		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES									TOTAL
Salaries & Employee Benefits	\$ 105,462	\$ 1,539,222	\$ 185,056	\$ 188,348	\$ 109,183	\$ 88,360	\$ 265,080		\$ 2,480,711
Operating Expenses	\$ 93,809	\$ 341,461	\$ 39,341	\$ 29,539	\$ 23,213				\$ 527,363
Capital Expenses									\$ -
Subtotal Direct Expenses	\$ 199,271	\$ 1,880,683	\$ 224,397	\$ 217,887	\$ 132,396	\$ 88,360	\$ 265,080		\$ 3,008,074
Indirect Expenses	\$ 26,903	\$ 253,888	\$ 30,294	\$ 29,414	\$ 17,870	\$ 11,930	\$ 35,787		\$ 406,086
Indirect %	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%		13.5%
TOTAL FUNDING USES	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity								
MH Adult County General Fund	251984-10000-10001792-0001	\$ 4,303				\$ 95,290	\$ 285,867		\$ 385,460
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 221,871							\$ 221,871
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001					\$ 5,000	\$ 15,000		\$ 20,000
MH MHSA (Adult)	251984-17156-10031199-0058		\$ 2,134,571						\$ 2,134,571
MH Grant SAMSHA Adult SOC, CFDA 93.958	251984-10001-10036964-0001			\$ 254,691	\$ 247,301				\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	251984-10001-10036964-0003					\$ 150,266			\$ 150,266
MH Adult GF MCO	251984-10000-10001792-0001	\$ -							\$ -
This row left blank for funding sources not in drop-down list									
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity								
									\$ -
									\$ -
									\$ -
This row left blank for funding sources not in drop-down list									
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity								
									\$ -
This row left blank for funding sources not in drop-down list									
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
NON-DPH FUNDING SOURCES									
This row left blank for funding sources not in drop-down list									
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	226,174	2,134,571	254,691	247,301	150,266	100,290	300,867	-	3,414,160
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	440	4,149	495	481	292	18,038	69,645		
Unit Type	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Published Rate (Medi-Cal Providers Only)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Unduplicated Clients (UDC)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total UDC									n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
Program Name Peer-to-Peer Services
Program Code TBD

B-1
2
2021-2022
11/10/21

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0058)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10036964-0001)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10036964-0001)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10036964-0003)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj- Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director of Peer-Based Services	0.59	\$ 82,998	0.00	\$ -	0.51	73,154	0.05	\$ 6,191			0.03	\$ 3,653				
Associate Director/Clinical Manager	0.49	\$ 52,364	0.00	\$ -	0.43	46,153	0.04	\$ 3,906			0.02	\$ 2,305				
Program Operations Manager	1.00	\$ 93,705	0.00	\$ -	0.88	82,591	0.08	\$ 6,990			0.04	\$ 4,124				
Peer Wellness Manager	0.66	\$ 52,277	0.00	\$ -	0.54	42,848	0.08	\$ 5,930			0.04	\$ 3,499				
Manager	0.43	\$ 27,221							0.43	\$ 27,221						
Peer Supervisor	4.88	\$ 283,569	0.00	\$ -	4.30	249,935	0.37	\$ 21,153			0.21	\$ 12,481				
Program/Operations Assistant	3.04	\$ 133,305	0.00	\$ -	2.68	117,494	0.23	\$ 9,944			0.13	\$ 5,867				
Peer Counselor	20.64	\$ 1,061,191	1.03	\$ 83,042	10.89	559,618	1.71	\$ 88,196			1.01	\$ 52,035	6.00	\$ 278,300		
Service Coordinator	2.89	\$ 121,084							2.89	\$ 121,084						
Janitor	1.00	\$ 41,276	0.00	\$ -	0.88	36,380	0.08	\$ 3,079			0.04	\$ 1,817				
Community Wellness Manager	0.06	\$ 4,327	0.00	\$ -	0.05	3,813	0.01	\$ 324			0.00	\$ 190				
	0.00	\$ -														
Totals:	35.67	\$ 1,953,317	1.03	\$ 83,042	21.16	\$ 1,211,986	2.65	\$ 145,713	3.32	\$ 148,305	1.52	\$ 85,971	6.00	\$ 278,300	0.00	\$ -
Employee Benefits:	27.00%	\$ 527,394	27.00%	\$ 22,420	27.00%	\$ 327,236	27.00%	\$ 39,343	27.00%	\$ 40,043	27.00%	\$ 23,212	27.00%	\$ 75,140	0.00%	
TOTAL SALARIES & BENEFITS	\$ 2,480,711		\$ 105,462		\$ 1,539,222		\$ 185,056		\$ 188,348		\$ 109,183		\$ 353,440		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Peer-to-Peer Services

Program Code TBD

B-1

3

2021-2022

11/10/21

Expense Categories & Line Items	TOTAL	General Fund (251984-10000-10001792-0001)	MHSA-Adult (251984-17156-10031199-0029)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10034030-0001)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10034030-0001)	MH Grant SAMHSA SOC Dual Diag, CFDA 93.958 (251984-10001-10034030-0003)	Dept-Auth-Proj-Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy):
Rent	\$ 260,398	\$ 46,321	\$ 162,216	\$ 19,425	\$ 20,975	\$ 11,461	
Utilities (telephone, electricity, water, gas)	\$ 35,278	\$ 6,275	\$ 24,818	\$ 2,632	\$ -	\$ 1,553	
Building Repair/Maintenance	\$ 10,313	\$ 1,835	\$ 7,255	\$ 769	\$ -	\$ 454	
Occupancy Total:	\$ 305,989	\$ 54,431	\$ 194,289	\$ 22,826	\$ 20,975	\$ 13,468	\$ -
Office Supplies	\$ 65,057	\$ 11,572	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	
Photocopying	\$ -						
Program Supplies	\$ -						
	\$ -						
Materials & Supplies Total:	\$ 65,057	\$ 11,572	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	\$ -
Training/Staff Development	\$ 6,000	\$ 1,067	\$ 4,221	\$ 447	\$ -	\$ 265	
Insurance	\$ 22,294	\$ 3,966	\$ 13,488	\$ 1,663	\$ 2,196	\$ 981	
Professional License	\$ 501	\$ 89	\$ 352	\$ 38		\$ 22	
Permits	\$ -						
Equipment Lease & Maintenance	\$ 7,442	\$ 1,324	\$ 5,234	\$ 556		\$ 328	
General Operating Total:	\$ 36,237	\$ 6,446	\$ 23,295	\$ 2,704	\$ 2,196	\$ 1,596	
Local Travel	\$ 7,203	\$ 1,281	\$ 4,779	\$ 537	\$ 289	\$ 317	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 7,203	\$ 1,281	\$ 4,779	\$ 537	\$ 289	\$ 317	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other (provide detail):	\$ -						
Recruitment (Job Postings, etc.)	\$ 1,000	\$ 178	\$ 703	\$ 75	\$ -	\$ 44	
Client Stipends for 10 clients working approx. 15 hrs/week for 38 weeks at the rate of \$17.34	\$ 98,838	\$ 17,582	\$ 69,534	\$ 7,372		\$ 4,350	
Client-Related Food	\$ 4,702	\$ 836	\$ 3,308	\$ 351		\$ 207	
Client-Related Other Activities	\$ 8,337	\$ 1,483	\$ 5,865	\$ 622		\$ 367	
	\$ -						
Other Total:	\$ 112,877	\$ 20,079	\$ 79,410	\$ 8,420	\$ -	\$ 4,968	\$ -
	\$ -						
TOTAL OPERATING EXPENSE	\$ 527,363	\$ 93,809	\$ 341,461	\$ 39,341	\$ 29,539	\$ 23,213	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name Peer-to-Peer Services CMHC Grant			
Program Code TBD		TBD	
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 09/30/21-09/29/22			
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 129,955	\$ 129,955	
Operating Expenses	\$ 35,300	\$ 35,300	
Capital Expenses		\$ -	\$ -
Subtotal Direct Expenses	\$ 165,255	\$ -	\$ 165,255
Indirect Expenses	\$ 22,308	\$ 22,308	
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 187,563	\$ -	\$ 187,563
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Grant SAMSHA CMHC, CFDA 93.958	251984-10001-10038058-0001	\$ 187,563	\$ 187,563
			\$ -
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 187,563	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 187,563	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		187,563	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	365		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 513.87	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 513.87	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a

Note: CRDC total should tie to its column in the Budget Summary
Funding Term mm/dd/yy-mm/dd/yy

Note: Please enter Funding Sources in the same order as on DPH 1: Budget Summary

*Review c/o Mimi Fung

Note: This is for Residential programs only

Note: Enter whole number only

Note: See Instructions p.11 for more detail on Published Rate

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

FORMULA: DPH UNITS

0 0 0
513.87 -

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Peer-to-Peer Services CMHC Grant

Program Code TBD

Appendix Number B-2

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MH Grant SAMSHA CMHC, CFDA 93.958 (251984-10001- 10038058-0001)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	09/30/21-09/29/22		09/30/21-09/29/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.1	\$ 8,819	0.10	\$ 8,819				
Peer Counselor	1.8	\$ 91,146	1.75	\$ 91,146				
Totals:	1.85	\$ 99,965	1.85	\$ 99,965	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 29,990	30.00%	\$ 29,990	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 129,955		\$ 129,955		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number	1000020708	Appendix Number	B-2
Program Name	Peer-to-Peer Services CMHC Grant	Page Number	3
Program Code	TBD	Fiscal Year	2021-2022
		Funding Notification Date	11/10/21

Expense Categories & Line Items	TOTAL	MH Grant SAMSHA CMHC, CFDA 93.958 (251984- 10001-10038058- 0001)		Dept-Auth-Proj- Activity
Funding Term	09/30/21-09/29/22	09/30/21-09/29/22	mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 17,114	\$ 17,114		
Utilities (telephone, electricity, water, gas)	\$ 1,606	\$ 1,606		
Building Repair/Maintenance	\$ 419	\$ 419		
Occupancy Total:	\$ 19,139	\$ 19,139	\$ -	\$ -
Office Supplies	\$ 5,848	\$ 5,848		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -	\$ -		
Materials & Supplies Total:	\$ 5,848	\$ 5,848	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,185	\$ 1,185		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 378	\$ 378		
General Operating Total:	\$ 2,063	\$ 2,063		
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Stipends	\$ -			
Client-Related Food	\$ 2,500	\$ 2,500		
Client-Related Other Activities	\$ 5,000	\$ 5,000		
Other Total:	\$ 7,750	\$ 7,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 35,300	\$ 35,300	\$ -	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Peer Specialist MH Certificate		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 179,133		\$ 179,133
Operating Expenses	\$ 137,354		\$ 137,354
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 316,487	\$ -	\$ 316,487
Indirect Expenses	\$ 42,726		\$ 42,726
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 359,213	\$ -	\$ 359,213
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (WET)	251984-17156-10031199-0061	\$ 359,213	\$ 359,213
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 359,213	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 359,213	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		359,213	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	388		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 925.81	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 925.81	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	162		

Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number** 1000020708

Program Name Peer Specialist MH Certificate

Program Code TBD

Appendix Number B-3

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MHSA-WET (251984-17156-10031199-0061)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.07	\$ 10,017	0.07	\$ 10,017				
Program Manager	1.00	\$ 88,192	1.00	\$ 88,192				
Instructor/Coordinator	0.50	\$ 35,333	0.50	\$ 35,333				
Program/Operations Assistant	0.13	\$ 9,764	0.13	\$ 9,764				
Totals:	1.70	\$ 143,306	1.70	\$ 143,306	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.00%	\$ 35,827	25.00%	\$ 35,827	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 179,133		\$ 179,133		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Peer Specialist MH Certificate

Program Code TBD

Appendix Number B-3

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0061)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 34,182	\$ 34,182		
Utilities (telephone, electricity, water, gas)	\$ 5,776	\$ 5,776		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 41,158	\$ 41,158	\$ -	\$ -
Office Supplies	\$ 18,473	\$ 18,473		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 18,473	\$ 18,473	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,595	\$ 1,595		
Professional License	\$ 750	\$ 750		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 925	\$ 925		
General Operating Total:	\$ 5,770	\$ 5,770	\$ -	\$ -
Local Travel	\$ 880	\$ 880		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 21,023	\$ 21,023		
Recruitment (Job Postings, etc.)	\$ 750	\$ 750		
Client Tuitions	\$ 21,000	\$ 21,000		
Client-Stipends for 52 total clients at \$400 each	\$ 20,800	\$ 20,800		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 5,500	\$ 5,500		
Other Total:	\$ 71,073	\$ 71,073	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 137,354	\$ 137,354	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Peer to Peer Linkage		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 345,803		\$ 345,803
Operating Expenses	\$ 31,674		\$ 31,674
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 377,477	\$ -	\$ 377,477
Indirect Expenses	\$ 50,960		\$ 50,960
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 428,437	\$ -	\$ 428,437
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHA (Adult)	251984-17156-10031199-0058	\$ 428,437	\$ 428,437
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 428,437	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 428,437	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		428,437	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	725	n/a	
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 590.95	n/a	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 590.95	n/a	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	200		200

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 11/10/21

	TOTAL		MHSA-Adult (251984-17156-10031199-0058)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.08	\$ 11,448	0.08	\$ 11,448				
Peer Counselor	4.68	\$ 230,705	4.68	\$ 230,705				
Peer Coordinator	0.30	\$ 23,849	0.30	\$ 23,849				
Totals:	5.06	\$ 266,002	5.06	\$ 266,002	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 79,801	30.00%	\$ 79,801	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 345,803		\$ 345,803		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MHSA-Adult (251984-17156- 10031199-0058)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 14,747	\$ 14,747		
Utilities (telephone, electricity, water, gas)	\$ 5,856	\$ 5,856		
Building Repair/Maintenance	\$ 750	\$ 750		
Occupancy Total:	\$ 21,353	\$ 21,353	\$ -	\$ -
Office Supplies	\$ 1,950	\$ 1,950		
Materials & Supplies Total:	\$ 1,950	\$ 1,950	\$ -	\$ -
Training/Staff Development	\$ 750	\$ 750		
Insurance	\$ 2,380	\$ 2,380		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 401	\$ 401		
General Operating Total:	\$ 3,531	\$ 3,531	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Expenses	\$ 3,840	\$ 3,840		
	\$ -			
Other Total:	\$ 4,090	\$ 4,090	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 31,674	\$ 31,674	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-5	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name		ICM Transition to Outpatient	
Program Code		TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	
Service Description		DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 433,376		\$ 433,376
Operating Expenses	\$ 123,951		\$ 123,951
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 557,327	\$ -	\$ 557,327
Indirect Expenses	\$ 75,238		\$ 75,238
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 632,565	\$ -	\$ 632,565
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0065	\$ 632,565	\$ 632,565
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 632,565	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 632,565	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		632,565	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		7,534	
Unit Type		Client Full Day	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 83.96	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 83.96	\$ -
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)		25	25

Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number** 1000020708

Program Name ICM Transition to Outpatient

Program Code TBD

Appendix Number B-5

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MH MHSA (INN) (251984-17156- 10031199-0065)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.12	\$ 17,172	0.12	\$ 17,172				
Program Manager	0.90	\$ 77,846	0.90	\$ 77,846				
Program Coordinator	0.25	\$ 17,666	0.25	\$ 17,666				
Senior Peer Navigator	1.00	\$ 64,974	1.00	\$ 64,974				
Peer Navigator	2.00	\$ 119,974	2.00	\$ 119,974				
Clinician	0.50	\$ 40,943	0.50	\$ 40,943				
Totals:	4.77	\$ 338,575	4.77	\$ 338,575	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.00%	\$ 94,801	28.0%	\$ 94,801	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 433,376		\$ 433,376		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name ICM Transition to Outpatient

Program Code TBD

Appendix Number B-5

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0065)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 23,032	\$ 23,032		
Utilities (telephone, electricity, water, gas)	\$ 4,300	\$ 4,300		
Building Repair/Maintenance	\$ 750	\$ 750		
Occupancy Total:	\$ 28,082	\$ 28,082	\$ -	\$ -
Office Supplies	\$ 59,019	\$ 59,019		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 59,019	\$ 59,019	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 2,825	\$ 2,825		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 525	\$ 525		
General Operating Total:	\$ 5,850	\$ 5,850	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 10,000	\$ 10,000		
Client-Related Other Activities	\$ 20,000	\$ 20,000		
Other Total:	\$ 30,250	\$ 30,250	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 123,951	\$ 123,951	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Wellness in the Streets		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 266,343		\$ 266,343
Operating Expenses	\$ 56,983		\$ 56,983
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 323,326	\$ -	\$ 323,326
Indirect Expenses	\$ 43,647		\$ 43,647
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 366,973	\$ -	\$ 366,973
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0065	\$ 366,973	\$ 366,973
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 366,973	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 366,973	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		366,973	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	1,620		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 226.53	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 226.53	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	50		50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Wellness in the Streets

Program Code TBD

Appendix Number B-6

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		Wellness In the Streets - DPH 251984-17156-10031199-0065					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.07	10,017	0.07	10,017				
Associate Director	0.20	20,946	0.20	20,946				
Program Coordinator	0.25	17,666	0.25	17,666				
Peer Counselor	3.00	156,250	3.00	156,250				
Totals:	3.52	\$ 204,879	3.52	\$ 204,879	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 61,464	30.00%	\$ 61,464	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 266,343		\$ 266,343		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Wellness in the Streets

Program Code TBD

Appendix Number B-6

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	Wellness In the Streets - DPH 251984-17156-10031199-0065		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 34,200	\$ 34,200		
Utilities (telephone, electricity, water, gas)	\$ 3,212	\$ 3,212		
Building Repair/Maintenance	\$ 837	\$ 837		
Occupancy Total:	\$ 38,249	\$ 38,249	\$ -	\$ -
Office Supplies	\$ 9,359	\$ 9,359		
Photocopying	\$ -			
	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 9,359	\$ 9,359	\$ -	\$ -
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 2,369	\$ 2,369		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 756	\$ 756		
General Operating Total:	\$ 4,125	\$ 4,125	\$ -	\$ -
Local Travel	\$ 1,500	\$ 1,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 1,500	\$ 1,500		
Other Total:	\$ 3,750	\$ 3,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 56,983	\$ 56,983	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-7	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name Whole Person Care-Shelter Care Coord Services			
Program Code TBD			
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/21-06/30/22			
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 322,963		\$ 322,963
Operating Expenses	\$ 40,656		\$ 40,656
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 363,619	\$ -	\$ 363,619
Indirect Expenses	\$ 49,087		\$ 49,087
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 412,706	\$ -	\$ 412,706
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
	\$ -		\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
	\$ -		\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
Whole Person Care-DPH	179661-17702-10030244-0009	\$ 412,706	\$ 412,706
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ 412,706	\$ -	\$ 412,706
	\$ 412,706	\$ -	\$ 412,706
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	412,706	-	412,706
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	2,950		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 139.90	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 139.90	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	150		

Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number** 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		Whole Person Care - DPH 179661- 17702-10030244- 0009					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.08	\$ 11,448	0.08	\$ 11,448				
Associate Director	0.10	\$ 10,473	0.10	\$ 10,473				
Peer Workforce Clinical Coordinator	0.56	\$ 42,838	0.56	\$ 42,838				
Peer Counselor/Community Health Worker	3.50	\$ 183,674	3.50	\$ 183,674				
Totals:	4.24	\$ 248,433	4.24	\$ 248,433	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 74,530	30.00%	\$ 74,530	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 322,963		\$ 322,963		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	Whole Person Care - DPH 179661-17702-10030244-0009		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 23,090	\$ 23,090		
Utilities (telephone, electricity, water, gas)	\$ 3,955	\$ 3,955		
Building Repair/Maintenance	\$ 633	\$ 633		
Occupancy Total:	\$ 27,678	\$ 27,678	\$ -	\$ -
Office Supplies	\$ 4,856	\$ 4,856		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 4,856	\$ 4,856	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,838	\$ 1,838		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 534	\$ 534		
General Operating Total:	\$ 4,872	\$ 4,872	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 1,000	\$ 1,000		
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 40,656	\$ 40,656	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	Richmond Area Multi-Service	Page Number	
Contract ID Number	1000003052	Fiscal Year	2021-2022
		Funding Notification Date	11/10/21

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.180	\$ 44,009
Chief Financial Officer	0.180	\$ 33,231
Deputy Chief	0.180	\$ 28,292
COO / Dir. Of Ops	0.180	\$ 25,220
Director of Community & Workforce Empowerment	0.180	\$ 13,921
Director of Human Resources	0.180	\$ 24,519
Director of Training	0.153	\$ 12,215
Accounting Staff	0.898	\$ 66,793
HR Staff	0.719	\$ 54,428
QI/Contracts/Communication Manager	0.359	\$ 31,188
IT Manager/Support	0.539	\$ 39,339
Executive/Admin Assistant	0.180	\$ 10,993
Janitor/Lead Facilities Tech	0.099	\$ 7,118

Subtotal:	4.03	\$ 391,266
Employee Benefits:	30%	\$ 117,380
Total Salaries and Employee Benefits:		\$ 508,646

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	\$ 7,263
Depreciation	\$ 8,427
Rental	\$ 916
Utilities	\$ 4,239
Building Repair/Maintenance	\$ 4,025
Office Supplies	\$ 11,115
Training/Staff Development	\$ 898
Insurance	\$ 13,798
Equipment Rental	\$ 2,357
Local Travel	\$ 970
Audit Fees	\$ 10,778
Payroll Fees	\$ 32,334
Recruitment/Indirect Staff Expenses	\$ 13,562
Meetings and Conferences	\$ 898
Professional Fees	\$ 67,669
Bank Fees	\$ 2,156

Total Operating Costs	181,405

Total Indirect Costs	\$ 690,051

Total Indirect from DPH 1:	\$ 690,052

Variance	\$ (1)

Appendix C
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix C

Reserved

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.
of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 Media Communications

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Appendix E
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix E

HIPAA Business Associate Agreement

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf

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San Francisco Department of Public Health
Business Associate Agreement

of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations

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under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited to, 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required

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San Francisco Department of Public Health

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by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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San Francisco Department of Public Health
Business Associate Agreement

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 6-7-2017

Attachment 2 – SFDPH Data Security Attestation, version 6-7-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						☐	☐
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						☐	☐
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						☐	☐
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						☐	☐
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						☐	☐
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?						☐	☐

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?	☐	☐
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)	☐	☐
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?	☐	☐
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?	☐	☐
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?	☐	☐

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Appendix F
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix F

(Invoice)

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any

necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

Richmond Area Multi Services, Inc. (PTP, ID#1000020708)

7/1/21

Appendix H

Reserved

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

City and County of San Francisco
Office of Contract Administration
Purchasing Division

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of **December 1, 2022** in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”) and the **City and County of San Francisco**, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the contract term, increase the contract amount and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals (“RFP”) and Request for Qualifications (“RFQ”), **RFQ 27-2020**, dated August 17, 2020; **RFQ 43-2019**, dated December 18, 2019; **RFP 49-2018**, dated December 20, 2018; **RFQ 22-2018**, dated July 6, 2018 and as per Administrative Code Section 21.42 through Sole Source granted on April 29, 2021 and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained from the Civil Service Commission under PSC number **46266-14/15 (M-2)** on November 2, 2020 in the amount of \$55,874,000 for the period of 7/1/2015-6/30/2026; and **40587-17/18 (M-1)** on July 15, 2019 in the amount of \$292,051,200 for the period of 1/1/2018-12/31/2027; **49279-17/18 (M-2)** on July 19, 2021 in the amount of \$53,642,000 for the period of 7/1/2018-12/31/2027; and

WHEREAS, approval for the Agreement was obtained when the Board of Supervisors approved Resolution Number 522-22 on December 16, 2022; and

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Agreement dated July 1, 2021, (Contract ID# 1000020708) between Contractor and City as amended by this First Amendment.

1.2 Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Term. *Section 2.1 Term of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2021; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

Such section is hereby amended in its entirety to read as follows:

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2021; or (ii) the Effective Date and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.

2.2 **Payment.** *Section 3.3.1 Payment of the Agreement currently reads as follows:*

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Sixty-Two Thousand Seven Hundred Fifty Dollars (\$9,862,750)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Insurance.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

5.1 Insurance.

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

(b) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

(f) Reserved (Technology Errors and Omissions Liability Insurance)

(g) Cyber and Privacy Insurance with limits of not less than \$3,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(h) Reserved. (Pollution Liability Insurance).

5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Waiver of Subrogation Endorsements

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) Reserved. (Pollution Liability Insurance Primary Insurance Endorsement).

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: luciana.garcia@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

The Appendices listed below are Amended as follows:

2.4 Appendices A, A-1 through A-8 dated 7/1/2022 (i.e., July 1, 2022) are hereby added for FY 2022-23.

2.5 Appendices B, B-1 through B-8 dated 7/1/2022 (i.e., July 1, 2022) are hereby added for FY 2022-23.

2.6 Delete Appendix D-Data Access and Sharing Terms dated 7/2021 and replace in its entirety with Appendix D-Data Access and Sharing Terms dated 7/2021(Revision) to Agreement as amended.

2.7 Delete Appendix E-HIPAA Business Associate Agreement dated 4/12/2018 and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 8/2/2022 to Agreement as amended.

2.8 Appendix J - Educationally Related Mental Health Services (ERMHS) Treatment Protocol is hereby added for this Amendment.

Article 3 Effective Date

Each of the modifications set forth in Article 2 shall be effective on and after the date of this Amendment.

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

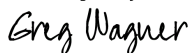
IN WITNESS WHEREOF, the Parties hereto have executed this Amendment on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi Services, Inc.

DocuSigned by:

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2/16/2023 | 11:59 AM PST

Grant Colfax, MD
Director of Health
Department of Public Health

Date

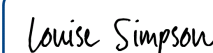
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Angela Tang, LCSW
Director of Operations
City vendor number: 12195

Date

Approved as to Form:
David Chiu
City Attorney

By: DocuSigned by:

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2/8/2023 | 3:25 PM PST

Louise Simpson/Henry Lifton
Deputy City Attorney

Date

Approved:

DocuSigned by:

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3/13/2023 | 11:36 AM PDT

Sailaja Kurella
Director, Office of Contract Administration, and
Purchaser

Date

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator	N. Patients' Rights
B. Reports	O. Under-Utilization Reports
C. Evaluation	P. Quality Improvement
D. Possession of Licenses/Permits	Q. Working Trial Balance with Year-End Cost Report
E. Adequate Resources	R. Harm Reduction
F. Admission Policy	S. Compliance with Behavioral Health Services Policies and Procedures
G. San Francisco Residents Only	T. Fire Clearance
H. Grievance Procedure	U. Clinics to Remain Open
I. Infection Control, Health and Safety	V. Compliance with Grant Award Notices
J. Aerosol Transmissible Disease Program, Health and Safety	
K. Acknowledgement of Funding	
L. Client Fees and Third Party Revenue	
M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System	

2. Description of Services
3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by CLIENTS **or** STAFF **shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request.”

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632

unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. **Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1	Peer to Peer Services
Appendix A-2	Peer to Peer Services CMHC
Appendix A-3	Grant Peer Specialist MH Certificate
Appendix A-4	Peer to Peer Linkage
Appendix A-5	ICM Transition to Outpatient
Appendix A-6	Wellness in the Streets
Appendix A-7	Whole Person Care - Shelter Care Coord Service
Appendix A-8	Outpatient Peer Counseling

3. **Services Provided by Attorneys.**

Appendix A

Richmond Area Multi Services, Inc. (PTP, ID#1000020708)

7/1/2022

Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-2, A-4, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2022 through 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):****1. Identifiers:**

Program Name: Peer to Peer Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations;

Hasian Sinaga, Director, RAMS Director of Community & Workforce Empowerment

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)☐ Original☒ Contract Amendment☐ Request for Program Budget (RPB)**3. Goal Statement**

To implement 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. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Wellness Center, Peer Internship*; and Peer Specialist Mental Health Certificate and Street-based crisis services (funded by separate SFDPH-BHS contracts). Within this large contract we continue to provide a hybrid model of support to clients accessing our Peer Wellness Center services. This program is 100% peer staffed offering a variety of wellness groups and individual engagement opportunities with the overall goal of providing a safe space for individuals accessing behavioral health services to participate in peer-to-peer support in increasing wellness (A-3). We also work alongside with SFDPH Transitions Division and Street Medicine teams, assessing needs and outreach of homeless individuals in shelters or/and living in the streets and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care (A-5) model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care. In the last four years, RAMS Division of Peer-Based Services continues to operate two MHSA *Innovation* funded contracts: (1) ICM to OP Peer Transition Support team services, where peers will be supporting the transition of clients exiting Intensive Case Management Services and stepping down to appointment based services, such as Outpatient Behavioral Health Services, and (2) WITS-Wellness In The Streets, an innovative program designed for peers to

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-2, A-4, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2022 through 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):**

engage with unhoused individuals living on the streets and to foster trust and bridge engagement to systems such as medical care, behavioral health and housing.

In addition to the existing services, and in response to the COVID-19 pandemic, RAMS Division of Peer-Based Services has met the moment in pivoting some focus of the work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services. This service was anticipated to end in December 2020, however, given the persistence of the pandemic, the services continue until further notice. This year would also mark the first complete year as part of the response to police reform in which RAMS Division of Peer-Based Services has successfully fully integrated and staffed six teams of first responder peers into the overall safety network of San Francisco. The service operations are 7 days per week, 24 hours, 365 days per year continuously and hires about 30 peers. This co-responder model called *Street Crisis Response Team* is part of Mental Health SF reform initiative in finding solutions to the increasing homelessness in San Francisco. The Street Crisis Response Team(s) is an alternative to law enforcement response to non-violent, behavioral health crisis in public settings.

During FY 21-22, in response to the emergency initiative for the Tenderloin in December 2021 and in an effort to combat the increasing drug use and homelessness in that neighborhood, RAMS Division of Peer-Based Services opened up a program within the Tenderloin Linkages Center (TLC) called The Living Room. The purpose of the program is to offer a space where individuals served at the TLC who are exploring sober relationships, can engage with peer counselors through wellness activities.

This fiscal year, RAMS Division of Peer-Based Services will embark on additional services which will involve case management support provided by peers in coordination with the newly created BHS Office of Coordinated Care (A-7). This small team of peers will work directly with the Case Managers of the Office of Coordinated Care to provide follow up outreach to individuals who have had contact or had received services through the Street Crisis Response Team (s). The goal is to provide sustainable support to individuals to reduce the frequency of crisis related calls for these individuals as well as to secure appropriate long-term care for seriously ill individuals.

In addition to this service, RAMS Division of Peer-Based Services will officially integrate into the Street Overdose Response Team (SORT), where peers will be working with DPH Street Medicine, Harm Reduction Therapy Center and San Francisco Fire Department (SFFD) Community paramedics in providing initial crisis response and post overdose response engagement to homeless individuals who are at highest risk of a fatal opioid overdoses. The goal of this service is to help prevent and reduce fatal opioid overdoses by engaging with clients at different points of their recovery from an opioid overdose and to support them in considering treatment and/or buprenorphine use as soon as possible. Peers will support clients in their recovery with minimal barriers to timelines of support.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-2, A-4, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2022 through 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):**

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

The RAMS Division of Peer-Based Services includes the following primary components:

- Peer Counseling & Outreach Services
- Peer-to-Peer Linkage
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)
- Long-term pilot projects:
 - Whole Person Care
 - Intensive Case Management to Outpatient Services Peer Transition Support Team
 - Wellness In The Streets
 - CMHC
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-2, A-4, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2022 through 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):**

outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person or more recently, virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community.

Specifically for Peer to Peer Linkage, the program promotes open positions ("Service Coordinators") within the system of care by outreach and recruitment activities through linkages to workforce development programs (e.g. RAMS Peer Specialist Mental Health Certificate; City College of SF Mental Health Certificate).

Each Service Coordinator is assigned to a specific SFDPH BHS clinic; they work closely with BHS staff and attend staff meetings at their clinics to maintain visibility of the program.

B. Admission, enrollment and/or intake criteria and process where applicable

Clients may be referred by direct service providers at various BHS clinics, while indicating the service or assistance needed. The program then introduces services to the referred client, and may discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; service plan, as appropriate. Clients also have the option of self-enrolling by coming to the program location itself as a walk-in or scheduling an intake meeting for application for the Peer Wellness Center services of to fill out and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website as well. Due to the impact of the COVID-19 pandemic, all new intakes are done mostly virtually.

The Peer-to-Peer Linkage program provides Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-2, A-4, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2022 through 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):**

additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The RAMS Division of Peer-Based Services, under this contract, specifically includes the following three (out of four) components:

Peer Counseling & Outreach Services

This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted SFDPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters & navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and support clients to maintaining overall wellness. Currently, RAMS provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in DRA groups (Dual Recovery Anonymous). Additional peer positions also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services. In FY 2021-22 we continue operating two MHSA Innovation funded pilot projects that were awarded to RAMS two years ago. This includes services to support clients exiting Intensive Case Management Services to less intensive appointment-based services through peer support. Peers will provide linkages to community resources that will help them become less dependent on Intensive Case Management Services, provide some emotional support and understanding during the transition as well as acclimate the client to their new outpatient service site and milieu. The second innovation pilot project is the Wellness In The Streets program that continue to support real-time engagement with homeless folks living on the streets or temporarily housed in Shelter-In-Place hotels.

Peer-to-Peer Linkage Program

RAMS Peer to Peer Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH behavioral health clinics. Services, delivered by Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery.

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During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities. Please note that due to clinic closure and limited in-person services during the COVID-19 pandemic the contract objectives are different from previous years:

- Provide at least 300 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 100 unduplicated individuals

This program provides for Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

The Service Coordinator works with the client to support them in the access and utilization of available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

• <i>Transportation and Mobility</i>	• <i>Food Assistance</i>
• <i>Affordable Housing</i>	• <i>Women's Services</i>
• <i>Assistive Technology</i>	• <i>Medical Assistance</i>
• <i>Language Interpretation</i>	• <i>Mental Health Services</i>
• <i>Government Services and Programs</i>	• <i>Training and Education Programs</i>
• <i>Cultural Adjustment</i>	• <i>Independent Living Skills</i>
• <i>Immigration Services</i>	• <i>Vocational Service</i>

Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program, which runs two consecutive cohorts per fiscal year, offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Providers throughout the program. Throughout the course of the program, each intern is assigned at least two rotations and are placed in a variety of SFDPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer Interns receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision from a Peer Supervisor/Coordinator, as well as ongoing individual supervision from a site supervisor.

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals

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within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The program structure includes a one week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. The interns are assigned to different sites located across the city and meet weekly for group supervision and training. Each month, the peer interns attend the Leadership Academy series, which is also managed by the Division of Peer-Based Services. The Division Clinical Manager and Peer Internship Coordinator meet with each intern and their site supervisors at their sites at least monthly. After each rotation (at least two within a cohort cycle), the sites provide a formal evaluation feedback about the intern's performance.

Peer Wellness Center

This component is the membership drop-in Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive linkages to a variety of behavioral health and primary health resources and services; and 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; 4) A milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities. During the COVID-19 pandemic in FY 21-22, the Peer Wellness Center in-person drop-in model has been pivoted to a hybrid model of group and individual engagement. Clients of the Peer Wellness Center or any client visitors receiving services through Behavioral Health Services are welcome to participate in any of the groups offered.

This center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Wellness/Drop-In Center activities may include, but are not limited to: Individual Peer Counseling, Peer-to-Peer Support Groups such as Dual Recovery Groups (DRA), Women's & Men's groups, and LGBT group, Creative Arts activities, Mindfulness groups, Music appreciation, Cultural events, Outdoor walking groups and field trips and Resource/Service Linkage.

The Peer Wellness Center is centrally located in the Mid-Market/Civic Center neighborhood and is easily accessible to public transportation and SFDPH-BHS headquarters. The hours and days of operation are Monday, Wednesday & Friday from 9 a.m. - 5 p.m.; Tuesdays and Thursdays from 9 a.m. - 7 p.m.; and Saturdays from 10 a.m. - 3 p.m. The program operates in a hybrid capacity, and clients may choose to access group services virtually.

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D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2022-2023

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

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b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing

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resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

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Program Name: Peer Specialist Mental Health Certificate

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations; Hasian Sinaga, Director of Community and Workforce Empowerment

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable

2. Nature of Document (check one)☐ Original☒ Contract Amendment☐ Request for Program Budget (RPB)**3. Goal Statement**

To prepare peers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level peer provider employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning.

4. Target Population

Underserved and underrepresented San Francisco mental health consumers, peers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training. The target population will also include individuals of diverse backgrounds, from all ethnicities and cultural backgrounds including individuals representing the LGBTQI communities, individuals interested in serving different population groups including the elderly, immigrants and disenfranchised communities. In addition to this, RAMS has applied to be a vendor through CalMHSA to prepare students who qualify for the Medi-cal state certification test for peer providers.

5. Modality(ies)/Interventions (aka Activities)

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*; *Peer Wellness Center*, *The Living Room at the Tenderloin Linkages Center*, *Shelter-In-Place peer outreach – in response to the COVID-19 pandemic*, *Street Crisis Response Team (funded by a separate SFDPH-BHS contract)*, *Street Overdose Response Team (funded by a separate SFDPH-BHS contract)*

The RAMS Peer Specialist Mental Health Certificate offers three components:

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- 1) Entry Level Certificate: 12-week course designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning. This component is operated in collaboration with San Francisco State University, Department of Counseling.
- 2) Advanced Level Certificate: 8-week course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing (or have recently provided) peer services and/or community advocacy
- 3) Leadership Academy: Offers monthly trainings to further support and educate peers working in the behavioral health field

During the contract year, RAMS will provide the following modality/intervention:

Workforce Development

- At least 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; Due to the COVID-19 pandemic, all classes have been hosted 100% online with some reduction to actual virtual face-to-face classroom teaching. For this fiscal year, depending on health orders, we may start having in-person classes again.
- 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion

- Coordinate and hold at least two social networking events (connecting/linking program alumni with current participants for professional network and support) and two alumni reunions (maintain professional network and support) intended for wellness and promotion; includes activities for individuals or groups intended to enhance protective factors, reduce risk-factors and/or support individuals in their recovery; promote healthy behaviors (e.g. mindfulness, physical activity); provide cultural, spiritual, and social enrichment opportunities; foster hope, a sense of belonging and inter-dependence; promote responsibility and accountability for one's wellness; increase problem solving capacity; or develop or strengthen networks that community members trust.

Outreach and Engagement

- Participate and/or hold at least two career and/or resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination; establish/ maintain relationships with individuals and introduce them to available services; or

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facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 17,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. It is through these close partnerships with BHS and the other community-based organizations that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Community Advisory Boards, all of which actively engage in the Certificate Program. RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. Lastly, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, Curry Senior Center, Hospitality House, PRC, SF First, Larkin Street Youth, Mental Health Association etc.

RAMS maintains program promotional material (e.g. brochures, flyers for Open House, etc.) that are available for distribution throughout the year. These materials are also available for download at the program's webpage. The program engages in additional promotional efforts when recruiting applicants for a new cohort and community trainings. During these times, announcement emails are sent to all of the program affiliates and networks. Many organizations are specifically targeted, as their constituents are those of the underserved and underrepresented communities identified in the contract. Program enrollment and registration also becomes available on the RAMS blog and Facebook. Additionally, RAMS conducts presentations and table events about the program when relevant opportunities are available.

B. Admission, enrollment and/or intake criteria and process where applicable

To be eligible for the Certificate program, participants must be:

- At least 18 years old
- A resident of San Francisco
- A high school graduate (or have GED)
- A consumer or family member of behavioral health services
- A high school graduate/GED (only required for Entry and Advanced Level components)

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To apply for the Entry and Advanced Level Certificate components, interested participants are required to complete and submit an application packet by the application deadline. The application packet includes the following components:

- Application Form with applicant's basic information
- Proof of San Francisco Residency
- Proof that applicant is at least 18 years of age
- Proof of high school level or higher education
- Two personal or professional references
- Personal Statement

All qualified applications are reviewed by the program's admissions committee. The admissions committee is generally composed of at least three members. During phase 1 of the application review, each committee member reviews all applications independently and selects the targeted number of qualified applicants to be admitted into the program. During phase 2 of the program, the committee members come together to share their results from phase 1 of the process. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

To participate in the Leadership Academy, those interested must only register and admission is based on a first come, first served basis.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

Entry Level & Advanced Certificate Components:

The Entry Level component is a 12-week course, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10:00 a.m. - 12 p.m. With the course operating 100% online and virtually, classroom face-to-face virtually is reduced and hours of support/teaching increases through individual support and mentoring, homework and classroom projects. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10 am. – 1 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes:* Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- *Shadow Experience Project (Entry Level only):* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.

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- *Written Report (Entry Level only):* Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- *Capstone Project (Advanced Level only):* Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course. *Quizzes and Exams:* Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams
- *Individual Support & Advising/Counseling:* Course Instructor and Teaching Assistant serve as advisor to students, focusing on overall well-being (psychological & academic). Appointments are offered for students to work with the Peer Intern mentor as needed.
- *Cohort Support & Counseling:* Course Instructor plans two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events also connect current students with graduates of the program to facilitate networking and sharing of resources.
- *Job Placement & Support:* Course Instructor organizes a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the Course Instructor continues to offer support & coaching into the workforce and connects participants to additional resources such as RAMS Hire-Ability Vocational Service, Department of Rehabilitation, peer job opportunities in the community, etc.
- *Program Completion Incentive:* Financial incentives are provided to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are estimated up to \$250 per student.
- *Educational Materials Scholarship:* All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to addresses resource barriers & increases program accessibility.
- *Accessibility:* SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly monthly) at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component teaches peers and consumers basic education in the areas of, but not limited to, peer counseling best practices, self-care and burnout prevention, boundaries & ethics, de-escalation techniques, wellness and recovery, trauma-informed training, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component provides unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses helps peers and consumers develop skills to feel better equipped when participating in activities that request consumer input.

D. Discharge planning and exit criteria and process

For the Entry and Advanced Level Certificate components, exit criteria include successful completion of all coursework related to the course as well as maintaining regular attendance. The Course Syllabus

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further details to students the grading structure; all students must achieve a grade of 75% in order to receive a Certificate of Completion. In addition, participants must have a 90% attendance rate or higher for Entry Level and 85% for the Advanced Level in order to graduate from the program.

For the Leadership Academy, participants may be eligible to receive a verification of training for having participated in the full session.

E. Program staffing

See CBHS Appendix B.

F. Mental Health Services Act Programs

1. Consumer participation/engagement: Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each Entry and Advanced Level Certificate cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The written evaluation is generally followed by a focus group format discussion led by RAMS administrators. The Program Manager/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions. For this fiscal year, written evaluations are done through online Survey Monkey.

Results of these evaluations are presented to the program Advisory Committee during its regular meetings. Advisory members then consider ways of programmatic improvements to meet the needs of participants. Various changes have been made to the program since its inception based on information obtained from these evaluations.

Advisory Committee: The program maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services & other Peer Providers and employers etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year and the committee meets on a twice annual basis. The program will send out quarterly updates via email or/and newsletter to inform the advisory members of key activities happening during that time period in the program.

Peer Mentor Position: This position may be held by a program graduate. The intent of this position is to further engage past participants in the program and to facilitate student success. The peer mentor, as part of a peer-to-peer model, provides academic support to students and administrative assistance to the

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Program Manager. The peer mentor meets with participants regularly on a one-on-one basis as well as conducts review sessions outside of formal class time.

2. MHSA Vision: The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates on the basis that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond this training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

Additionally, the curriculum content is based on Wellness and Recovery principles. In fact, for the Entry Level Certificate component, the very first lecture of the program is an overview of the Wellness and Recovery Model. Throughout the rest of the course, Wellness and Recovery concepts are tightly integrated into the instructions on how to provide counseling and other services as peer counselors. Some of the specific topics that embody wellness and recovery concepts include: WRAP, Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, and employment. Furthermore, the required textbook used for the program, "Voices of Recovery" is also based on Wellness and Recovery principles. The program intends for the materials to not only further promote recovery among participants of the program, but also for participants to practice this approach while working with clients as providers in the community behavioral health system.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2022-2023.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-3****City Fiscal Year: 2022-2023****Contract Term: 07/01/22 through 06/30/23****CID#: 1000020708****Funding Source (non-BHS only):**

The data reported in the monthly report is on-going collected, with its methodology depending on the type of information. In addition, the Program Director monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons (graduation, etc.).

B. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Division Director throughout the program cohort duration; based on these reviews, determinations/recommendations are provided relating to any needed adjustments to match to the cohorts' progress & workforce development needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

C. Measurement of cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Director and the CEO meets with each program to solicit feedback for this purpose. The agency may administer a staff satisfaction and/or climate survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and

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management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program conducts a written participant satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; collected data is tabulated and summarized. The Division Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS quality management. The Program Director also collaborates with staff, RAMS Executive Management, and quality improvement/evaluation staff to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

E. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: ICM Transition to Support to Outpatient
CID#: 1000020708

Appendix A-5
Contract Term: 07/01/22 – 06/30/2023
Funding Source: (non-BHS only): N/A

1. Identifiers:

Program Name: ICM Transition Support to Outpatient
 Program Address: 1282 Market Street
 City, State, Zip: San Francisco, CA 94102
 Telephone: (415) 579-3021 Fax: (415) 941-7313
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, Zip: San Francisco, CA 94118
 Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations; Hasian Sinaga, RAMS Director of Community & Workforce Empowerment
 Telephone: (415) 800-0699
 Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement

To mobilizing a peer linkage team providing both wraparound services and a warm hand off, in an effort 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.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of 'system transformation'. The 'system transformation' envisioned by the MHSA is founded on the belief that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

The RAMS Division of Peer-Based Services includes the (below) primary components:

- Peer Counseling & Outreach Services

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- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Whole Person Care
- Wellness in the Streets
- ICM to Outpatient Services Peer Transition Support
- Response to COVID-19 Pandemic; Shelter-In-Place (SIP) Peer Outreach and linkage services
- Street Crisis Response Team
- Street Overdose Response Team

See also BHS Appendix B, CRDC pages.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. Method of promotion of engagement and services are primarily done through telehealth, virtual and phone call mtgs and support groups. All in adaptation to the COVID-19 pandemic health and safety practices of limiting in-person services.

For the Peer ICM Transition Support team, additional outreach and promotion activities may be further developed, while focusing on ICM/FSP programs.

B. Admission, enrollment and/or intake criteria and process where applicable

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process is triggered through the completed referral form from the ICM provider to RAMS PTT Coordinator. The client and provider is contacted by the PTT Coordinator to schedule an intake meeting within 30 days. Eligibility will include enrollment in an ICM and a degree

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Funding Source: (non-BHS only): N/A

of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.

Activities may include, but are not limited to the following:

- Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- As part of training and orientation, the peers will do a "rotation" at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- Peers will participate in client case conferences and present at program staff meetings
- The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- Regular peer cohort meetings/trainings with all peer transition team members
- Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

- D. Discharge planning and exit criteria and process

RAMS will collaboratively work with BHS to determine the exit and completion date. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

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E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY 2022-2023.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Documentation quality, including a description of any internal audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and then match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at

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Funding Source: (non-BHS only): N/A

large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- To ensure accountability at all levels, the RAMS CEO reports out monthly to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and RAMS quality improvement. The Program Director also collaborates with RAMS Executive Management RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

Appendix A-6
Contract Term: 07/01/2022 – 06/30/2023
Funding Source (non-BHS only):N/A

1. Identifiers:

Program Name: Wellness in the Streets (WITS)
 Program Address: 1282 Market Street
 City, State, Zip: San Francisco, CA 94102
 Telephone: (415) 579-3021 Fax: (415) 941-7313
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, Zip: San Francisco, CA 94118
 Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations;
 Hasian Sinaga, RAMS Director of Community and Workforce Empowerment
 Telephone: (415) 800-0699
 Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement:

To test new ways of service delivery and engaging with unhoused San Francisco residents and ultimately to help participants transition along the stages of change until they are able to engage in services. While WITS staff will certainly do their best to refer and/or link participants to any and all available housing opportunities, housing linkage is not the main goal. The WITS team continues to serve clients at SIP sites throughout the system of care as part of the behavioral health response to COVID-19. SIP sites now include SIP hotels, congregate sites such as shelters and navigation centers, RV sites, and Hummingbird Place mental health sub-acute facilities

Priority Population:

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the client(s) being served.

Population Served by Peers: This includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

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Funding Source (non-BHS only):N/A

4. Modality(s)/Intervention(s):

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA is founded on the belief that all individuals – including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

The RAMS Division of Peer-Based Services includes major components:

- Peer Counseling & Outreach Services
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Pilot projects: Whole Person Care, *Wellness in the Streets*, ICM to Outpatient Services Peer Transition Support
- Shelter-in-Place peer phone call engagement and linkage
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

5. Methodology:

A. Outreach, recruitment, promotion, and advertisement

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at, and email

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correspondence with: BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community.

B. Admission, enrollment and/or intake criteria and process where applicable

The project will involve a roving support team of peer counselors (ideally who have experienced homelessness) who will engage in peer counseling activities directly on the streets of San Francisco in areas where individuals are unhoused. Teams of 2-3 peers would go out to the various neighborhoods of San Francisco in search of or to follow-up with unhoused residents who are at-risk or currently in need of peer-based mental health services.

C. Service delivery model

WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.

During this time of the pandemic, the work has pivoted primarily to support efforts of engagement with homeless individuals temporarily housed in assigned hotels. WITS peer specialist work in coordination with Shelter-In-Place partners and teams to follow up with specific needs of clients housed in these hotels. Activities include appointment accompaniment, linkage to services such as primary care, permanent housing services, benefits applications.

The peer staff will engage unhoused residents and gather real-time information from the unhoused residents about what intervention strategies may be more effective in achieving one or more of the program goals, such as increasing knowledge of community resources, and increasing both motivation and willingness to engage in the available community-based social services. Based on feedback from the participants, RAMS would adjust the program, as appropriate and able.

Peers will provide brief peer counseling activities including behavioral health education activities, wellness planning, crisis planning and other activities. Peer specialists may also distribute a one-page resource sheet to educate unhoused individuals regarding behavioral health services, housing resources and alternate peer counseling programs.

D. Discharge Planning and exit criteria and process

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Funding Source (non-BHS only):N/A

As services may range from one-time to ongoing support, the exit criteria may be further determined in collaboration with SFDPH. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to: training, supervision, consultation, job coaching and retention services, and peer-based support groups.

F. MHSA Vision

1. Consumer Participation/Engagement

RAMS Division of Peer-Based Services regards consumer participation/engagement at all levels of service delivery to be a key cornerstone to effective and inclusive services. The program demonstrates this by several ways: 90% of staff positions require minimum qualifications to include individuals with behavioral health lived experiences; peers are represented within department advisory committees such as in our Peer Certificate Quarterly Advisory Committee meetings, Peer Division Community Advisory Board Meetings and Peer Wellness Center Client Community Monthly meetings. We also include peers in the process of interviewing for management/supervisory positions as well as feedback from clients through annual surveys and focus groups. Peer staff have regular supervision and staff meetings that are spaces to offer feedback and to participate in the operations/development of the division business and services.

2. MHSA Principle: Providers have the attitudes, knowledge and skills needed to understand, communicate with and effectively serve people across cultures.

RAMS Division of Peer-Based Services demonstrates this at many levels which starts in outreach and recruiting peer providers from diverse communities, to reflect the client communities that we serve. We currently have peer providers who represent LGBTQ, Black/African American, Native American, AAPI, Latin X and Russian Communities. We have many staff who are bi-lingual and bi-cultured which include spoken languages such as Tagalog, Cantonese, Toisanese, Mandarin, Russian, Spanish and Portuguese.

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We also have a number of staff that are more veteran level and meet the older adult communities, as well as younger individuals who are able to meet the TAY community. In addition to this, another important component of the peer provider work, we have staff that have a variety of *lived experiences* that are vital to being able to show empathy and be effectively resourceful. Many of our staff have struggled with many of the issues our client base struggle with which include experiences with homelessness, poverty, addiction and mental health issues and navigating the many different systems within the city resources network.

With many of peer providers graduating from our Peer Certificate Program or City College Community Mental Health Worker Certificate Program, our peer providers have the tools to be able to utilize their lived experiences in a professional manner and provide culturally responsive peer provider support. We also value the Wellness & Recovery model in which we perform our work within a strength-based model approach, finding ways to create a sustainable, healthy and balanced workforce.

6. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled “MHSA Performance Objectives – FY 2022-23.

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

b. Quality of documentation, including a description of the frequency and scope of internal chart audits

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/depending on type of services, and then match to client’s progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

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Contract Term: 07/01/2022 – 06/30/2023
Funding Source (non-BHS only):N/A

c. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and executive management. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2022 – 06/30/2023****CID#: 1000020708****Funding Source (non-BHS only):N/A**

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

- e. Timely completion and use of outcome data

As described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

1. Identifiers:

Program Name: Outpatient Peer Counseling Services

Program Address: 3626 Balboa Street

City, State, ZIP: San Francisco, CA 94121

Telephone/FAX: 415-668-5955

Website Address: 415-668-0246

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations

Telephone: (415) 800-0699

Fax: (415) 751-7336

Email Address: angelatang@ramsinc.org

Program Code(s) (if applicable): NA

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement:

To: (1) diversify behavioral health workforce by increasing consumer & family member representation and identified underrepresented groups, and (2) to provide additional services and support to clients of the RAMS Outpatient Clinic from a Wellness and Recovery approach.

4. Target Population:

Adults/older adults from all ethnicities from the RAMS' Outpatient Services Program which is: all adult and older adult residents of San Francisco in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. There is a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.

5. Modality(s)/Intervention(s)**Individual Services**

- Peer Counseling Program will provide individual counseling and support to at least 120 clients of the RAMS Outpatient Clinic.
- Peer Counseling Program will provide at least 200 hours of services, which may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

See Appendix B CRDC.

6. Methodology:

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

A. Outreach, recruitment, promotion, and advertisement as necessary.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the direct services providers (e.g. peer counselors, psychologists, social workers, marriage & family therapists, etc.) with varying activities, topic foci, and location. RAMS also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

To engage the RAMS outpatient clients in participating in the Outpatient Peer Counseling Services program, the following takes place:

- Peer Counselors attend monthly RAMS Adult Outpatient Program staff meeting to disseminate program information to direct service providers
- Supervisors of the RAMS Outpatient Clinic meets with peer counselors for individual supervision to discuss referral information, program services, events, etc. In addition to this, Peer Counselors receive additional support from Supervisors from the Division of Peer-Based Services as needed.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

- Peer Counselors develop promotional flyers about Peer Counseling activities and display them in the program wait areas as well as disseminates them to all Outpatient Clinic direct services providers
- Peer Counselors collaborate with Outpatient Clinic direct service providers in working with clients to ensure a team-based treatment approach. This allows Peer Counselors to develop close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.
- Due to the on-going Covid-19 pandemic, the peer counseling activities also includes services provided via telehealth, virtual individual services.

B. Admission, enrollment and/or intake criteria and process where applicable

RAMS clients can be admitted into the Peer Counseling Program should they express interest in participating in the services and events provided by the program. Clients can simply contact one of the Peer Counselors and schedule to meet with them or sign-up to participate in a group or event. Clients can also be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.).

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

The Outpatient Peer Counseling Services is integrated into the RAMS Adult/Older Adult Outpatient Services Program. To further support accessibility of services, the RAMS Adult/Older Adult Outpatient Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond “normal” business hours. The Program hours are: Monday to Thursday (9:00 am to 7:00 pm); ; Friday (9:00 am to 5:00 pm).

The RAMS programs’ design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, peer counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices and wellness recovery groups/workshops.

Specifically, the Outpatient Peer Counseling Services offers peer-based support (two days/week) that includes, but is not limited to:

- Individual Face-to-Face Counseling (virtual telehealth as an option)
- Case Management
- Resource Linkage
- Psycho-social groups

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

Participation in the Peer Counseling Program is voluntary. Clients may utilize services as long as they continue to be a client of the RAMS Outpatient Clinic. Clients may also voluntarily terminate services with the program, at any time, should they feel that their needs for peer counseling services have been met and/or if the program no longer meets their needs.

- E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

RAMS Outpatient Peer Counseling Services include part-time (20 plus hours per week) Peer Counselors, with special cultural and language capacities, e.g. English, Chinese, Russian, to meet the need of the diverse clients at Outpatient Clinic. Peer Counselors are graduates of RAMS Peer Specialist Mental Health Certificate and/or graduates from other Community Mental Health or Peer Certificate Programs, with experience working with the adult populations RAMS Outpatient Clinic serve.

Not funded by MHSA – supervisor and program director who supervise the Peer Counselors and manage the program, are part of RAMS Adult/Older Adult Outpatient Services are funded by SFDPH-BHS.

F. Mental Health Services Act Programs (Outpatient Peer Counseling Program)

- 1) Consumer participation/engagement: Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

The foundation of the Outpatient Peer Counseling Program is to engage consumers in providing services within the community system of care. This program employs only peers (consumer of behavioral services with lived experience) to be service providers. Peer Counselors have the opportunity to share their personal experience and knowledge that they have gained as consumers to support others in their process of recovery. From the clients' perspective, the intent of the program is to inspire and instill hope as clients receive support and encouragement from providers who once had similar struggles as themselves.

In addition to peers being service providers, the Outpatient Peer Counseling Program engages clients to participate in the development, implementation, and evaluation of the program in several different ways. Client satisfaction are conducted annually to solicit feedback from clients about the services that they have received. Results from client surveys and feedback are compiled and analyzed by program management, presented to staff and RAMS management. The Program Director and RAMS management work together to assess and integrate client feedback into programming. Peer Counselors also facilitate social/recreational activities and events for the clinic that are driven and organized by client participants.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

- 2) MHSA Vision: The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

The Outpatient Peer Counseling Program was founded based on the Wellness and Recovery Approach. With peers as service providers, the program sets an example for clients that recovery is possible. Peer Counselors are also trained to work with clients from a Wellness and Recovery Approach. Services provided values the fundamental components of the recovery model: client-centered, client-directed, strengths-based, holistic, self-advocacy, etc.

7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 22-2023.

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors services progress (level of engagement after intake, level of accomplishing service/treatment goals), discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including a description of frequency and scope of internal audits

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by program management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & service needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of care topics are integrated throughout staff meetings and other clinical discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. course progress, caseload with regard to intervention strategies and service plans & progress), documentation, productivity, etc.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

C. Cultural competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and an annual roundtable discussion to share practice-based cultural competency strategies. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS holds agency-wide cultural competency trainings. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

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Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
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- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and the CEO meets with each program to solicit feedback for this purpose. The agency may disseminate staff climate and/or satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

The Outpatient Peer Counseling Services Program gathers feedback through various methods. An annual client satisfaction survey is facilitated by RAMS administrators in spring annually; collected data is tabulated and summarized. Results of all client surveys are shared at staff meetings and reported to executive management. Furthermore, the Program Director has conducted focus groups with the current clients to collect feedback. Adjustment to program is implemented, after Director and staff review, and as appropriate, according to feedback, to better serve the community. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management.

E. Timely completion and use of outcome data, including CANS and/or ANSA

ANSA data is not applicable for this contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes.

9. Required Language:

N/A

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1	Peer to Peer Services
Appendix B-2	Peer to Peer Services CMHC
Appendix B-3	Grant Peer Specialist MH Certificate
Appendix B-4	Peer to Peer Linkage
Appendix B-5	ICM Transition to Outpatient
Appendix B-6	Wellness in the Streets
Appendix B-7	Whole Person Care - Shelter Care Coord Service
Appendix B-8	Outpatient Peer Counseling

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181) for the period of July 1, 2021 through June 30, 2026.**

CONTRACTOR understands that, of this maximum dollar obligation **\$2,519,137** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment

of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2021 - June 30, 2022	5,707,837
July 1, 2022 - June 30, 2023	5,819,129
July 1, 2023 - June 30, 2024	5,614,474
July 1, 2024 - June 30, 2025	4,931,715
July 1, 2025 - June 30, 2026	<u>4,627,490</u>
Sub. Total July 1, 2021 through June 30, 2026	26,700,645
Contingency	\$2,519,137
Less: Encum CID#3052 7/1/21-8/15/21)	<u>(\$103,601)</u>
Total July 1, 2021 through June 30, 2026	29,116,181

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, **\$103,601** of grant funding for the Promoting Recovery & Services for the Prevention of Recidivism program of the period from July 1, 2021 through August 15, 2021 in the Contract Number 1000003052 is included with this Agreement. Reasons for payments overlap due to Contract Number 1000003052 ending on June 30, 2021, but the grant funding for this program ending on August 15, 2021.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

DHCS Legal Entity Number 00343								Appendix B, Page 1	
Legal Entity Name/Contractor Name <u>Richmond Area Multi-Services, Inc.</u>								Fiscal Year	2022-2023
Contract ID Number 1000020708								Funding Notification Date	10/03/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Provider Number	3894	3894	3894	3894	3894	3894	3894	3894	
Program Name	Peer-to-Peer Services	Peer-to-Peer Services CMHC Grant	Peer Specialist MH Certificate	Peer to Peer Linkage	ICM Transition to Outpatient	Wellness in the Streets	Whole Person Care-Shelter Care Coord Services	Outpatient Peer Counseling	
Program Code	TBD	N/A	TBD	TBD	TBD	TBD	TBD	TBD	
Funding Term	07/01/22-06/30/23	09/30/22-09/29/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-12/31/22	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries	\$ 1,837,720	\$ 104,080	\$ 163,267	\$ 277,756	\$ 411,958	\$ 223,400	\$ 139,624	\$ 55,029	\$ 3,212,834
Employee Benefits	\$ 496,186	\$ 31,224	\$ 40,817	\$ 77,772	\$ 90,631	\$ 53,616	\$ 37,698	\$ 16,509	\$ 844,453
Subtotal Salaries & Employee Benefits	\$ 2,333,906	\$ 135,304	\$ 204,084	\$ 355,528	\$ 502,589	\$ 277,016	\$ 177,322	\$ 71,538	\$ 4,057,287
Operating Expenses	\$ 551,481	\$ 33,587	\$ 119,900	\$ 30,890	\$ 67,944	\$ 53,965	\$ 19,700	\$ 490	\$ 877,957
Capital Expenses									\$ -
Subtotal Direct Expenses	\$ 2,885,387	\$ 168,891	\$ 323,984	\$ 386,418	\$ 570,533	\$ 330,981	\$ 197,022	\$ 72,028	\$ 4,935,244
Indirect Expenses	\$ 408,199	\$ 23,982	\$ 46,005	\$ 54,872	\$ 81,009	\$ 47,001	\$ 27,978	\$ 10,228	\$ 699,274
Indirect %	14.15%	14.20%	14.20%	14.20%	14.20%	14.20%	14.20%	14.20%	14.17%
TOTAL FUNDING USES	\$ 3,293,586	\$ 192,873	\$ 369,989	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,256	\$ 5,634,518
							Employee Benefits Rate		27%
BHS MENTAL HEALTH FUNDING SOURCES									
MH Adult County General Fund	\$ 385,460		\$ -					\$ 28,615	\$ 414,075
MH Adult State 1991 MH Realignment	\$ 221,871								\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000								\$ 20,000
MH MHSA (Adult)	\$ 2,198,608			\$ 441,290				\$ 53,641	\$ 2,693,539
MH MHSA (WET)			\$ 369,989						\$ 369,989
MH MHSA (INN)					\$ 651,542	\$ 377,982			\$ 1,029,524
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 317,381								\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266								\$ 150,266
MH Grant SAMSHA CMHC, CFDA 93.958		\$ 192,873							\$ 192,873
MH MHSA (TAY) MCO									\$ -
MH Adult GF MCO	\$ -								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,293,586	\$ 192,873	\$ 369,989	\$ 441,290	\$ 651,542	\$ 377,982	\$ -	\$ 82,256	\$ 5,409,518
BHS SUD FUNDING SOURCES									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES									
NHS WPIC Operation							\$ 225,000	\$ -	\$ 225,000
									\$ -
									\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
TOTAL DPH FUNDING SOURCES	\$ 3,293,586	\$ 192,873	\$ 369,989	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,256	\$ 5,634,518
NON-DPH FUNDING SOURCES									
									\$ -
									\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,293,586	\$ 192,873	\$ 369,989	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,256	\$ 5,634,518
Prepared By Eduard Agajanian					Phone: 415-800-0699				

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343								Appendix Number B-1	
Provider Name Richmond Area Multi-Services, Inc.								Page Number 1	
Provider Number 3894								Fiscal Year 2022-2023	
Contract ID Number 1000020708								Funding Notification Date 10/03/22	
Program Name		Peer-to-Peer Services							
Program Code		TBD	TBD	TBD	TBD	TBD	TBD		
Mode/SFC (MH) or Modality (SUD)		10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15/10-57, 59	15/01-09	
Service Description		DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	OP-MH Svcs	OP-Case Mgt Brokerage	
Funding Term (mm/dd/yy-mm/dd/yy)		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries & Employee Benefits		\$ 22,920	\$ 1,550,586	\$ 20,772	\$ 188,348	\$ 107,633	\$ 110,912	\$ 332,735	\$ 2,333,906
Operating Expenses		\$ 82,760	\$ 374,639	\$ 40,594	\$ 29,539	\$ 23,949			\$ 551,481
Capital Expenses									\$ -
Subtotal Direct Expenses		\$ 105,680	\$ 1,925,225	\$ 61,366	\$ 217,887	\$ 131,582	\$ 110,912	\$ 332,735	\$ 2,885,387
Indirect Expenses		\$ 15,006	\$ 273,383	\$ 8,714	\$ 29,414	\$ 18,684	\$ 15,749	\$ 47,249	\$ 408,199
Indirect %		14.20%	14.20%	14.20%	13.50%	14.20%	14.20%	14.20%	14.15%
TOTAL FUNDING USES		\$ 120,686	\$ 2,198,608	\$ 70,080	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ 3,293,586
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity							
MH Adult County General Fund		251984-10000-10001792-0001	\$ 120,686				\$ 121,661	\$ 143,113	\$ 385,460
MH Adult State 1991 MH Realignment		251984-10000-10001792-0001						\$ 221,871	\$ 221,871
MH Adult Fed SDMC FFP (50%)		251984-10000-10001792-0001					\$ 5,000	\$ 15,000	\$ 20,000
MH MHSA (Adult)		251984-17156-10031199-0071	\$ 2,198,608						\$ 2,198,608
MH Grant SAMHSA Adult SOC, CFDA 93.958		251984-10001-10038132-0001		\$ 70,080	\$ 247,301				\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958		251984-10001-10038132-0003				\$ 150,266			\$ 150,266
MH Adult GF MCO		251984-10000-10001792-0001	\$ -						\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 120,686	\$ 2,198,608	\$ 70,080	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ 3,293,586
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
									\$ -
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 120,686	\$ 2,198,608	\$ 70,080	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ 3,293,586
NON-DPH FUNDING SOURCES									
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		120,686	2,198,608	70,080	247,301	150,266	126,661	379,984	3,293,586
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		235	4,273	136	481	292	18,985	73,300	
Unit Type		Client Full Day	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Published Rate (Medi-Cal Providers Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	Total UDC
Unduplicated Clients (UDC)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
Program Name Peer-to-Peer Services
Program Code TBD

B-1
2
2022-2023
10/03/22

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.78	\$ 74,877			0.32	44,003			0.43	\$ 27,221	0.03	\$ 3,653				
Associate Program Director	0.62	\$ 69,010			0.60	66,705					0.02	\$ 2,305				
Program Operations Manager	1.00	\$ 101,210			0.89	90,161	0.07	\$ 6,925			0.04	\$ 4,124				
Peer Wellness Manager	1.00	\$ 98,260			0.89	88,651	0.07	\$ 6,110			0.04	\$ 3,499				
Peer Supervisor	3.23	\$ 226,100			3.05	213,619					0.18	\$ 12,481				
Program/Operations Assistant	3.64	\$ 218,301			3.54	212,434					0.10	\$ 5,867				
Senior Peer Counselor	1.63	\$ 105,950			1.63	105,950										
Peer Counselor	16.70	\$ 924,487	0.31	\$ 18,047	6.63	385,024			2.89	\$ 121,084	0.87	\$ 51,004	6.00	\$ 349,328		
Janitor	0.49	\$ 19,525			0.38	14,387	0.07	\$ 3,321			0.04	\$ 1,817				
Totals:	29.09	\$ 1,837,720	0.31	\$ 18,047	17.93	\$ 1,220,934	0.21	\$ 16,356	3.32	\$ 148,305	1.32	\$ 84,750	6.00	\$ 349,328	0.00	\$ -
Employee Benefits:	27.00%	\$ 496,186	27.00%	\$ 4,873	27.00%	\$ 329,652	27.00%	\$ 4,416	27.00%	\$ 40,043	27.00%	\$ 22,883	27.00%	\$ 94,319	0.00%	
TOTAL SALARIES & BENEFITS	\$ 2,333,906		\$ 22,920		\$ 1,550,586		\$ 20,772		\$ 188,348		\$ 107,633		\$ 443,647		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services
 Program Code TBD

B-1
3
2022-2023
10/03/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000-10001792-0001)	MHSA-Adult (251984-17156-10031199-0071)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ 265,252	\$ 46,321	\$ 167,082	\$ 19,425	\$ 20,975	\$ 11,449	
Utilities (telephone, electricity, water, gas)	\$ 41,483	\$ 6,275	\$ 31,023	\$ 2,632	\$ -	\$ 1,553	
Building Repair/Maintenance	\$ 11,401	\$ 1,835	\$ 8,343	\$ 769	\$ -	\$ 454	
Occupancy Total:	\$ 318,136	\$ 54,431	\$ 206,448	\$ 22,826	\$ 20,975	\$ 13,456	\$ -
Office Supplies	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	
Photocopying	\$ -						
Program Supplies	\$ -						
	\$ -						
Materials & Supplies Total:	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	\$ -
Training/Staff Development	\$ 10,000	\$ 1,067	\$ 8,221	\$ 447	\$ -	\$ 265	
Insurance	\$ 23,777	\$ 3,896	\$ 15,686	\$ 1,163	\$ 2,196	\$ 836	
Professional License	\$ 10,000	\$ 90	\$ 9,850	\$ 38		\$ 22	
Permits	\$ -						
Equipment Lease & Maintenance	\$ 7,704	\$ 1,324	\$ 5,496	\$ 556		\$ 328	
General Operating Total:	\$ 51,481	\$ 6,377	\$ 39,253	\$ 2,204	\$ 2,196	\$ 1,451	
Local Travel	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other (provide detail):	\$ -						
Recruitment (Job Postings, etc.)	\$ 5,000	\$ 248	\$ 2,012	\$ 1,828	\$ -	\$ 912	
Client Stipends for 10 clients working approx. 15 hrs/week for 38 weeks at the rate of \$18.00/hr.	\$ 102,600	\$ 17,582	\$ 73,296	\$ 7,372		\$ 4,350	
Client-Related Food	\$ 4,702	\$ 836	\$ 3,308	\$ 351		\$ 207	
Client-Related Other Activities	\$ 7,555	\$ 1,483	\$ 5,058	\$ 622		\$ 392	
	\$ -						
Other Total:	\$ 119,857	\$ 20,149	\$ 83,674	\$ 10,173	\$ -	\$ 5,861	\$ -
	\$ -						
TOTAL OPERATING EXPENSE	\$ 551,481	\$ 82,760	\$ 374,639	\$ 40,594	\$ 29,539	\$ 23,949	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name	Peer-to-Peer Services CMHC Grant		
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	09/30/22-09/29/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 135,304		\$ 135,304
Operating Expenses	\$ 33,587		\$ 33,587
Capital Expenses		\$ -	\$ -
Subtotal Direct Expenses	\$ 168,891	\$ -	\$ 168,891
Indirect Expenses	\$ 23,982		\$ 23,982
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 192,873	\$ -	\$ 192,873
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Grant SAMSHA CMHC, CFDA 93.958	251984-10001-10038058-0002	\$ 192,873	\$ 192,873
			\$ -
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 192,873	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 192,873	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		192,873	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	365		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 528.42	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 528.42	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services CMHC Grant
 Program Code TBD

Appendix Number B-2
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

	TOTAL		MH Grant SAMSHA CMHC, CFDA 93.958 (251984-10001- 10038058-0002)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	09/30/21-09/29/22		09/30/21-09/29/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Operations Manager	0.10	\$ 9,700	0.10	\$ 9,700				
Peer Counselor	1.60	\$ 94,380	1.60	\$ 94,380				
Totals:	1.70	\$ 104,080	1.70	\$ 104,080	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 31,224	30.00%	\$ 31,224	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 135,304		\$ 135,304		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services CMHC Grant
 Program Code TBD

Appendix Number B-2
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	MH Grant SAMSHA CMHC, CFDA 93.958 (251984- 10001-10038058- 0002)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	09/30/21-09/29/22	09/30/21-09/29/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 17,919	\$ 17,919		
Utilities (telephone, electricity, water, gas)	\$ 1,725	\$ 1,725		
Building Repair/Maintenance	\$ 435	\$ 435		
Occupancy Total:	\$ 20,079	\$ 20,079	\$ -	\$ -
Office Supplies	\$ 6,000	\$ 6,000		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -	\$ -		
Materials & Supplies Total:	\$ 6,000	\$ 6,000	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,305	\$ 1,305		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 378	\$ 378		
General Operating Total:	\$ 2,183	\$ 2,183		
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 325	\$ 325		
Client Stipends	\$ -			
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 2,500	\$ 2,500		
Other Total:	\$ 4,825	\$ 4,825	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 33,587	\$ 33,587	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name	Peer Specialist MH Certificate		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/22-06/30/23			
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 204,084		\$ 204,084
Operating Expenses	\$ 119,900		\$ 119,900
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 323,984	\$ -	\$ 323,984
Indirect Expenses	\$ 46,005		\$ 46,005
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 369,989	\$ -	\$ 369,989
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (WET)	251984-17156-10031199-0074	\$ 369,989	\$ 369,989
MH Adult County General Fund	251984-10000-10001792-0001		\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 369,989	\$ -	\$ 369,989
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
	\$ 369,989	\$ -	\$ 369,989
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	369,989	-	369,989
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	383		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 967.29	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 967.29	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	162		162

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Peer Specialist MH Certificate

Program Code TBD

B-3

2

2022-2023

10/03/22

	TOTAL		MHSA-WET (251984-17156-10031199-0074)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries
Division Director	0.06	\$ 7,507	0.06	\$ 7,507		
Associate Director	0.06	\$ 6,615	0.06	\$ 6,615		
Program Manager	1.00	\$ 108,636	1.00	\$ 108,636		
Program Coordinator	0.50	\$ 40,509	0.50	\$ 40,509		
Totals:	1.62	\$ 163,267	1.62	\$ 163,267	0.00	\$ -
Employee Benefits:	25.00%	\$ 40,817	25.00%	\$ 40,817	0.00%	
TOTAL SALARIES & BENEFITS		\$ 204,084		\$ 204,084		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer Specialist MH Certificate
 Program Code TBD

Appendix Number B-3
 Page Number 3
 Fiscal Year 2022-2023

Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0074)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 35,205	\$ 35,205		
Utilities (telephone, electricity, water, gas)	\$ 6,350	\$ 6,350		
Building Repair/Maintenance	\$ 1,400	\$ 1,400		
Occupancy Total:	\$ 42,955	\$ 42,955	\$ -	\$ -
Office Supplies	\$ 18,475	\$ 18,475		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 18,475	\$ 18,475	\$ -	\$ -
Training/Staff Development	\$ 3,500	\$ 3,500		
Insurance	\$ 1,950	\$ 1,950		
Professional License	\$ 2,500	\$ 2,500		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 925	\$ 925		
General Operating Total:	\$ 8,875	\$ 8,875	\$ -	\$ -
Local Travel	\$ 880	\$ 880		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 12,000	\$ 12,000		
Recruitment (Job Postings, etc.)	\$ 1,200	\$ 1,200		
Client Tuitions	\$ 12,065	\$ 12,065		
Client-Stipends for 46 total clients at \$400 each	\$ 18,400	\$ 18,400		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 3,050	\$ 3,050		
Other Total:	\$ 48,715	\$ 48,715	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 119,900	\$ 119,900	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 1	
Provider Number <u>3894</u>		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name	Peer to Peer Linkage		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 355,528		\$ 355,528
Operating Expenses	\$ 30,890		\$ 30,890
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 386,418	\$ -	\$ 386,418
Indirect Expenses	\$ 54,872		\$ 54,872
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 441,290	\$ -	\$ 441,290
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (Adult)	251984-17156-10031199-0071	\$ 441,290	\$ 441,290
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 441,290	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 441,290	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	441,290	-	441,290
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	725	n/a	
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 608.68	n/a	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 608.68	n/a	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	200		200

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

	TOTAL		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.07	\$ 10,000	0.07	\$ 10,000				
Associate Director	0.08	\$ 9,500	0.08	\$ 9,500				
Program Manager	0.05	\$ 5,345	0.05	\$ 5,345				
Lead Service Coordinator	1.00	\$ 66,500	1.00	\$ 66,500				
Service Coordinator	3.50	\$ 186,411	3.50	\$ 186,411				
Totals:	4.70	\$ 277,756	4.70	\$ 277,756	0.00	\$ -	0.00	\$ -
Employee Benefits:	28%	\$ 77,772	28%	\$ 77,772	0%		0%	
TOTAL SALARIES & BENEFITS	\$ 355,528		\$ 355,528		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 13,365	\$ 13,365		
Utilities (telephone, electricity, water, gas)	\$ 4,600	\$ 4,600		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 19,165	\$ 19,165	\$ -	\$ -
Office Supplies	\$ 1,950	\$ 1,950		
Materials & Supplies Total:	\$ 1,950	\$ 1,950	\$ -	\$ -
Training/Staff Development	\$ 2,250	\$ 2,250		
Insurance	\$ 2,850	\$ 2,850		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 425	\$ 425		
General Operating Total:	\$ 5,525	\$ 5,525	\$ -	\$ -
Local Travel	\$ 1,500	\$ 1,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Expenses	\$ 2,500	\$ 2,500		
	\$ -			
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 30,890	\$ 30,890	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-5	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 1	
Provider Number <u>3894</u>		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name	ICM Transition to Outpatient		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 502,589		\$ 502,589
Operating Expenses	\$ 67,944		\$ 67,944
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 570,533	\$ -	\$ 570,533
Indirect Expenses	\$ 81,009		\$ 81,009
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 651,542	\$ -	\$ 651,542
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 651,542	\$ 651,542
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 651,542	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 651,542	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		651,542	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	7,534		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 86.48	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 86.48	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	25		25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-5
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

	TOTAL		MH MSHA (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Division Director	0.10	\$ 13,750	0.10	\$ 13,750				
Associate Director	0.10	\$ 12,500	0.10	\$ 12,500				
Program Manager	1.50	\$ 148,500	1.50	\$ 148,500				
Program Coordinator	0.25	\$ 19,750	0.25	\$ 19,750				
Senior Peer Counselor	1.00	\$ 68,500	1.00	\$ 68,500				
Peer Counselor	2.75	\$ 148,958	2.75	\$ 148,958				
Totals:	5.70	\$ 411,958	5.70	\$ 411,958	0.00	\$ -	0.00	\$ -
Employee Benefits:	22%	\$ 90,631	22%	\$ 90,631	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 502,589		\$ 502,589		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-5
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 24,184	\$ 24,184		
Utilities (telephone, electricity, water, gas)	\$ 6,510	\$ 6,510		
Building Repair/Maintenance	\$ 1,250	\$ 1,250		
Occupancy Total:	\$ 31,944	\$ 31,944	\$ -	\$ -
Office Supplies	\$ 5,500	\$ 5,500		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 5,500	\$ 5,500	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 3,290	\$ 3,290		
Professional License	\$ 2,250	\$ 2,250		
Permits	\$ -			
Equipment Depr. & Maintenance	\$ 13,000	\$ 13,000		
General Operating Total:	\$ 21,040	\$ 21,040	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 1,210	\$ 1,210		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 5,000	\$ 5,000		
Client-Related Other Activities	\$ 2,500	\$ 2,500		
Other Total:	\$ 8,710	\$ 8,710	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 67,944	\$ 67,944	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name	Wellness in the Streets		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 277,016		\$ 277,016
Operating Expenses	\$ 53,965		\$ 53,965
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 330,981	\$ -	\$ 330,981
Indirect Expenses	\$ 47,001		\$ 47,001
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 377,982	\$ -	\$ 377,982
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 377,982	\$ 377,982
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 377,982	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 377,982	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		377,982	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	1,620		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 233.32	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 233.32	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)		50	50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Wellness in the Streets

Program Code TBD

Appendix Number B-6

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 10/03/22

	TOTAL		MH MHSA (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		mm/dd/yy-mm/dd/yy		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.06	8,250	0.06	8,250				
Associate Director	0.10	6,650	0.10	6,650				
Program Manager	0.15	15,000	0.15	15,000				
Program Coordinator	0.25	19,500	0.25	19,500				
Peer Counselor Lead	1.00	70,500	1.00	70,500				
Peer Counselor	1.80	103,500	1.80	103,500				
Totals:	3.36	\$ 223,400	3.36	\$ 223,400	0.00	\$ -	0.00	\$ -
Employee Benefits:	24%	53,616	24%	\$ 53,616	0%		0%	
TOTAL SALARIES & BENEFITS	\$ 277,016		\$ 277,016		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Wellness in the Streets
 Program Code TBD

Appendix Number B-6
 Page Number 3
 Fiscal Year 2022-2023

Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	MH MSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 35,250	\$ 35,250		
Utilities (telephone, electricity, water, gas)	\$ 4,500	\$ 4,500		
Building Repair/Maintenance	\$ 1,750	\$ 1,750		
Occupancy Total:	\$ 41,500	\$ 41,500	\$ -	\$ -
Office Supplies	\$ 2,500	\$ 2,500		
Photocopying	\$ -			
	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 2,500	\$ 2,500	\$ -	\$ -
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 2,880	\$ 2,880		
Professional License	\$ 1,500	\$ 1,500		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 975	\$ 975		
General Operating Total:	\$ 6,355	\$ 6,355	\$ -	\$ -
Local Travel	\$ 1,860	\$ 1,860		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,860	\$ 1,860	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client-Related Food	\$ 750	\$ 750		
Client-Related Other Activities	\$ 750	\$ 750		
Other Total:	\$ 1,750	\$ 1,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 53,965	\$ 53,965	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-7	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name Whole Person Care-Shelter Care Coord Services			
Program Code TBD			
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/22-12/31/22			
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 177,322		\$ 177,322
Operating Expenses	\$ 19,700		\$ 19,700
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 197,022	\$ -	\$ 197,022
Indirect Expenses	\$ 27,978		\$ 27,978
Indirect %	14.20%	0.00%	14.20%
TOTAL FUNDING USES	\$ 225,000	\$ -	\$ 225,000
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
HNS WPIC Operation	210705-10000-10037283-0001	\$ 225,000	\$ 225,000
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 225,000	\$ -
		\$ 225,000	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		225,000	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	1,475		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 152.54	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 152.54	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	75		

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 10/03/22

	TOTAL		HNS WPIC Operation (210705-10000-10037283-0001)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-12/31/22		07/01/22-12/31/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.03	\$ 2,000	0.03	\$ 2,000				
Associate Director	0.07	\$ 3,288	0.07	\$ 3,288				
Program Coordinator	0.57	\$ 24,500	0.57	\$ 24,500				
Peer Counselor	3.65	\$ 109,836	3.65	\$ 109,836				
Totals:	4.32	\$ 139,624	4.32	\$ 139,624	0.00	\$ -	0.00	\$ -
Employee Benefits:	27.00%	\$ 37,698	27.00%	\$ 37,698	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 177,322		\$ 177,322		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708Program Name Whole Person Care-Shelter Care Coord ServicesProgram Code TBDAppendix Number B-7Page Number 3Fiscal Year 2022-2023Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	HNS WPIC Operation (210705- 10000-10037283- 0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-12/31/22	07/01/22-12/31/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 12,000	\$ 12,000		
Utilities (telephone, electricity, water, gas)	\$ 2,000	\$ 2,000		
Building Repair/Maintenance	\$ 450	\$ 450		
Occupancy Total:	\$ 14,450	\$ 14,450	\$ -	\$ -
Office Supplies	\$ 1,500	\$ 1,500		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,500	\$ 1,500		
Professional License	\$ 250	\$ 250		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 375	\$ 375		
General Operating Total:	\$ 2,625	\$ 2,625	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 250	\$ 250		
Client-Related Other Activities	\$ 125	\$ 125		
Other Total:	\$ 625	\$ 625	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 19,700	\$ 19,700	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00343		Appendix Number B-8	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 10/03/22	
Program Name		Outpatient Peer Counseling	
Program Code		TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	
Service Description		DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 24,943	\$ 46,595	\$ 71,538
Operating Expenses	\$ 114	\$ 376	\$ 490
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 25,057	\$ 46,971	\$ 72,028
Indirect Expenses	\$ 3,558	\$ 6,670	\$ 10,228
Indirect %	14.20%	14.20%	14.20%
TOTAL FUNDING USES	\$ 28,615	\$ 53,641	\$ 82,256
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Adult County General Fund	251984-10000-10001792-0001	\$ 28,615	\$ 28,615
MH MHA (Adult)	251984-17156-10031199-0071		\$ 53,641
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 28,615	\$ 53,641
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 28,615	\$ 53,641
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		28,615	53,641
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	70	131	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 408.79	\$ 409.47	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 408.79	\$ 409.47	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	44	76	120

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Outpatient Peer CounselingProgram Code TBDAppendix Number B-8Page Number 2Fiscal Year 2022-2023Funding Notification Date 10/03/22

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.01	\$ 1,626	0.003	\$ 407	0.01	\$ 1,219		
Peer Counselor	0.85	\$ 53,403	0.300	\$ 18,780	0.55	\$ 34,623		
Totals:	0.86	\$ 55,029	0.30	\$ 19,187	0.56	\$ 35,842	0.00	\$ -
Employee Benefits:	30.00%	\$ 16,509	30.00%	\$ 5,756	30%	\$ 10,753	0.00%	
TOTAL SALARIES & BENEFITS	\$ 71,538		\$ 24,943		\$ 46,595		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708Program Name Outpatient Peer CounselingProgram Code TBDAppendix Number B-8Page Number 3Fiscal Year 2022-2023Funding Notification Date 10/03/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000- 10001792-0001)	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 50	\$ 12	\$ 38	
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 50	\$ 12	\$ 38	\$ -
Office Supplies	\$ 50	\$ 12	\$ 38	
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 50	\$ 12	\$ 38	\$ -
Training/Staff Development	\$ -			
Insurance	\$ 390	\$ 90	\$ 300	
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 390	\$ 90	\$ 300	\$ -
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ -			
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Food	\$ -			
Client-Related Other Activities	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 490	\$ 114	\$ 376	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc. Page Number _____
 Contract ID Number 1000020708 Fiscal Year 2022-2023
 Funding Notification Date 10/3/22

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.166	\$ 38,026
Chief Financial Officer	0.166	\$ 34,712
Deputy Chief	0.166	\$ 26,696
COO / Dir. Of Ops	0.166	\$ 26,075
Director of Community & Workforce Empowerment	0.267	\$ 38,691
Director of Community & Government Affairs	0.166	\$ 25,178
Director of Human Resources	0.166	\$ 24,057
Director of Training	0.298	\$ 35,853
Accounting Staff	0.663	\$ 55,253
HR Staff	0.663	\$ 58,978
Communication Manager	0.041	\$ 5,238
Grants Manager	0.124	\$ 9,895
QI Manager	0.166	\$ 17,538
IT Manager/Support	0.398	\$ 35,231
Executive/Admin Assistant	0.166	\$ 14,278
Janitor/Lead Facilities Tech	0.091	\$ 6,596

Subtotal: **3.873 \$ 452,295**

Employee Benefits: **25.00% \$ 113,074**

Total Salaries and Employee Benefits: **\$ 565,369**

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	5,928
Depreciation	7,281
Rental	839
Utilities	3,466
Building Repair/Maintenance	2,886
Office Supplies	11,234
Training/Staff Development	1,940
Insurance	15,945
Equipment Rental	2,031
Local Travel	839
Audit Fees	9,312
Payroll Fees	27,318
Recruitment	24,366
Meetings and Conferences	777
Professional Fees	17,880
Bank Fees	1,863

Total Operating Costs **133,905**

Total Indirect Costs **\$ 699,274**

Total Indirect from DPH 1: **\$ 699,274**

APPENDIX D**Data Access and Sharing Terms****Article 1 Access****1.1 Revision to Scope of Access (RSA):**

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.
of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 Media Communications

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix D
System Specific Requirements

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

Protected Information Destruction Order Purge Certification - Contract ID # 1000020708

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated 7/1/2021 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title: _____

Date: _____

Appendix E
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2022

Appendix E

HIPAA Business Associate Agreement

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFPDH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

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c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

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m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the

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Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to

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provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to

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what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate’s Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

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c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

a. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

b. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its

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subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs

San Francisco Department of Public Health

101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org

Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						☐	☐
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						☐	☐
	If yes:	Name & Title:		Phone #		Email:		☐
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						☐	☐
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						☐	☐
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						☐	☐
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?						☐	☐

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?	☐	☐
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)	☐	☐
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?	☐	☐
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?	☐	☐
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?	☐	☐

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Appendix H

Educationally Related Mental Health Services (ERMHS) Treatment Protocol

This Appendix shall apply to all work performed by the Contractor in support of the Educationally Related Mental Health Services (ERMHS) of the The Department of Public Health.

A. Outpatient/School-Based/Counseling Enriched Educational Program (CEEP)

1. Individual Counseling (CASEMIS Code 510, Services codes INDTPY, IREHAB, NMIND): One to one counseling provided by a qualified individual pursuant to an IEP. Counseling may focus on aspects, such as educational, career, personal; or include parents or staff members on learning problems or guidance programs for students. Individual Counseling includes those evidence-based interventions consistent with the student's IEP educationally related mental health goals that focus primarily on symptom reduction as a means to improve functional impairments and academic success. Individual Counseling will be provided by a mental health professional, or an intern or other mental health practitioner under the clinical supervision of a mental health professional.

2. Counseling and Guidance (Group Counseling) (CASEMIS Code 515, Service Codes GRPTPY, GREHAB): Counseling in a group setting provided by a qualified individual pursuant to the IEP. Group counseling is typically social skills development, but may focus on aspects, such as educational, career, personal. Group Counseling includes those evidence-based therapeutic interventions for more than one student that focuses on addressing the student's educationally related mental health goals and symptom reduction as a means to improve functional impairments and academic success. Group counseling will be provided by a mental health professional, or an intern or other mental health practitioner under the clinical supervision of a mental health professional.

3. Parent Counseling and Training (CASEMIS Code 520, Service Codes ICOLL, 90847, 90849, or NMCOL): Individual counseling provided by a qualified individual pursuant to an IEP to assist the parent(s) of special education students in better understanding and meeting their child's needs, may include parenting skills or other pertinent issues. Parent counseling and training will be provided by a mental health professional, or an intern or other mental health practitioner under the clinical supervision of a mental health professional.

4. Agency Linkages (Case Management) (CASEMIS Code 865, Service Codes ASMT1, H0032, GCOLL, T1017, IPT1017, NMCMB): Service coordination and case management that facilitates the linkage of individualized education services and programs.

Linkage and Coordination – the identification and pursuit of resources needed for provision of a free and appropriate public education to a student, including, but not limited to, the following:

- a. Treatment plan development and monitoring as it relates to the ERMHS IEP goals.
- b. IEP attendance, monitoring and contributing to progress and updates to IEP goals.
- c. Monitoring service delivery to ensure an individual's access, including communication with IEP team members and referrals as approved by the IEP team.

12/1/22

5. Upon receiving an ERMHS referral from SFUSD, the assigned BHS ERMHS clinic will contact the parent/guardian within 48 hours of receipt of ERMHS referral packet, and schedule an intake appointment within 5 days of receiving the referral packet.
6. The assigned BHS clinic will notify the BHS ERMHS office within 24 hours to confirm receipt of referral. If the clinic cannot accommodate the referral, they will notify the BHS ERMHS office so the case can be reassigned. BHS ERMHS provider agency will complete the CANS assessment within established BHS guidelines. The CANS assessment is required for BHS reporting purposes only and is not a required component of the student's IEP.
7. BHS providers will report to the student's IEP case manager at the student's assigned school, significant student attendance issues, defined at three or more consecutive absences, at school-based, out-patient, and Counseling Enriched Educational Program (CEEP) service sessions. If BHS providers are unable to reach the IEP case manager at student's assigned school, providers may contact SFUSD's ERMHS Coordinator at 3045 Santiago Street, San Francisco, CA 94116, for assistance in making contact with the site-based IEP team, in order that attendance concerns may be addressed by the IEP team.
8. The assigned BHS clinic will maintain ongoing communication with school site (i.e., school psychologist) regarding intake process/outcome (e.g., problems with parent accessing services, etc.). The Clinic will inform the BHS ERMHS Office and SFUSD ERMHS Office simultaneously within 30 days of status of case (via notification form). Such Notification of ERMHS Status Form must be submitted with password protection by secure email.
9. Any changes in services (including but not limited to an increase or decrease in service frequency or duration, initiation of a new service, or termination of a service) must be determined through the IEP process.
10. In the event the ERMHS clinician cancels an appointment, a make-up session will be provided within two weeks to ensure compliance with student's IEP.
11. The assigned BHS clinic's ERMHS clinician agrees to attend and participate in IEP team meetings when requested by SFUSD with sufficient notice. In the event that the ERMHS clinician cannot attend an IEP meeting, it will arrange to have a summary of progress and recommended educationally related goals from the assigned mental health provider to be submitted at the IEP meeting.
12. BHS Clinicians will make their best effort to provide services at the school site when possible, and the school site will ensure that confidential space is available for the Clinicians to provide services to students. Maintaining service delivery at the school site maximizes their access to the Least Restrictive Environment.
13. If in person services are unable to be provided such as experienced during Shelter in Place orders, services will be implemented in line with Emergency Learning Plans in each student's IEP.

RFQ 27-2020
Peer-to-Peer Programs -
Peer-to-Peer Employment and Peer Specialist Mental Health
Certificate Program

DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services (BHS)

Mental Health Services Act (MHSA)



Request for Qualifications (RFQ) 27-2020

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE

1380 HOWARD STREET, SUITE 419

SAN FRANCISCO, CA 94103

CONTACT

CONTRACT ANALYSTS

MAHLET GIRMA / (415) 255-3504

MAHLET.GIRMA@SFDPH.ORG

Date issued:	8/17/2020
Email Question Period:	8/18/2020 – 8/31/2020
Letters of Intent	12:00 pm, 9/8/2020
Applications due:	12:00 pm, 9/22/2020

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The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>. Click on **RFQ 27-2020** and follow the instructions.

A-1. THESE FORMS MUST BE COMPLETED IN ORDER FOR APPLICATIONS TO BE CONSIDERED.

- [Appendix A1-a](#) – **RFQ Form 1 Solicitation and Offer** and **RFQ Form 2 Contractual Record Form and CMD Attachment 2** this contains the required CMD forms (Form 3)
- [Appendix A1-a](#) – **Agency Cover Sheet** (please use this form)
- [Appendix A1-b](#) – **Letter of Intent** (please use this form to submit your Letter of Intent)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award. If the qualified firm is a current vendor with the City you may not need to submit these forms.

- **Signature Authorization Record and Board of Directors** (form attached)
- **MCO Dec.pdf** - Declaration for the Minimum Compensation Ordinance
- **HCAO Dec.pdf**- Declaration for the Health Care Accountability Ordinance
- **Step by Step Guide to Become an approved Supplier** <https://sfcitypartner.sfgov.org>
- How to do business with the City <http://sfgov.org/oca/qualify-do-business>
- **Biztax.pdf** - Business Tax Application Form (P-25)
- **Employer Projection of Entry Level Positions rev7-11.doc** - First Source Hiring Program
- **12b101.pdf** Equal Benefits Ordinance at a glance

A-3. For Information Only

- **12X Update Memo – Covered States** (10/16/2019)
- **Standard Professional Services.pdf** – The City Standard Professional Services Agreement (P-600)
- **Insurance Requirements.pdf** - DPH Insurance Requirements effective 7/1/2019
- **Insurance Sample.pdf** -Sample Insurance certificate and Endorsement
- **HIPAA/Business Associate Agreement (BAA)** - Standard DPH HIPAA/Business Associates Exhibit
- **Quickref.pdf** Also visit: <http://sfgsa.org/index.aspx?page=6125> Quick Reference Guide to 12B
- **Other Resources for LBE Application/ CMD Certification process**

I. INTRODUCTION, CONTRACT TERM, FUNDING & SCHEDULE

A. General

The San Francisco Department of Public Health (DPH), Behavioral Health Services (BHS) is issuing this Request for Qualifications (RFQ) in search for applicants that will meet the goals of the services requested in this RFQ. The department encourages competition and encourages collaboration of different agencies to meet the needs of the Peer-to-Peer Programs for

1. Peer-to-Peer Employment Program and 2. Peer Specialist Mental Health Certificate Program.

DPH/BHS invites single agency and multi-agency collaborations to propose program services to meet the community and programmatic needs of the Peer-to-Peer programs. The selected service provider(s) will be expected to provide all activities described in this RFQ. The degree to which a candidate meets the minimum qualifications of the RFQ will be determined through a review process to evaluate the candidate's application materials (see Section V. Evaluation and Selection Criteria).

A significant amount of funding for these programs will come from the Mental Health Services Act (MHSA). MHSA is guided by five core principles:

1. Cultural Competence – Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
2. Community Collaboration – Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
3. Client, Consumer, and Family Involvement – Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
4. Integrated Service Delivery – Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
5. Wellness and Recovery – Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

MHSA requires that consumer input play a significant role in the development of MHSA-funded programs. Behavioral health consumers, former consumers, or family members of consumers must be involved in areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs. In addition, the MHSA programs should be developed with cultural humility and wellness and recovery principles. The programs should be strengths-based, consumer-led and family-driven.

BHS programs must have peer specialists integrated into the service delivery model. The goal of this RFQ is to develop and support strengths-based and culturally congruent Peer-to-Peer Programs. These programs will help peer specialists be a part of a larger infrastructure to better utilize resources, increase access to advancement opportunities, increase education opportunities and find strength within a larger support system. The service provider(s) selected will create supportive programming that promotes program expansion and streamlines services.

A peer is defined as an individual with personal lived experience who is a consumer of behavioral health services, a former consumer or a family member of a consumer. Peer-to-Peer Programs encourage peers to utilize their lived experience, when appropriate and at the discretion of the peer, in peer-to-peer settings to benefit the wellness and recovery of the client(s) being served. Peers may conduct outreach, one-on-one peer counseling, group peer counseling, community advocacy, service linkage and/or system navigation to users of residential, community, outpatient or hospital settings within DPH. These

RFQ 27-2020 BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program

individuals may receive supportive training through a BHS peer certification training program, have demonstrated proficient skills in providing the above listed services, or have an interest in utilizing their lived experience in a position working with consumers of behavioral health.

The degree to which a Candidate meets the minimum qualifications of the RFQ will be determined through a review process to evaluate the Candidate's application materials.

Contractors unable to do Business with the City:

1. Generally

Contractors that do not comply with laws set forth in San Francisco's Municipal Codes may be unable to enter into a contract with the City. Some of the laws are included in this RFQ, or in the sample contract templates included in Attachment 3.

2. Companies Headquartered in Certain States

This Contract is subject to the requirements of Administrative Code Chapter 12X, which prohibits the City from entering into contracts with companies headquartered in states with laws that perpetuate discrimination against Lesbian/Gay/Bisexual/Transgender (LGBT) populations or where any or all of the work on the contract will be performed in any of those states. Proposers are hereby advised that Proposers which have their United States headquarters in a state on the Covered State List, as that term is defined in Administrative Code Section 12X.3, or where any or all of the work on the contract will be performed in a state on the Covered State List may not enter into contracts with the City. A list of states on the Covered State List is available at the website of the City Administrator <https://sfgsa.org/chapter-12x-anti-lgbt-state-ban-list>.

B. Contract Term & Funding

Most of the funding for these programs will come from the state's Mental Health Services Act (MHSA) as authorized by Proposition 63 that was approved by California voters to bring 'system transformation' to California's public mental health care system by supporting fundamental changes to the access and delivery of services. Proposition 63 was enacted into law in January 2005 and became known as the Mental Health Services Act (MHSA) that is funded through a 1% tax on any personal income in excess of \$1 million. The 'system transformation' envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. MHSA provides the resources necessary for San Francisco to realize the vision of recovery for individuals and families served by the mental health system.

Contracts awarded under this RFQ shall have an **initial term of five (5) years**. Subsequent extensions to the contract terms **may extend the contract for an additional five (5) years**, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the San Francisco Health Network (SFHN) system. The City has the sole, absolute discretion to exercise these options. **The maximum term for the contracts awarded under this RFQ may not exceed ten (10) years.**

The following provides an estimated annual amount that may be available:

1. Peer-to-Peer Employment Program: **\$3,270,000**
2. Peer Specialist Mental Health Certificate Program: **\$348,750**

This estimated amount may increase or decrease depending on funding availability. Funding is dependent available funds and DPH/BHS reserves its sole right to award all or a portion of funds available.

The selected service provider(s) must be able to demonstrate the ability to sustain a \$2.5 million behavioral health program. Funding will be comprised of a mixture of MHSA dollars, General Fund, Inter-City Work Orders, SAMHSA monies, and Mental Health Realignment funds. Funding will

RFQ 27-2020 BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program primarily be MHSA dollars.

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Application Phase</u>	<u>Time</u>	<u>Date</u>
RFQ is issued by the City		August 17, 2020
Email Questions begin		August 18, 2020
Email Questions end	12:00 p.m.	August 31, 2020
Letters of Intent	12:00 p.m.	September 8, 2020
Applications due	12:00 p.m.	September 22, 2020

Estimated Dates

<i>Technical Review Panel</i>	<i>October 2020</i>
<i>Selection and Notification of Qualifications</i>	<i>November 2020</i>
<i>Contract Negotiation</i>	<i>December – January 2021</i>
<i>Contract Development & Certification</i>	<i>February – March 2021</i>
<i>Service Start Date</i>	<i>July 1, 2021</i>

II. SCOPE OF WORK

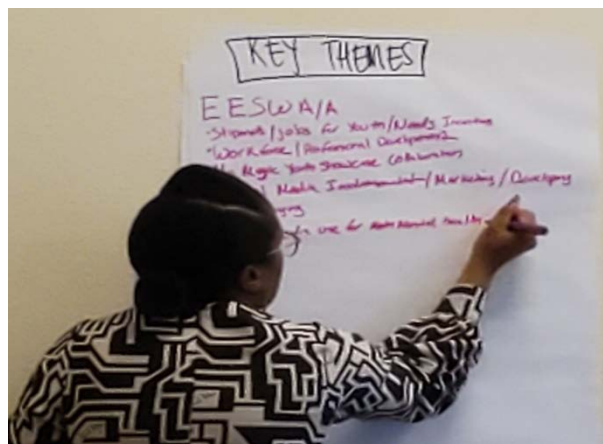
Please Note: Due to COVID-19, certain activities in this RFQ may need to be adjusted to adhere to local and State laws, and the health and the safety of program participants and staff members. The selected provider(s) must be flexible with program implementation and be prepared work in collaboration with SFDPH/BHS to modify activities as directed. Examples of modified activities may include, but not limited to: providing telecare services through video conferencing platforms, increasing phone call activities, implementing social distancing measures, wearing personal protective equipment and/or masks, screening clients to assess risk levels, developing new internal policies and procedures, reporting on safety protocol and outcomes, etc.

For example, BHS peer programs recently adapted programming by offering peer counseling sessions through a video conferencing site, expanded services to support locations where unhoused individuals shelter in place (SIP) (i.e. new SIP hotels, SIP encampments, etc.) and other activities described above.

A. Community Defined Needs

MHSA requires that consumer input play a significant role in the development of MHSA-funded programs. Behavioral health consumers, former consumers, or family members of consumers must be involved in areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

DPH/BHS has collected extensive information from mental health consumers, the broader community, and other MHSA stakeholders to determine the current needs of the community, with respect to the peer-based services. The scope of work listed in this RFQ reflects the voices of the consumers and program participants.



In the Fall of 2019, DPH MHSA hosted 19 community engagement meetings across the City to collect community member feedback on existing MHSA programming and better understand the needs of the community. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

In addition to the community engagement meetings described above, DPH MHSA facilitated several stakeholder meetings in the Spring and Summer of 2020 with peer specialists and peer providers that primarily focused on the services included in this RFQ, to further obtain consumer and community input.

Summary of Stakeholder Feedback

DPH MHSA received comprehensive stakeholder and community input regarding the programs listed in this RFQ. Here is a brief summary of that feedback.

- Housing support is very much needed in San Francisco. Peer specialists can be trained in housing services and provide housing linkage and peer support.
- Peer specialists should have the capacity to work with clients with varying language needs; we need more peers that have bilingual capabilities.
- Peers should be recruited from diverse backgrounds, so peer programming can better serve the demographics of BHS.
- Peer programs are necessary for consumers to be a part of the system and Behavioral Health Services.
- Peers should be properly trained in trauma-informed care, working with the transgender community, de-escalating issues, harm reduction, practicing self-care, translation services and mindfulness activities.
- Peer programs should offer incentives for engagement like prizes, support around transportation and snacks for clients.
- Try to build up the peer counseling community (i.e. offer a training camp).
- Provide more support to graduates of peer training programs.
- Create more opportunities for peers from diverse backgrounds (i.e. create more leadership opportunities for trans peers; more opportunities for Native American peers).
- There is a need for more evidenced-based trainings, like Motivational Interviewing, for peers offered through video-conferencing sessions.

**"Peers are often times
the most valuable part
of someone's recovery"**

**- San Francisco
Stakeholder**

RFQ 27-2020 BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program

- Help create more opportunities for careers in the private sector.
- Expand peer services to work with more individuals with justice-involvement.
- BHS peer programs should collaborate more with other Counties and Statewide initiatives.
- There is a need for peer programs to provide outreach and services to unhoused individuals.
- Peer programs should foster a sense of community by offering cultural events.

In addition, stakeholders noted the importance of taking care of our peer specialists and creating a work environment that fosters wellness. “Proper compensation is needed for peers who are fulfilling a role of a case manager but not getting paid for it”. It is very important to ensure that all peer specialists are being paid in a commensurate manner to the work being performed.

One of the leading barriers to peer wellness and recovery in the Bay Area is the lack of available career opportunities for peers in our peer educator and support programs, including the attitudes and expectations of the medical and mental health professions towards peer employment. Peer-to-Peer Behavioral Health Programs should work to demonstrate the benefit that peers’ unique abilities and lived experiences can add to the mental health field.

The following two (2) programs will be included in this RFQ. Candidates can bid on one or both of these programs:

1. **Peer-to-Peer Employment Program:**
2. **Peer Specialist Mental Health Certificate Program**

1. Peer-to-Peer Employment Program

A. Program Overview

This RFQ requests the utilization of a service provider, rather than a fiscal intermediary, to support the Peer-to-Peer Employment Program. The selected service provider, in collaboration with BHS and consumers, will be responsible for the implementation of a cohesive and collaborative peer-to-peer system that includes both client service delivery and peer staff support. The current peer-to-peer programs have a strong foundation built on success and a team of peer staff with invaluable expertise. The selected service provider will continue to build upon this foundation and will be responsible for developing a peer-to-peer service delivery system that promotes best practices, shared resources, advancement opportunities for peers and quality-driven peer-to-peer services for behavioral health consumers.

B. Service Provider Responsibilities

The selected service provider, in collaboration with BHS and consumers, will be responsible for the design and implementation of a cohesive and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS and community settings. The provider will also implement and evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

A strong partnership between the service provider and BHS is a vital component of this project. The ideal service provider should be open to a collaborative process with BHS and BHS consumers in regards to program development, implementation, evaluation and long-term strategic planning.

The following pages describe a proposed model that was developed with the input of peers and consumers. The final design will be developed by the service provider with continued input from peers, consumers and BHS. The final project is negotiable, however, the service provider will be required to;

1. **Hire and provide employment of all active peer staff members,**
2. **Develop a leadership team comprised of managers and coordinators with personal lived behavioral health experience,**
3. **Onboard and hire new peers in a timely manner as the program grows and develops,**
4. **Develop and promote a commensurate pay structure for peer employees based on skill-level, experience and job responsibilities, and**
5. **Expand and modify the peer employment program depending on the needs and requirements of DPH.**



C. Specialized Populations

Population for Peers:

Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the clients being served.

Currently, this program has over 75 peers working within the DPH/BHS system.

Population Served by Peers:

Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to participants and users of residential, hotel, community, mental health care, primary care, substance abuse, jail and hospital settings within the Department of Public Health services.

Currently, this program is serving over 2,500 unduplicated clients that receive services conducted by peers.

D. Peer-to-Peer Model

In this program, there are over 75 current peers in peer positions and the awarded service provider will hire and provide employment/internship opportunities for these active peers, and be responsible for all areas of hiring, training, supervision, case management, consultation, support and progressive discipline, as needed. These peers are currently located in several sites throughout DPH in the fields of peer counseling and administration supporting consumers of behavioral health. Peers in this program currently conduct peer-to-peer supportive services within 30 or more sites throughout San Francisco. The current sites include several community behavioral health programs, civil service programs, San Francisco General Hospital, residential and shelter facilities, primary care clinics and substance abuse programs. This model may include the development of hiring new peers, as DPH sometimes identifies a need to increase peer staffing capacities throughout the DPH system. Some sites may include other BHS contract providers, in which a MOU may be necessary to establish roles, supervision arrangements, etc. The selected service provider may also employ youth peers, ages 16-24, throughout BHS.

The service provider will be responsible for developing a leadership team comprised of peer managers and peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The provider will directly manage the day-to-day operations of the peer-to-peer programs and will coordinate efforts with on-site supervisors and liaisons.

The provider will conduct regular site visits to provide education regarding peer program code of ethics, peer program guidelines, peer counseling best practices and provide collaborative supervision with site supervisors. The provider should focus on implementing three primary overarching project components:

1. Service Delivery, 2. Capacity Building, and 3. Peer Training.

1. Service Delivery:

This project component will work to support to the current peer-to-peer infrastructure and focus on the services and activities being provided to BHS clients. Proposed actions/operations for this component may include, but not limited to, the following:

- o With peer input, create a solid work plan for program implementation by adhering to DPH policies, MHSA guidelines, SAMHSA requirements, wellness and recovery principles, etc.
- o Develop peer programs based on evidenced-based peer models, state recommendations on peer certification, and adopted peer codes of ethics that are proven to be effective.
- o Observe peer work and group facilitation providing positive reinforcement and constructive feedback.
- o In collaboration with BHS, recruit and select qualified program coordinators/leaders who are peers.
- o Ensure regular site visits with program coordinators, peers and supervisors to observe peer work and share best practices.
- o Develop and maintain a comprehensive resource directory of relevant services/resources and share information appropriately. Serve as a resource to the peer community.
- o Expand current program to provide youth-to-youth, parent-to-parent and/or family-to-family services.
- o With peer input, create measurable objectives focusing on service delivery and the needs of the behavioral health community.
- o Develop and implement evaluation tools to evaluate the quality of the services and program. Create a system to disseminate findings to a broad audience.
- o Facilitate regular staff meetings to communicate effectively.

2. Capacity Building:

This project component will work to strengthen the skills, competencies and abilities of individual peers by focusing on one's individualized professional development. This will help peers to further overcome any challenges and grow upward in their individual wellness and recovery. Proposed actions/operations for this component may include, but not limited to, the following:

- o Develop a streamlined peer program that supports the recruitment, placement, retention and supervision of peer professionals in DPH programs.
- o Develop and help to improve the skills and marketability of every peer in the program.
- o Develop career ladders for peers with upward mobility including leadership positions and develop peer supervision skills.
- o Ensure wages are consistent and commensurate to role to minimize stress and work-related overload of peers.
- o Leverage funding and collaborate with existing services to maximize peer support (i.e. California Department of Rehabilitation, etc.)
- o Document and track productivity and set appropriate goals to help develop peers to work up to their full capacity and potential.
- o Help peers to document their accomplishments in a portfolio working towards advancement opportunities.
- o Streamline recruitment/interview tools and job descriptions.
- o Link peers to supportive services, as needed, including linkage to an employment services program for education and resources on advancement opportunities.

- o Hold annual peer employment fairs to promote the recruitment and placement of peers into the public health system or the competitive workforce.
- o Identify peer leaders who are interested in providing input into all areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations.

3. Peer Training:

This objective will further strengthen the peer system of care while helping to better standardize the overall professionalism of peer specialists. Proposed actions/operations to meet this objective may include, but not limited to, the following:

- o Train interested peers to bill Medi-Cal related services in Avatar for billable work performed, and evaluate.
- o Promote and teach a shared recovery-oriented language and common practices for peers and the community.
- o Implement and teach applicable Statewide Peer Certification recommendations, as appropriate.
- o Develop and teach a code of ethics for peers to integrate in the Peer-to-Peer Employment Program.
- o Increase peer training and provide linkage to training programs to ensure that peers have access to receive a minimum of 55 hours of specialized peer training per year.
- o Ensure that peers are provided adequate individualized training upon hire and throughout employment.
- o Collaborate with peer training programs including the Entry-Level Peer Specialist Mental Health Certificate Program, the Advanced-Level Peer Specialist Mental Health Certificate Program, the Peer Leadership Academy and other peer training programs within San Francisco.

E. Evidenced-Based Practices

Evidenced-Based Practices for Peers:

The Peer-to-Peer Employment Program will utilize two primary evidence-based practices for the peer employees: the Wellness and Recovery Model and the Supported Employment Model.

1. The **Wellness and Recovery Model** is for consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. This model encourages peer consumers to draw upon personal strengths, better utilize natural supports, explore new strategies to cope and better navigate the behavioral health system of care, as well as other public health services.
2. The **Supported Employment Model** uses employment as a key element in recovery in mental health and/or co-occurring issues affecting one's ability to find meaningful activity in work or volunteerism. This model asserts that programs providing employment and internship services in concert with practical and social supports are a valuable resource for people with behavioral health and Recovery and Wellness needs.

Evidenced-Based Practices for Clients Served by Peers:

The Peer-to-Peer Employment Program will utilize several evidenced-based practices for the consumers receiving peer support services. This may include support groups and one-on-one peer counseling using evidenced-based peer interventions such as motivational interviewing, harm-reduction, self-help, chronic disease self-management, Wellness Recovery Action Planning (WRAP), Seeking Safety, Illness (Wellness) Management and Recovery (IMR), basic psycho-education, Emotional CPR, and more.



F. Service Collaboration

To be in compliance with Health Care Reform, the aim is to maintain low program costs. This may be achieved by leveraging funding and/or collaborating with existing services to maximize support. The selected service provider will work in collaboration with the Peer Specialist Mental Health Certification Program, the City College Community Mental Health Worker Certificate program, the California State Department of Rehabilitation (DOR), other BHS programs and other community programs within the broader Bay Area community. Other community partners may also include the DPH Transitions Division, Shelter Health staff, Street Medicine Teams and other DPH partners.

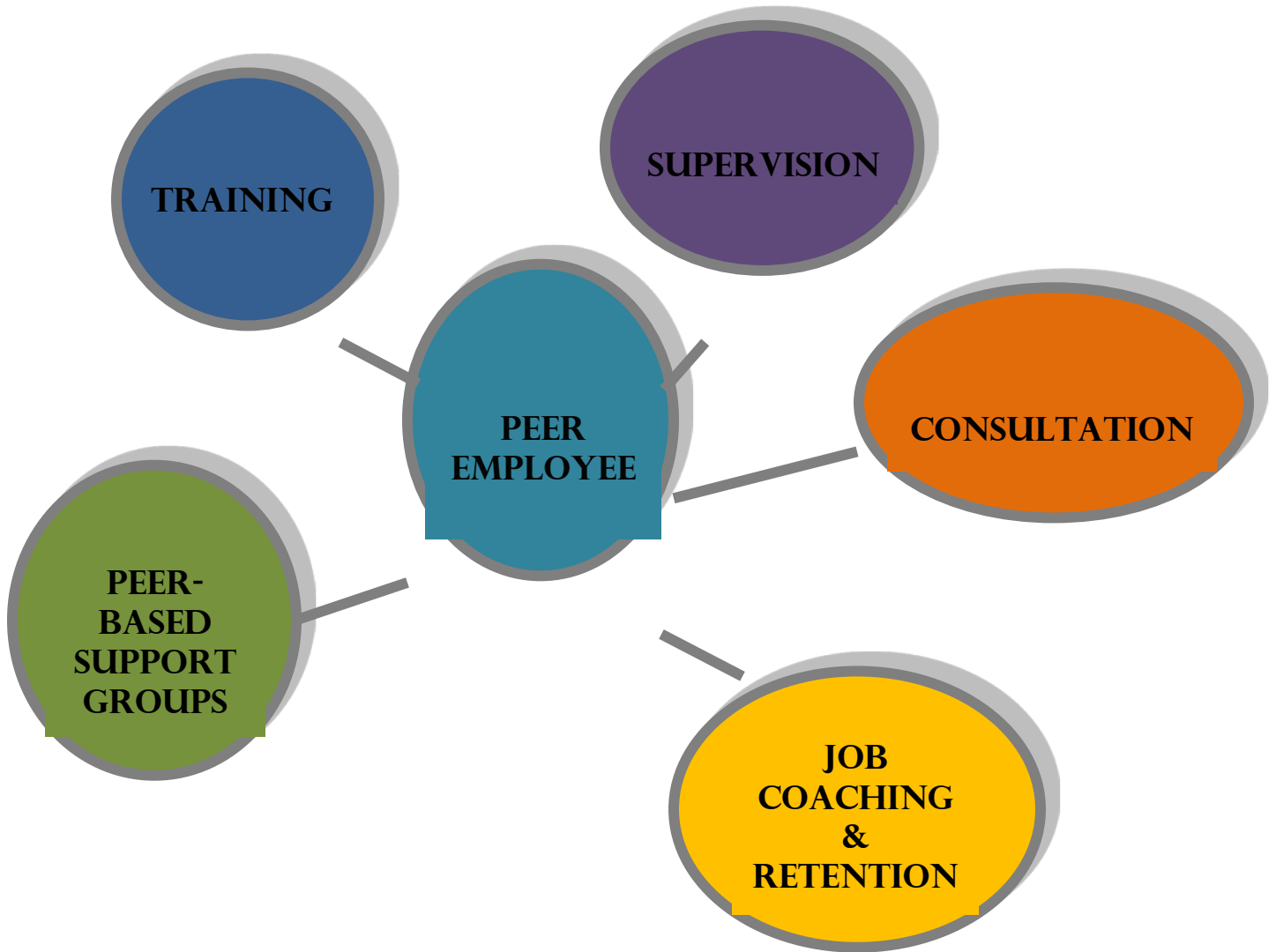
BHS currently funds vocational rehabilitative services through a collaborative contract with DOR. These services include comprehensive vocational assessment services, occupational skills training, and employment service programs that support clients with resume building, interview preparation, human resource navigation, job retention and short-term retention services. The service provider will be responsible for linking clients to DOR vocational services, when applicable, to best support the needs of peers wishing to advance in employment within the Peer-to-Peer Employment Program, seeking employment within the competitive workforce or seeking employment within the City and County of San Francisco.

The provider will be responsible for teaching eligible and interested peers about these collaborative partners and assisting peers with linkage.

G. Peer Employment Supportive Services

One goal of the Peer-to-Peer Employment Program will be to provide coordinated, collaborative employment-related support for the peers. This support will be provided by the selected service provider, BHS and by leveraging resources as noted above. The peer supportive services will include, but not limited to; training, supervision, consultation, job coaching & retention services, and peer-based support groups.

Please refer to the following model for reference:



- o **Training-** Develop and coordinate an on-boarding orientation and manualized training program to teach protocol, policies and procedures. Provide on-the-job training throughout the employment period. Coordinate trainings and provide linkage to ensure that peers have access to receive a minimum of 55 hours of training per year, following principles of evidence-based practices (entry-level peers may need additional hours of training). The selected provider will collaborate with community partners and civil service peer staff. Trainings may include, but not limited to, the following topics:

-Boundaries & Ethics	-Peer Disclosure
-Peer Group Facilitation	-Peer Specialist One-on-One Counseling
-Promoting Wellness and Recovery	-Effective Communication
-Conflict Resolution	-Anti-Harassment Training
-Mental Health 101	-Motivational Interviewing
-Cultural Sensitivity	-Emotional CPR

- Active Listening
- Illness (Wellness) Management Recovery
- Stigma Reduction and Advocacy
- Intentional Peer Support
- Burnout & Stress Reduction
- WRAP

- o Supervision- Provide at least one hour of weekly individual supervision or two hours of weekly group supervision. Supervision should include: a review of tasks, duties and responsibilities while providing constructive and strengths-based feedback; exploration of employment barriers and ways to decrease; discussion on workplace conflict resolution strategies; education on appropriate workplace etiquette; exploration of career advancement and development; and other needs that may arise, etc.
- o Consultation- Consultation may be individual or group facilitated and should include: support on utilizing personal lived experience; exploration of strategies to work with difficult consumers; discussion on ways in which to decrease vicarious trauma and decrease the chance of recovery relapse; exploration of best clinical practices and other needs that may arise. Consultation should be provided by a clinical behavioral health professional.
- o Job Coaching and Retention Services- These services may be leveraged through the California Department of Rehabilitation or offered by the service provider, as needed. Job coaching and retention services typically include a third-party support person (other than the direct supervisor) to provide time-limited, strengths-based and targeted support. This service should target one or two specific work-related barriers that may be impacting performance. Examples may include providing support with time management, task prioritization, organization, punctuality, social skills, etc.
- o Peer-Based Support Groups- These support groups should be peer-developed, peer-led, and peer-driven. The objective will be to provide a venue for obtaining support from one's peer colleagues. Examples in the past included peer support groups teaching wellness activities to other peers.

H. Advancement and Leadership Opportunities for Peers

The service provider will be responsible for creating advancement opportunities, a career ladder and leadership opportunities for peers. **Certain leadership and supervisory roles should be filled by behavioral health consumers, former consumers, or family members of consumers with personal lived experience.** BHS currently has a wealth of very experienced and knowledgeable peer providers who have a demonstrated ability to successfully manage complex programs, coordinate large consumer conference events, provide education and presentations to large high-profile stakeholder audiences, participate in program development and evaluation planning efforts, and facilitate multiple peer counseling groups. The service provider must continue to develop these leadership skills and provide increased opportunities for skill-building across all peer programs.



I. Service Description

The service provider will oversee the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers and interns that provide peer-to-peer services to behavioral health consumers in the community. **The provider will be responsible for providing a facility and workspace for staff that do not work directly in a DPH facility.**

The selected service provider, in collaboration with BHS and consumers, will be responsible for the implementation of a cohesive and collaborative peer-to-peer system. **Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to participants and users of residential, hotel, community, mental health care, primary care, substance abuse, jail and hospital settings within the Department of Public Health services.**

The Peer-to-Peer Employment Program may consist of entry-level, intermediate-level and advanced-level programs, with the highest program involving peer leadership and supervisory roles. Within each level, the peers will be offered extensive training, supervision and support. Peers will be placed in positions all throughout DPH and be provided career development and advancement opportunities within these levels. Peers interested in advancing within the system, interested in another peer position within the community, or interested in working towards other related employment fields in the competitive workforce should be provided information and/or linkage support. Candidates interested in employment within the Peer-to-Peer Employment Program, or advancement within a higher program level, will need to meet minimum qualifications for the position, participate in an interview and be accepted.

Each program level will have identified responsibilities growing in skill-level, experience and education. Each level should have a commensurate pay scale and a corresponding job description(s). The proposed model may include, but not limited to, the following:

- o Entry-Level Peer Programming - The focus will be to link the peer with a placement that appropriately matches the skills and strengths of the peer. While the skills of the employee are being assessed, soft skills and work habits may be addressed. Proper boundaries with consumers and colleagues, workplace culture and etiquette should be topics addressed on the job. Peers may start off in an administrative/clerical role working on the front line with consumers of behavioral health. Peers may also start off shadowing other peers during peer group counseling sessions. This level will involve proper orientation to systems and extensive on-the-job training.
- o Intermediate Level Peer Programming - Peers may work towards further development of their skills in the areas of administration and should begin professional peer specialist counseling. Peers should be introduced to a wide array of customer service and evidenced-based best practices. Peers may start off in a co-facilitation role and may possibly work towards facilitating peer counseling sessions or leading system navigation services.
- o Advanced-Level Peer Programming - Peers will be developing/strengthening leadership roles and duties. Peers may be trained in a supervisory capacity taking on more advanced duties such as project oversight, supervision of peer staff, project management, facilitation of manager meetings, recruitment assistance, selection and hire of new staff, and other leadership duties. Peers may also be encouraged to explore their options for employment outside the program and employees may be mentored regarding navigation with Civil Service job applications and testing.

Levels for all peer-to-peer programs are non-linear and, just like other employment positions, advancement into another level will depend upon the peer's skill set, interests, strengths, experience, education, and training. Cross-training among programs and levels will be a vital component of these programs.

J. Project Components

As stated above, the selected provider will be responsible for designing and implementing a cohesive and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. The provider will also be responsible for designing all policies and procedures for program recruitment, selection, admission, performance reviews, discharge and follow-up.

This program should consist of the following three (3) components:

- 1. *Peer Counseling & Outreach Services***
- 2. *Peer Internship Program***
- 3. *Peer Wellness Center***

1. Peer Counseling & Outreach Services

The Peer Counseling & Outreach Services component should provide long-term supported employment to peer counselors throughout the DPH system. This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted DPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters, navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery.

Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and supporting clients with maintaining overall wellness.

Currently, the Peer-to-Peer Employment Program provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in support groups.

2. Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program should provide at least two consecutive cohorts per fiscal year and should offer a collaborative learning and peer supported environment. Peer interns should work with other peer providers throughout the program. Each intern should be assigned at least two rotations to be placed in a variety of DPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer interns should receive weekly supervision and also attend at least two formal trainings per month for additional professional development. The Peer Internship Program should provide weekly group supervision from a peer supervisor/coordinator, as well as ongoing individual supervision from a site supervisor.

The internship should be, at minimum, a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Interns should work in a variety of roles during the course of scheduled rotations between sites with other peer interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs and initiatives, and co-facilitators of a variety of peer support groups.

The program structure should include a one-week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a peer intern, graduation requirements, sexual

harassment prevention training, and an introduction into the Behavioral Health Services System of Care. After each rotation, the sites should provide a formal evaluation and feedback about the intern's performance.

3. Peer Wellness Center

This component is the drop-in Peer Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive linkages to a variety of behavioral health and primary health resources and services; 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; and 4) a milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities.

This drop-in center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Peer Wellness Center activities may include, but are not limited to: individual peer counseling; peer-to-peer support groups such as dual recovery groups (DRA); women's and men's groups; an LGBTQQ+ group; creative arts activities; mindfulness groups; music appreciation; cultural events; outdoor walking groups; field trips and resource/service linkage.

The selected service provider will be responsible for securing a centrally located center that is easily accessible to public transportation. The hours and days of operation for this drop-in program should include weekdays, some evenings and some weekends.

K. Peer Leadership in the Community

The Peer-to-Peer Employment Program and the selected provider should be prepared to be a leader in San Francisco providing exemplary and quality peer-to-peer services in the community. The selected provider will be responsible for staying abreast of current peer provider trends, state recommendations regarding peer certification, evidenced-based practices for peer services, current trends regarding peer code of ethics, and other related duties. The provider should participate in state planning efforts in areas related to peer services.



The Peer-to-Peer Employment Program will also support and coordinate certain peer-led events such as the Annual Consumer, Peer and Family Conference; the monthly Client Council advisory meeting; Stigma Busters; May Mental Health Awareness month events; and other peer-led activities. The program will work in collaboration with the Peer Specialist Mental Health Certificate Program and the MHSA Advisory Committee.

L. Operating Budget

Under the leadership of BHS, the selected service provider will be responsible for developing, administering and monitoring an operating budget that will support the peer-to-peer services and programs. This budget will support the programs with office supplies, travel reimbursement, incentives for employees and consumers, food and snacks for groups, staff retreats, training, consultation, and other related program expenses.

M. Human Resources Capacity

The selected service provider will be responsible for all aspects of Human Resources administration for supporting over 75 peers including, but not limited to, the following:

- o Oversee all areas of hiring, training, supervision, progressive discipline, and professional development support of peer employees.
- o Recruit and fill peer positions in a timely manner to meet the needs of the DPH programs.
- o Employ peers for short-term employment contracts.
- o Post job announcements adhering to state labor laws, while creating fair and consistent hiring practices.
- o Administer annual performance reviews for all staff.
- o Provide a comprehensive orientation to all new hires.
- o Administer annual staff satisfaction surveys.

The selected service provider must create a supported employment environment that promotes staff wellness and provides staff accommodations as needed. The ideal provider may employ adolescents ages 16 and older, employ peers with time-limited projects, and provide stipends for interns/trainees.

N. Projected Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives for the Peer-to-Peer Employment Program. The provider will not be required to meet all objectives listed, however, examples of program performance objectives may include, but are not limited to the following:

- Increase consumer and family awareness about mental health education, resources, substance abuse services, primary care programs and vocational services in the community.
- Increase identification of emerging mental health issues.
- Increase access and linkage to resources and services for consumers.
- Increase the social connectedness of consumers with others in their community.
- Increase consumer's problem solving and communication techniques.
- Increase the quality of life of consumers.
- Increase awareness and skills for practicing self-care.
- Increase peer wellness, resiliency and recovery.
- Increase consumer knowledge of suicide warning signs and resources.
- Increase peer staff professional development skills.
- Increase peer staff capacity to manage their own wellness and recovery.
- Increase peer job satisfaction.
- Increase the number of peers advancing to a leadership role or finding a higher-level employment opportunity.

O. Flexibility due to COVID-19

The selected service provider must be flexible with this peer employment program in order to help meet the various needs of the San Francisco community, as we all work to adapt services during COVID-19. We cannot anticipate all of the program changes or modifications that will be required, however, we ask that the selected service provider work in collaboration with DPH to assess and address the community needs.

For example, the selected service provider must be willing to support the new “BHS Shelter in Place Hotel Model of Care” project that serves previously unhoused individuals in hotel settings so they can properly shelter in place during COVID-19. This project is comprised of a multifaceted support system

that provides engagement through various levels of intensity and expertise. A Peer Support Team is already embedded into this project model as part of the multifaceted support system. Peer Support Teams provide proactive individual and group engagement via web-based platforms and in-person peer support (as clinically indicated while also following safety protocol). Within this model, hotel residents can call peer staff with concerns or participate in peer-based groups and one-on-one counseling services.

Please Note: Due to COVID-19, certain activities in this RFQ may need to be adjusted to adhere to local and State laws, and the health and the safety of program participants and staff members. The selected provider(s) must be flexible with program implementation and be prepared work in collaboration with SFDPH/BHS to modify activities as directed. Examples of modified activities may include, but not limited to: providing telecare services through HIPAA-compliant video conferencing platforms, increasing phone call activities, implementing social distancing measures, wearing personal protective equipment and/or masks, screening clients to assess risk levels, developing new internal policies and procedures, reporting on safety protocol and outcomes, etc.

For example, BHS peer programs recently adapted programming by offering peer counseling sessions through a video conferencing site, expanded services to support locations where unhoused individuals shelter in place (SIP) (i.e. new SIP hotels, SIP encampments, etc.) and other activities described above.

2. Peer Specialist Mental Health Certificate Program

A. Program Overview

The Peer Specialist Mental Health Certificate Program is designed to provide consumers who are in recovery with skills and knowledge to prepare for employment or employment advancement within a behavioral health setting. This program will consist of three program components:

- 1. Entry-Level Peer Specialist Mental Health Certificate Program**
- 2. Advanced-Level Peer Specialist Mental Health Certificate Program**
- 3. Peer Leadership Academy**

The primary goal of the Peer Specialist Mental Health Certificate Program is to prepare consumers, family members, or former consumers of behavioral health services with (1.) basic skills & knowledge for employment in the behavioral health system, and (2.) academic/career planning that supports their success in institutions of higher learning.

The selected service provider will be responsible for implementing the Peer Specialist Mental Health Certificate Program as described below.

C. Target Population

The target population will include those of diverse backgrounds, with a balance between men and women, and at least 50% of the participants should be from underserved & underrepresented communities, including individuals from the Black/African American; Asian & Pacific Islander; LatinX; Native American; and Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and more (LGBTQQ+) communities. This program may also serve sub-populations including the older adult, immigrant, veteran and other disenfranchised communities.

D. Program Description

1. Entry-Level Peer Specialist Mental Health Certificate Program
2. Advanced-Level Peer Specialist Mental Health Certificate Program
3. Peer Leadership Academy

1. Entry-Level Peer Specialist Mental Health Certificate Program

Course activities may include, but are not limited to:

- Interactive Lectures: Course topics include, but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc.

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- *Classroom Exercises & Activities, Role-Play, and Progress Notes*: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises.
- *Shadow Experience Project*: Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a presentation.
- *Written Report*: Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- *Individual Support and Counseling*: The course instructor and a teaching assistant should serve as advisors to students, focusing on overall wellness. Appointments should be offered for students to work with these support people as needed.
- *Cohort Support and Counseling*: The course instructor should plan two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events should connect current students with graduates of the program to facilitate networking and the sharing of resources.
- *Job Placement and Support*: The course instructor should organize a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the course instructor should continue to offer support and connect participants to additional resources such as the California Department of Rehabilitation, BHS Peer-to-Peer Employment program, BHS Vocational Services, peer job opportunities in the community, etc.
- *Program Completion Incentive*: Financial incentives should be provided to all participants completing the program, which further supports students with financial assistance and serves as a motivating factor.
- *Educational Materials Scholarship*: All required supplies and materials (required text, backpack, course binder, notebook, etc.) should be provided to students at no cost in order to address resource barriers and increase program access.
- *Accessibility*: The program should provide resources, education, and direct services to people with disabilities (i.e. computers with adaptive software & hardware, assistive listening devices, note taking services, etc.).

2. Advanced-Level Peer Specialist Mental Health Certificate Program

The selected service provider, with BHS and consumer input, will be responsible for the development and implementation of the advanced-level training program to further support and educate peers working with consumers of behavioral health services.

The Advanced-Level component should provide an 8-week course, with two cohorts per fiscal year. Classes should be held at least twice a week, for about 3-5 hours each session. This course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing, or recently provided, peer-to-peer services.

Course activities may include, but are not limited to

- *Interactive Lectures*: The Advanced-Level component includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare for the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes*: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises.
- *Capstone Project*: Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course.

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- Quizzes and Exams: Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams
- Individual Support and Counseling: The course instructor and a teaching assistant should serve as advisors to students, focusing on overall wellness. Appointments should be offered for students to work with these support people as needed.
- Cohort Support and Counseling: The course instructor should plan two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events should connect current students with graduates of the program to facilitate networking and the sharing of resources.
- Job Placement and Support: The course instructor should organize a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the course instructor should continue to offer support and connect participants to additional resources such as the California Department of Rehabilitation, BHS Peer-to-Peer Employment program, BHS Vocational Services programs, peer job opportunities in the community, etc.
- Program Completion Incentive: Financial incentives should be provided to all participants completing the program, which further supports students with financial assistance and serves as a motivating factor.
- Educational Materials Scholarship: All required supplies and materials (required text, backpack, course binder, notebook, etc.) should be provided to students at no cost in order to address resource barriers and increase program access.
- Accessibility: The program should provide resources, education, and direct services to people with disabilities (i.e. computers with adaptive software & hardware, assistive listening devices, note taking services, etc.).

3. Peer Leadership Academy

The Leadership Academy should provide short-term monthly training seminars, for about 2-3 hours each session.

The Leadership Academy provides short-term training in specific peer-related topics. This component should offer monthly courses throughout the year at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component should teach peers and consumers basic education in the areas of, but not limited to;

✓ peer counseling best practices	✓ safety protocol
✓ mental health 101	✓ advisory boards
✓ community advocacy	✓ motivational interviewing
✓ group facilitation	✓ Seeking Safety
✓ self-care and burnout prevention	✓ WRAP
✓ boundaries & ethics	
✓ de-escalation techniques	
✓ wellness and recovery	
✓ trauma-informed training	
✓ budgeting	
✓ policy development	
✓ program development	
✓ program implementation	
✓ quality assurance and evaluation	
✓ RFP/RFQ review process	
✓ evidence-based practices	
✓ cultural humility	
✓ crisis management	

This component should provide unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses should help peers and consumers to develop skills to feel better equipped when participating in activities that request consumer input.

E. Service Provider Responsibilities

The selected service provider should implement a program that meets these projected deliverables:

- Forty-five (45) adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Both Entry & Advanced Courses).
- One hundred (100) adults will receive workforce development skills through attending the Leadership Academy each fiscal year.
- The Entry-Level Program will provide 190 program hours.
- The Advanced-Level program will provide 96 program activity hours.
- The Leadership Academy will provide 36 seminar hours.
- The program will coordinate and provide two social networking events designed to connect and link program alumni with current participants for professional support.
- The program will coordinate and provide two alumni reunions to help previous participants to maintain a professional network and support system intended for wellness and promotion.
- The program will coordinate and provide two career and/or resource fairs connecting and linking individuals to employment, volunteer, advocacy, and other educational opportunities.



F. Advisory Committee

The certificate programs should maintain an advisory committee with at least two seats that are held by graduates of the programs. This committee will be a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership should include former program participants, guest lecturers, as well as various systems involved in workforce development. All advisory members are encouraged to provide input during the meetings in areas of program development, policy-making, implementation, evaluation and budgeting.

G. Wellness and Recovery

The fundamental objectives and principles of this program must be based on concepts of wellness and recovery for consumers of behavioral health services. The goal of wellness and recovery is for consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. The model encourages consumers to draw upon personal strengths, better utilize natural supports, explore new strategies to cope, and better navigate the behavioral health system of care. The programs should operate under the belief that consumers can recover from their struggles and promote a sense of empowerment, self-direction, and hope.



Additionally, program content and practices should be based on wellness and recovery principles. Some of the specific wellness and recovery concepts may include: WRAP (Wellness Recovery Action Plan), a bio-psycho-social approach to case management, the stages of change model, harm reduction treatment principles, holistic intervention options, self-care, meaningful activities, and employment. Please refer to this link for more details on the MHSA vision and guiding principles:

http://www.dhcs.ca.gov/services/MH/Documents/Vision_and_Guiding_Principles_2-16-05.pdf

H. Projected Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives for the Peer Specialist Mental Health Certificate Program. The provider will not be required to meet all objectives listed, however, examples of program performance objectives may include, but are not limited to the following:

- Increase participant's knowledge of mental health education, resources and local services.
- Increase participant's knowledge of evidenced-based peer counseling practices.
- Increase participant's understanding of community advocacy work.
- Increase consumer's problem solving and communication techniques.
- Increase the quality of life of consumers.
- Increase awareness and skills for practicing self-care.
- Increase peer wellness, resiliency and recovery.
- Increase consumer knowledge of suicide warning signs and resources.
- Increase professional development skills.
- Increase participant's capacity to manage their own wellness and recovery.

Evaluation for All Programs

The selected provider(s) will be responsible for developing a comprehensive evaluation plan – which should be carried out in collaboration with peers, community members, current and/or former mental health consumers and other service providers of the Department's Behavioral Health Services system.



DPH/BHS is seeking agency/organization applicants that can:

- 1) Set clear program S.M.A.R.T. objectives, (i.e. those that are **S**pecific **M**easurable, **A**chievable, **R**elevant and **T**ime-Bound);
- 2) Have strong methods of achieving those objectives; and
- 3) Design plan that includes a program logic model, goals, objectives, timelines, indicators of success, defined benchmarks and expected outcomes and deliverables.

Evaluation outcomes should demonstrate that this program has yielded the program's stated objectives, either in the proposal or those which may be developed during the contract negotiation and program planning phases after the contract has been awarded.

Data Collection

DPH/BHS recommends that the selected provider(s) collaborate with DPH/BHS and its Quality Management (QM) unit to finalize evaluation tools that will assess mental health consumers' progress and

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solicit their feedback. With these findings, the selected provider(s) can regularly make immediate adjustments to the program as needed.

The selected provider(s) are expected to plan programming, measure program implementation and design evaluation methods – including data collection. Each of the referenced phases should be done inclusively with peer providers, behavioral health consumers and DPH/BHS providers.

Data collection tools may include, but are not limited to:

Administrative Data:

- Wellness activity attendance log
- Case Management Plans (including wellness goals)
- Service Plans
- Referral log for behavioral health services

Participant Measures:

- Measure of community participant's knowledge of mental health
- Measure of community participant's level of stigma toward mental health
- Measure of social connectedness and connection with community
- Measure of mental wellness, such as the PHQ-2, GAD-2, or other assessment
- Community participants' feedback (e.g. satisfaction surveys and recommendations for program improvements)

Staff Measures:

- Measure of peer staff confidence/skills
- Measure of peer staff perception of support for their wellness

Evaluation

It is strongly recommended that at least 5-10% of the budget be allocated to evaluation data collection, analysis of performance objectives and Mid-year and Year End reporting to MHSA, as required by the State.

The selected provider(s) will be responsible for developing a clearly defined logic model that guides the proposed program's design, implementation and evaluation. This evaluation phase will need to include measurement tools (allowed by DPH/BHS) to monitor and assess the program's efficacy in meeting the goals defined in this RFQ.

Individual provider and/or provider collaborations will be encouraged to make use of the available technical assistance and support from the Department's Quality Management (QM) team to:

- clarify and operationalize indicators of success (outcome measures)
- design evaluation instruments to measure program effectiveness
- determine which data collection approach is most feasible given a program's capacity

In lieu of technical assistance from QM, the selected provider(s) may seek assistance from an external evaluation consulting firm. If the selected provider(s) elects to use an external evaluation consulting firm, that service provider(s) should indicate if the cost of that external evaluation consulting firm will be a part of their proposed contract budget to DPH/BHS or if this expense will be paid by another funding source(s).

The provider(s) will be responsible for compiling evaluation reports summarizing the proposed program's design, results, outcomes, lessons learned and ways to continuously improve program services based on feedback from mental health consumers, their family members and all other applicable stakeholders.

Reporting

The chosen provider(s) will also be responsible for disseminating reports to broad audiences as requested by DPH/BHS. **MHSA Mid-Year and Year-End Reports are due throughout the year to the MHSA leadership team. Meeting posted reporting deadlines is pertinent for the continuation of funding for these programs.** The provider(s) may be asked to share successful practices and lessons learned with the San Francisco Mental Health Board, BHS Executive Team, MHSA Advisory Committee, BHS Client Council, peer-based organizations and community-based agencies. Reports and presentations may be requested for dissemination on a State-level to the Mental Health Services Oversight and Accountability Commission (MHSOAC), SAMHSA or other State Oversight entities, and these findings may provide insight to other counties working on similar projects.

III. APPLICATION SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in an application being disqualified.

A. Letter of Intent (LOI)

Prospective applicants are requested to submit a Letter of Intent (LOI) using the form located [Appendix A1-b](#) to the DPH Office of Contracts Management and Compliance by **12:00 P.M., on September 8, 2020** to indicate their interest in submitting an application under this RFQ. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits an agency to submit a proposal/application.

Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org with a copy to Mahlet.Girma@sfdph.org.

At this time of publication, hard copies will not be accepted.

B. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m., on September 22, 2020.**
Postmarks will not be considered in judging the timeliness of submissions.

Applications must be submitted **via email** before the deadline to the following email addresses: sfdphcontractsoffice@sfdph.org and a copy to mahlet.girma@sfdph.org to SFDPH Office of Contracts Management.

Due to COVID-19, the contracts office will not be accepting hard copy submission. All proposal response and attachment should be emailed to the above email addresses.

Applications should be in one bundle and the required CMD Forms in a separate bundle but emailed together in one email with an email subject of **"RFQ 27-2020 – BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Programs"**.

Applications that are submitted by facsimile, telephone or a hard copy dropped off at the office **will not** be accepted. Late submissions will not be considered.

Failure to provide any of the following information or forms in the requested form may result in a proposal being disqualified.

C. Late Submissions

Submissions are due at 12:00 P.M. on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the 12:00 P.M. deadline but before 12:01 P.M. the

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following day may be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 P.M. of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal.

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

D. Format

All submission must be written with an easy to read 12 point font such as Arial or Times New Roman, one inch margins, double spaced. Please number pages and included a Table of Contents. Only requested attachments are accepted. Do not add additional attachment/s documents that the RFQ did not request.

Note: Applications over the page limit will be declared non-responsive and will not be forwarded to the review committee. Please make sure you adhere to the page limits.

IV. APPLICATION CONTENT

Failure to provide any of this information or forms may result in an application being disqualified.

Firms interested in responding to this RFQ must complete the required forms and describe how it meets the Minimum Qualifications and provide the required information using the application content below:

1. Required Forms [Appendix A1-a](#)

- [RFQ Form #1-Solicitation and Offer](#)
- [RFQ Form #2 Contractual Record Form](#)
- [CMD Forms](#): Contract Monitoring Division.

All proposals submitted must include the following: *Form 3- CMD Compliance Affidavit – Non-Discrimination Affidavit*

If this form is not returned with the application, the application may be determined to be non-responsive and may be rejected. The form should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may contact Alysabeth Alexander-Tut, Contract Monitoring Division (415) 274-0511, Email at alysabeth.alexander-tut@sfgov.org or visit CMD website at <https://sfgov.org/cmd/>

2. Agency Cover Sheet [Appendix A1-a](#)

Interested applicants must complete Appendix A-1a “Agency Cover Sheet” responding to this RFQ and indicate which program your agency is applying for. **Applicants should provide separate applications for each program they wish to apply to both.**

3. Introduction (up to 1 page)

Submit a letter of introduction for your agency's application. Include a brief overview of your agency and your agency's experience providing the proposed services. The letter must be signed by a person authorized by your agency to obligate your agency to perform the commitments contained in the application. Please state the location of your firm's headquarter and include the name and contact information (address, email and telephone number) for this person or another contact person at your firm. Submission of the letter will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the application.

4. Minimum Qualifications

4.1 For the Peer-to-Peer Employment Program (up to 4 pages)

Please provide a narrative concisely describing how you meet the minimum qualifications listed below.

- a. Five years of proven experience as a Medi-Cal certified behavioral health provider in San Francisco, working directly with BHS outpatient clinics and providing direct mental health services to people with severe mental illness.
- b. Five years of proven history providing peer-to-peer direct services, including proven capacity to conduct culturally-congruent peer counseling and engage peers in the broader community.
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
- d. Five years of proven experience with workforce development services and support.
- e. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs.
- f. Proven ability to manage a program with a budget of over \$2.5 million and employ over 100 employees.
- g. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience.

4.2 For the Peer Specialist Mental Health Certificate Program (up to 3 pages)

Please provide a narrative concisely describing how you meet the minimum qualifications listed below.

- a. Five years of proven experience as a behavioral health provider in San Francisco, including proven capacity and history conducting culturally-congruent peer training and education.
- b. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strengths-based and wellness-oriented services.
- c. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs.
- d. Proven experience of teaching up-to-date knowledge in the field of peer-to-peer specialized services.
- e. Proven history coordinating networking events for participants regarding workforce development and/or other wellness and promotion activities.

5. Memorandum of Understanding or Letter of Commitment (up to 1 page, if applicable)

If your agency is planning to utilize community partnerships or subcontractors to meet the obligations of this RFQ, please provide a Memorandum of Understanding (MOU) or Letter of Commitment for each partner and briefly describe the collaborative relationship.

Any application that does not demonstrate that the applicant meets these minimum requirements by the deadline for submittal of applications will be considered non-responsive and will not be eligible for project application review or for award of a contract.

V. EVALUATION AND SELECTION CRITERIA

A. Selection Criteria

The applications will be evaluated by a selection committee comprised of parties with expertise in **Behavioral Health and Peer-Based Services**. The criteria outlined below will be used in this process to establish a ranked order of Qualified Candidates for each service category. At any time during the review process, the Department may require a Candidate to provide oral or written clarification of its

RFQ 27-2020 BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program

Qualifications Application. The Department of Public Health Behavioral Health Services (DPH/BHS) reserves the right to review and evaluate qualifications received without further clarification.

Your application must meet a minimum score of **70 points or higher** in order to be eligible to list as a “Qualified Candidate”. Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate’s being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

The City intends to evaluate the applications generally in accordance with the criteria itemized below.

APPLICATION NARRATIVE EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

1. Minimum Qualifications for Application Narrative

In order to be scored, applicants for the **Peer-to-Peer Employment Program** must demonstrate the following experience:

- a. Five years of proven experience as a Medi-Cal certified behavioral health provider in San Francisco, working directly with BHS outpatient clinics and providing direct mental health services to people with severe mental illness. **(20 points)**
- b. Five years of proven history providing peer-to-peer direct services, including proven capacity to conduct culturally-congruent peer counseling and engage peers in the broader community. **(20 points)**
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services. **(20 points)**
- d. Five years of proven experience with workforce development services and support. **(10 points)**
- e. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs. **(10 points)**
- f. Proven ability to manage a program with a budget of over \$2.5 million and employ over 100 employees. **(10 points)**
- g. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience. **(10 points)**

In order to be scored, applicants for the **Peer Specialist Mental Health Certificate Program** must demonstrate the following experience:

- a. Five years of proven experience as a behavioral health provider in San Francisco, including proven capacity and history conducting culturally-congruent peer training and education. **(20 points)**
- b. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strengths-based and wellness-oriented services. **(20 points)**
- c. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs. **(20 points)**
- d. Proven experience of teaching up-to-date knowledge in the field of peer-to-peer specialized services. **(20 points)**
- e. Proven history coordinating networking events for participants regarding workforce development and/or other wellness and promotion activities. **(20 points)**

ORAL INTERVIEW EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

2. Oral Interview or Subsequent Review

Following the evaluation of the written applications, the top applicants receiving the highest scores and also meeting the minimum score of 70 points, may be invited to participate in an oral interview or a subsequent review for additional information and questions for final selection. **DPH also has the sole discretion to choose the highest scoring written applications and forego the interview and/or subsequent review process if a suitable eligible list is developed from the first round of scores.**

If there is a subsequent review/ interview, both the written application and oral interview scores/or additional information will be combined in the final ranking and provider selection. The interview/subsequent review will consist of standard questions asked of each of the selected applicants.

TOTAL POINTS POSSIBLE FROM APPLICATION/INTERVIEW: 200 Points

Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No applicant shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such applicant's being identified on the list as a Qualified Applicant.

VI. EMAIL QUESTION PERIOD AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFQ. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFQ. All questions are to be directed to the following e-mail address: Mahlet.Girma@sfdph.org, OR by electronic mail, fax and or US Mail to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504**

E-questions may only be submitted from August 18, 2020 until 12:00 P.M. August 31, 2020.

All questions will be compiled and the answers will be published within 5 to 7 working days after the closing date. Please note that questions will not be answered before the email question closing date.

No questions or requests for interpretation will be accepted after 12:00 PM on **August 31, 2020.**

If you have further questions regarding the RFQ, please contact the contracts office at sfdphcontractsoffice@sfdph.org.

B. Contract Award

The Department of Public Health (DPH) will select a firm with whom the Department of Public Health staff shall commence contract negotiations. The selection of any qualification from a qualified firm shall not imply acceptance by the City of all terms of the qualification, which may be subject to further negotiations and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the DPH, in its sole discretion, may terminate negotiations with the selected applicant and begin contract negotiations with any other firm on the qualified list.

Potential Candidates must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate's being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may conduct an Oral Interview, or subsequent review and request for additional information from qualified candidates and may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALIFICATIONS

A. Errors and Omissions in RFQ

Applicants are responsible for reviewing all portions of this RFQ. Applicants are to promptly notify the Department, in writing, if the applicant discovers any ambiguity, discrepancy, omission, or other error in the RFQ. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of applications. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFQ

Inquiries regarding the RFQ and all oral notifications of an intent to request written modification or clarification of the RFQ, must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
Phone (415) 255-3504
E-mail: sfdphcontractsoffice@sfdph.org

C. Objections to RFQ Terms

Should a applicant object on any ground to any provision or legal requirement set forth in this RFQ, the applicant must, not more than ten calendar days after the RFQ is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of an applicant to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the RFQ, prior to the application due date, by issuing written Change Notices, which will be posted on the website. The applicant shall be responsible for ensuring that its application reflects any and all Change Notices issued by the Department prior to the application due date regardless of when the application is submitted. Therefore, the City recommends that the Applicant call

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the Department before submitting its application to determine if the Applicant has received all Change Notices.

E. Term of Application

Submission of a application signifies that the proposed services and prices are valid for 120 calendar days from the application due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Application

An applicant may revise an application on the applicant's own initiative at any time before the deadline for submission of applications. The applicant must submit the revised application in the same manner as the original. A revised application must be received on or before the application due date.

In no case will a statement of intent to submit a revised application, or commencement of a revision process, extend the application due date for any applicant.

At any time during the application evaluation process, the Department may require a applicant to provide oral or written clarification of its application. The Department reserves the right to make an award without further clarifications of applications received.

G. Errors and Omissions in Application

Failure by the Department to object to an error, omission, or deviation in the application will in no way modify the RFQ or excuse the vendor from full compliance with the specifications of the RFQ or any contract awarded pursuant to the RFQ.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFQ. Submissions of the RFQ will become the property of the City and may be used by the City in any way deemed appropriate.

I. Applicant's Obligations under the Campaign Reform Ordinance

Applicants must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a applicant is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the applicant is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or

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employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Application, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, applicants should contact the San Francisco Ethics Commission at (415) 581-2300.

J. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to RFQs and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

K. Public Access to Meetings and Records

If an applicant is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the applicant must comply with Chapter 12L. The applicant must include in its application (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to applicant's meetings and records, and (2) a summary of all complaints concerning the applicant's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the applicant shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in applicant's Chapter 12L submissions shall be grounds for rejection of the application and/or termination of any subsequent Agreement reached on the basis of the application.

L. Reservations of Rights by the City

The issuance of this RFQ does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, application, or application procedure;
2. Reject any or all applications;
3. Reissue a Request for Applications;

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4. Prior to submission deadline for applications, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFQ, or the requirements for contents or format of the applications;
5. Procure any materials, equipment or services specified in this RFQ by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFQ shall be implied from any failure by the City to recognize or take action on account of any failure by a applicant to observe any provision of this RFQ.

N. Local Business Enterprise Goals and Outreach

The LBE Goal is deleted due to the fact that State Funds will be used in the funding mix for this RFQ.

CMD Forms to be submitted with Application

- a) All applications submitted must include the following CMD Form:
 - ii) Form 3, CMD Non-Discrimination Affidavit. If this form is not returned with the application, the application may be determined to be non-responsive and may be rejected.
- b) Please submit only one (1) copy of the above form with your application. The form should be placed in a separate, sealed envelope labeled CMD Forms.

If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

VIII. CONTRACT REQUIREMENTS

A. Standard Contract Provisions

The successful applicant will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Applicants are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§**Article 10.5“Nondiscrimination Requirements”** in the Agreement); the Minimum Compensation Ordinance (§**Article 10.7“Requiring Minimum Compensation for Covered Employees”** in the Agreement); the Health Care Accountability Ordinance (§**Article 10.8 “Requiring Health Benefits for Covered Employees”** in the Agreement); the First Source Hiring Program (§**Article 10.9 “First Source Hiring Program”** in the Agreement); and applicable conflict of interest laws (§**Article 10.2“Conflict of Interest”** in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful applicant will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the

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City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at <http://www.sfgsa.org/index.aspx?page=6058>.

C. Minimum Compensation Ordinance (MCO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful applicant will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful applicant will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful applicant might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful applicant that the City has selected the applicant.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity¹ subject to HIPAA and the Privacy Rule contained therein;
- A Business Associate² subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997 the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions Internet site at <http://www.sfgsa.org/index.aspx?page=6058>.

J. Vendor Credentialing at San Francisco General Hospital.

It is the policy of Zuckerberg San Francisco General Hospital (ZSFG) to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. ZSFG is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate ZSFG personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of Zuckerberg San Francisco General Medical Center must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES" Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." Vendormate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee

¹ "Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA

² "Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

RFQ 27-2020 BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program
(during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

IX. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a application and believes that the City has incorrectly determined that its application is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive application and believes that the City has incorrectly selected another applicant for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Business Office
1380 Howard, 5th floor
San Francisco, CA 94103
Email at sfdphcontractsoffice@sfdph.org

RFQ 22-2018
MENTAL HEALTH SERVICES ACT -
INTENSIVE CASE MANAGEMENT/FULL SERVICE
PARTNERSHIP TO OUTPATIENT TRANSITION SUPPORT

DEPARTMENT OF PUBLIC HEALTH
Behavioral Health Services (BHS)
Mental Health Services Act



Request for Qualifications (RFQ) 22-2018

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 421
SAN FRANCISCO, CA 94103

CONTACT
MAHLET GIRMA
CONTRACT ANALYST
MAHLET.GIRMA@SFDPH.ORG

Date Issued:	July 6, 2018
Email Questions Period:	July 6, 2018 – July 20, 2018
Letter of Intent Due:	July 27, 2018
Applications Due:	August 9, 2018

**RFQ 22-2018 INTENSIVE CASE MANAGEMENT/FULL SERVICE PARTNERSHIP TO
OUTPATIENT TRANSITION SUPPORT**

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APPENDICES

The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>. Click on **RFQ 22-2018** and follow the instructions.

A-1. THESE FORMS MUST BE COMPLETED IN ORDER FOR PROPOSALS TO BE CONSIDERED.

- [Appendix A1-a – Agency Cover Sheet](#) (please use this form only as your cover)
- [Appendix A1-a – RFP Form 1 Solicitation and Offer](#) and [RFP Form 2 Contractual Record Form](#) and [CMD Attachment 2](#) this contains the required CMD forms (Form 3)
- [Appendix A1-b – Letter of Intent](#) (please use this form to submit your Letter of Intent)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award. If the qualified firm is a current vendor with the City you may not need to submit these forms.

- [MCO Dec.pdf](#) - Declaration for the Minimum Compensation Ordinance
- [HCAO Dec.pdf](#)- Declaration for the Health Care Accountability Ordinance
- [Vendor Profile.pdf](#) - Vendor Profile Application
- [Biztax.pdf](#) - Business Tax Application Form (P-25)
- [Fw9.pdf](#) - Federal W-9
- [Employer Projection of Entry Level Positions rev7-11.doc](#) - First Source Hiring Program
- [12b101.pdf](#)
How to do business with the City <http://sfgov.org/oca/qualify-do-business>

A-3. For Information Only

- [Standard Professional Services.pdf](#) – The City Standard Professional Services Agreement (P-600)
- [Insurance Requirements.pdf](#) - Department of Public Health Insurance Requirements
- [Insurance Sample.pdf](#) -Sample Insurance certificate and Endorsement
- [HIPAA for Business Associates Exhibit.pdf](#) - Standard DPH HIPAA Business Associates Exhibit
- [Quickref.pdf](#) Also visit: <http://sfgsa.org/index.aspx?page=6125>
Quick Reference Guide to Chapter 12B

**RFQ 22-2018 INTENSIVE CASE MANAGEMENT/FULL SERVICE PARTNERSHIP TO
OUTPATIENT TRANSITION SUPPORT**

I. INTRODUCTION, CONTRACT TERM, FUNDING & SCHEDULE

A. General Overview

Behavioral Health Services (BHS) under the San Francisco Department of Public Health (DPH) is issuing this Request for Qualifications (RFQ) to identify applicants that will provide the services outlined in this RFQ. DPH/BHS invites single agency and multi-agency collaborations to provide Intensive Case Management (ICM)/Full Service Partnership (FSP) to Outpatient (OP) Transition Support to the San Francisco behavioral health communities.

The major goals of this project are 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.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of five culturally and linguistically diverse peers and one clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers. The team will outreach to transitional clients in order to support them to have successful linkages to mental health outpatient services. They will be available to guide the client through all the various steps from preparation to successful placement and/or discharge.

The funding for this program will come from the Mental Health Services Act (MHSA), as authorized by Proposition 63 that was approved by California voters in November 2004, to support fundamental changes to the access and delivery of mental health services in California. Proposition 63 was enacted into law in January 2005 and became known as the Mental Health Services Act (MHSA). MHSA is funded through a 1% tax on any personal income in excess of \$1 million. The ‘system transformation’ envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. MHSA provides the resources necessary for San Francisco to realize the vision of recovery for individuals and families served by the mental health system. The specific funding will be MHSA Innovations dollars that is short-term funding for innovative learning projects. See more details below.

MHSA is guided by five core principles:

1. Cultural Competence – Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
2. Community Collaboration – Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
3. Client, Consumer, and Family Involvement – Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
4. Integrated Service Delivery – Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
5. Wellness and Recovery – Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

It is the MHSA’s philosophy that mental health needs are not defined by symptoms but rather by a focus on achieving, maintaining, and promoting the overall health and well-being of the individual and family. The proposed program must reflect the wellness and recovery model and should be able to demonstrate that consumers and their family members are empowered to:

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- 1) **Establish, work toward, and achieve their personal goals;**
- 2) **Learn new skills and strategies to manage the challenges in their lives; and**
- 3) **Draw strength and growth from their lived experiences.** In addition, the MHSA program should be developed with cultural humility, wellness, and recovery principles. The program should be strength-based, consumer-led, and family-driven.

The degree to which a Candidate meets the minimum qualifications of the RFQ will be determined through a review process to evaluate the Candidate's application materials (see Section V. Evaluation and Selection Criteria).

B. Contract Term & Funding

Contracts awarded under this RFQ shall have an original term of **1 year from the start of the contract**. In addition, the City shall have one (1) option to extend the term for a period of four (4) years, for a total of **five (5) year contract**, subject to annual availability of funds, annual satisfactory contractor performance, and system of needs. The City has the sole, absolute discretion to exercise this option.

A final budget will be determined during the contract negotiation and program-planning phase. An estimated annual amount up to **\$600,000** is available under this RFQ for the ICM/FSP-OP Transition Support project. **The estimated budget may increase or decrease depending on funding availability. Projected funding is dependent on available funds and DPH/BHS reserves its sole right to award all or a portion of funds available.** Upon the sole discretion of DPH/BHS, DPH/BHS may award multiple top scoring qualified applicants, depending upon the needs of the community and the needs of the project.

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Proposal Phase</u>	<u>Time</u>	<u>Date</u>
RFQ is issued by the City		7/6/2018
Email Questions Begin		7/6/2018
Email Question End	12:00 p.m.	7/20/2018
Letters of Intent	12:00 p.m.	7/27/2018
Applications due	12:00 p.m.	August 9, 2018

Estimated Dates

<i>Technical Review Panel</i>	<i>August 2018</i>
<i>Contract Selection & Development</i>	<i>September 2018</i>
<i>Contract Negotiations & Development</i>	<i>September - November</i>
<i>Service Start Date</i>	<i>January 1, 2019</i>

II. SCOPE OF WORK

A. Primary Problem

The ICM/FSP-OP Transition Support project will focus upon transitions and the flow of clients from Intensive Case Management (ICM) programs, including Full Service Partnership (FSP) programs, to Outpatient (OP) services within Behavioral Health Services (BHS) in the City and County of San Francisco.

ICM services

Behavioral health ICM services are provided to clients with the most acute, severe and chronic behavioral health challenges resulting in the most serious and persistent functional impairments – including co-morbid health conditions such as substance use disorder, and serious and chronic diseases; repeated use of emergency services, acute and institutional care; homelessness; incarceration; and grave disability, and severe risk to themselves or others. These services offer a lifeline to some of the most vulnerable behavioral health system consumers with the goal of empowering individuals to remain safe in the community, preventing acute crisis or avoiding institutional care, and promoting wellness and recovery.

ICM programs are a particular type of intensive mental health outpatient services with low caseloads, multi-disciplinary team approach, and a comparatively richer array of wraparound services (such as relatively greater access to supportive housing, vocational rehabilitation and other health and human services), in order to be able to do whatever it takes to assist clients who are the most severely impacted by serious mental illness achieve wellness and recovery.

FSP services

Full Service Partnership (FSP) programs are a subset of ICM programs and reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing “whatever it takes” to assist individuals diagnosed with Severe Mental Illness or Severe Emotional Disturbance to lead more independent, meaningful, and productive lives. Services include integrated, recovery-oriented mental health treatment; intensive case management and linkage to essential services; housing and vocational support; and self-help.

Primary Problem

When clients no longer need the intensive level of care and service provided by ICM and FSP programs and they are discharged, many individuals do not link successfully to medically necessary regular Outpatient (OP) services.

In a 3 year analysis at BHS, only 16% of discharged ICM/FSP clients had subsequent episodes opened at outpatient clinics, and half of those clients remained in the outpatient program for a year or more. Furthermore, 38% of discharged clients had no new episodes at all, suggesting that they are most likely disengaged from mental health care. The more recent analysis of engagement at outpatient programs showed that 18.3% (in FY15/16) and 18.9% (in FY16/17) of discharged ICM clients eligible for outpatient services successfully linked to outpatient services.

Unfortunately, several factors at various levels can impede a successful transition, defined as linkage and engagement, to outpatient care. Some examples are below:

- System- Large gap in service and support between ICM/FSP and Outpatient.
- Workflow- No agreed upon set of criteria or conditions to assess client readiness.

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- Administrative- No established, agreed upon process for ICM referrals to outpatient.
- Clinician- ICM/FSP Case Managers worry about clients relapsing.
- Clients- Clients may feel attached to their ICM/FSP Case Manager and feel anxious about a change in provider and/or setting.

With better supports and resources in place, fewer clients will be lost from our care, and more will transition safely to outpatient care to continue their in recovery, living more self-directed lives that support their wellness and connection to a community that has meaning for them.

B. Community-Defined Needs

MHSA requires that consumer input play a significant role in the development of MHSA-funded programs. Behavioral health consumers, former consumers, or family members of consumers must be involved in areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

DPH/BHS has collected extensive information from mental health consumers, the broader community, and other MHSA stakeholders to determine the current needs of the community, with respect to the ICM/FSP-OP Transition Support project. The scope of work listed in this RFQ reflects the voices of the consumers and program participants.

In early 2017, SF MHSA hosted eleven (11) community engagement meetings inviting participants across San Francisco to collect community member feedback on existing MHSA programming and better understand the needs of the community.

In addition to the CPP meetings, leadership from the Adult and Older Adult System of Care, Quality Management, and Mental Health Services Act staff, supported by facilitators from a consulting group, organized a series of six meetings that consisted of ICM/FSP and outpatient program directors and clinicians, consumer/peer advocacy staff, and individual consumers with lived experience in mental health services. The forums were designed specifically to address client and program needs when a client is transitioning from an ICM/FSP to an appointment based outpatient clinic.

Peers participating in the process included individuals from the Black/African American, Hispanic/Latino, and transgender communities. The most recent MHSA Advisory Board members' demographic profile showed representation of consumers, service providers, and family members from diverse communities, such as the Asian, Black/African American, Hispanic/Latino, American Indian/Alaskan Native, multi-lingual and LGBTQ (lesbian, gay, bi-sexual, transgender, and questioning) communities. The ICM/FSP and Outpatient Clinical Directors, and the planning team reflect the ethnic demographics of the community to some degree, with leadership from the Asian American and Hispanic/Latino communities.

C. Overview of the ICM/FSP-OP Transition Support Project

This RFQ outlines the ICM/FSP-OP Transition Support project and requests the utilization of one or multiple service providers to support, sustain, and advance the services outlined below. The selected service provider(s), in collaboration with DPH/BHS and behavioral/mental health service consumers, will be responsible for the continued development and promotion of MHSA programs utilizing evidence based practices and wellness recovery principles. This RFQ calls for a competitive process and DPH/BHS encourages multiple agencies to apply. DPH/BHS will award contracts based on the services outlined in this RFQ.

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The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of five culturally and linguistically diverse peers and one clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers. The team will outreach to transitional clients in order to support them to have successful linkages to behavioral health outpatient services. They will be available to guide the client through all the various steps from preparation to successful placement and/or discharge.



With this project, some of the major goals are to increase client engagement in outpatient (OP) 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.

Activities may include, but are not limited to the following:

- a. Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- b. As part of training and orientation, the peers will do a “rotation” at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- c. As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- d. Peers will participate in client case conferences and present at program staff meetings
- e. The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- f. Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- g. Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- h. Regular peer cohort meetings/trainings with all peer transition team members, i.e. weekly
- i. Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

This project will be focused on evidence of engagement at the outpatient clinic rather than time spent at the outpatient program. The selected provider will support clients to engage in outpatient services with an objective of engaging in **8 outpatient services within 90 days of the ICM/FSP episode closing date.**

D. Target Population

The proposed project will focus on **clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery**. Eligibility will include enrollment in an ICM and a degree of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

Estimate of Clients Served

The ICM/FSP programs serve approximately 1500 Transitional Age Youth, adult and older adult clients per year, and they are expected to discharge 20% (300) of their clients annually to allow clients with higher acuity to access the ICM/FSP. Clients are discharged for many reasons; some move out of the area, withdraw from the ICM/FSP or are lost to follow up without completing their treatment goals.

Historically, about 10-20% of clients discharged from ICM/FSP are referred to an outpatient level of care. Therefore, **this program estimates that it will serve about 30-60 clients annually**. The optimal outcome is for clients to complete treatment having met treatment goals and transition to less intensive services, such as an appointment based outpatient clinic, for continued support as needed.

One data improvement goal of this project will be to capture the number of referrals initiated from the ICM/FSPs to Outpatient, as this best defines the cohort of clients this project is intended to benefit, and number of referrals to the Peer Transition Support Team.

E. Peer Services

Peer Roles

This project will center on the development of a highly skilled peer transition team to help support behavioral health clients advancing in their recovery from an intensive wraparound case management program to an appointment-based outpatient clinic.

Peer counselors can offer support to clients in many important ways. Peers model positive recovery through their work and sharing their personal struggles and successes, inspiring hope in clients that they can also recover.

As transition support, peers will offer a continuity of care and relationship during a transition of therapeutic care. Peers will accompany clients to the new OP site, as well as connect clients to critical community supports that interest them, such as a wellness center, community arts program, vocational training, spiritual center or church, sports or fitness groups, etc. Peers will offer a unique and personal kind of support that is qualitatively different from what trained professionals without lived experience generally provide.

The ICM/FSP-OP Transition Support project will be adapting an existing mental health approach. While peers are being used all through public health systems for navigation, the specific design of an autonomous peer team that works interdependently with a clinic is a new design. In the project described in this RFQ, a peer team will be dispatched to work with the focus being the individualized needs of clients. Essentially, the client will be the spoke in a wheel of services designed to assist the client to move smoothly to the next stage of their transition. In this model, the peers will assist in the step down process by linking the client in transition to any and all necessary wraparound services. The wheel of support will also be flexible enough to move back and forward seamlessly if there are any client setbacks.

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Peer Support Services

For this RFQ, the selected service provider will be required to select, employ, train and support five (5) peer specialists to perform the peer duties described in this document. At least one of these five peers must be a peer who is a Transition Age Youth (16-24 years of age) and at least one of these five peers must be either a bilingual Spanish-speaking peer or a bilingual Chinese-speaking peer.

Another goal of the ICM/FSP-OP Transition Support project will be to provide coordinated, collaborative, employment-related support for the peer employees. This support can be provided by the selected service provider and BHS by leveraging resources through the various peer-to-peer programs and activities throughout the system (see the Service Collaboration section for more details). The peer support services should include, but are not limited to training, supervision, consultation, and on-the-job coaching and retention services. The ICM/FSP-OP Transition Support project should partner with the BHS Leadership Academy for access to no-cost monthly peer training seminars.

F. Wellness and Recovery

The fundamental objectives and principles of the program must be based on concepts of Wellness and Recovery for consumers of behavioral health services. The goal of Wellness and Recovery is for consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. The model encourages consumers to draw upon personal strengths, better utilize natural supports, explore new strategies to cope and better navigate the behavioral health system of care.

Some of the specific wellness and recovery concepts may include: Wellness Recovery Action Plan (WRAP), Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, meaningful activities, and employment. Please refer to this link for more details on the MHSA vision and guiding principles:

http://www.dhcs.ca.gov/services/MH/Documents/Vision_and_Guiding_Principles_2-16-05.pdf



G. Innovations Learning Project

The ICM/FSP-OP Transition Support project will be a time-limited MHSA Innovations (INN) project. INN projects are defined as creative and innovative mental health practices or strategies that are expected to contribute to learning, and developed through a process that is inclusive and representative of unserved and underserved individuals. Innovations projects allow for the opportunity to test new approaches that can inform current and future mental health strategies and contributes to learning. INN Learning Questions (see below for more details) will need to be answered throughout the course of this project to determine the efficacious components of this new approach.

Innovations projects are subject to one-time funding with time limitations to assess and evaluate the efficacy of each project to determine if all of some of the strategies/approaches should be implemented on a long-term basis. This project will be funded by MHSA Innovations funding for no more than 5 years, however, the project is subject to end at any time based on the needs and the best interest of the community. At the end of the INN funding term, it will be determined if funding will continue with a different funding source in order to continue the successful components of this project.

Innovations projects require significant stakeholder involvement, including input from behavioral health consumers. The stakeholders must be consulted on Innovations project learning goals, data collection

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tools, methods and language for data collection, and how best to summarize and communicate findings to suit diverse audiences. Behavioral Health Services has an active Mental Health Board that meets monthly and a Behavioral Health Services Client Council, where issues important to client representatives, including Innovations project findings, are presented and discussed. Both the Client Council and the Mental Health Board will be integral partners in implementing the ICM/FSP-OP Flow evaluation, interpreting and reporting the findings, and making recommendations for client-focused program improvement.

H. Innovations (INN) Regulations

As stated above, the program in this RFQ will be funded specifically by MHSA Innovations (INN) dollars. The applicants must demonstrate the ability to adhere to the MHSA principles and INN guidelines, and also meet the service goals listed in this RFQ.

The selected provider(s) should be prepared to comply with the statewide MHSA Innovations (INN) regulations that were adopted on October 6, 2015. These INN regulations require that INN-funded programs collect program data, measure the efficacy of program services and report the impact of services on its intended communities. These new regulations call for a higher level of data tracking including demographic data reporting such as age, race/ethnicity, primary language, sexual orientation, disability status, veteran status, and gender (assigned at birth & current identity).

DPH/BHS is committed to help providers meet the new requirements. In collaboration with the DPH Quality Management department, DPH/BHS will provide on-going education and technical assistance to help set up strategies and activities to collect appropriate INN data. In addition, DPH/BHS is currently working with the state and other counties to exchange and develop new efforts for data collection.

I. Service Collaboration

Health Care Reform requires that DPH works to maintain low program costs. This may be achieved by leveraging funding and/or collaborating with existing services to maximize support. A vital component to this program will be collaboration among other DPH/BHS and MHSA community programs in order to share best practices and learn about other programs in order to provide optimal care and support to consumers.

Under the leadership of DPH, this program should collaborate with, but not limited to, the following programs; the Peer Employment Program, the Mental Health Peer Specialist Certificate Program, the Peer Leadership Academy program, the Mental Health Certificate Program, the San Francisco Department of Rehabilitation, all Full Service Partnership programs, all Intensive Case Management programs and all behavioral health outpatient programs within the Behavioral Health Services system.

J. Evaluation Practices and Objectives

The central outcome of MHSA Innovations programs is to generate learning based on pilot testing a new practice. Evaluation therefore is extremely important. The selected service provider(s), in collaboration with DPH/BHS and behavioral/mental health service consumers, will be responsible for collaborating with BHS Quality Management (QM) team to finalize a comprehensive evaluation plan and tools to measure outcomes. An evaluation plan should include a logic model and guide the design and implementation of all of the program components (see logic model below that is specific to the Peer Transition Support Team). In addition, the provider and QM will identify evaluation tools to assess how this program impacts those participating. The evaluation plan should be carried out in a collaborative

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manner where input from stakeholders, including consumers, is continuously obtained. The use of surveys, focus groups, or key informant interviews may be used.

The provider will develop annual process and outcome program objectives. Providers are strongly encouraged to work with the MHSA program manager to develop these objectives, and to utilize the technical assistance and support of the QM evaluators in developing data to report on these objectives. In lieu of technical assistance from QM, the provider(s) may seek assistance from an external evaluation consulting firm. However, MHSA administration and QM should be key collaborators on all evaluation work.

The evaluation of the ICM/FSP-OP Transition Support project must be conducted with sensitivity and awareness of BHS clients' diverse experiences related to age, disabilities, as well as cultural, language, ethnic, sexual and gender identities. The provider must seek to generate relevant and useful evaluation results by consulting with key stakeholders who help us ensure that any data collection efforts reflect the values and diverse experiences of the San Francisco behavioral health community.

K. Data-Collection Efforts

Data-collection and documentation will be crucial activities for this Innovations Learning Project. The selected service provider will be responsible for carrying out high quality data collection, storage and analysis that will inform the evaluation of the program.

The selected service provider will be responsible for working with QM and/or other professional evaluation support to identify or create data collection instruments (questionnaires, structures surveys, interview guides, focus group scripts, etc.) and appropriate databases within which to store and analyze the results. The provider will also be responsible for generating evaluation reports summarizing the program design, results, outcomes, lessons learned, and ways to continuously improve program services based on consumer feedback. The provider will be asked to share their evaluation findings with key stakeholders.

Mid-year and Annual reports, focusing on program objectives and consumer demographics, will be submitted to SF-MHSA and reviewed by the relevant MHSA Program Manager. Technical assistance and support will be provided when needed.

A strong partnership between the service provider(s) and DPH/BHS is vital to developing and implementing a successful evaluation plan for this project. The ideal service provider should be open to a collaborative process with DPH/BHS, including QM, and DPH/BHS consumers in regards to data-collection, evaluation and long-term strategic planning. The final evaluation plan is negotiable, however, the following activities are non-negotiable.

Achievement of Contract Performance Objectives and Productivity

The provider must have a record of continuously monitoring progress towards contract performance objectives and must have established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) should be informed about objectives and the required documentation related to the activities and service delivery outcomes.

In regards to management monitoring, the provider should report progress/status towards each contract objective in a quarterly report to BHS management. If the projected progress has not been achieved for the given month, the provider must identify barriers and develop a plan of action. The data reported in the monthly report is continually collected, with its methodology depending on the type of information. In

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addition, the provider should monitor service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

Documentation Quality

Proper documentation of peer activities and records of client goals and progress should be developed and described thoroughly. The selected provider must have a proven record of accomplishment of utilizing various mechanisms to review documentation quality. Documentation reviews must be conducted by the selected provider's leadership team. Based on these reviews, recommendations should be provided relating to frequency and type of services, and the match to client's progress and needs. Feedback should be provided to direct staff members while general feedback and summaries on documentation and quality of programming should be integrated throughout staff meetings and other discussions.

Documentation quality is also crucial because annual contract monitoring and site visits will be conducted by the DPH Business Office. Training and support will be provided regarding contract deliverables at bi-monthly MHSA Provider Meetings. Program specific technical assistance from QM will be provided. Service providers are encouraged to participate in these MHSA meetings and avail themselves to technical support from QM.

L. Innovations Testing and Learning Questions

As this program will be an Innovations Learning Project, testing this new approach and answering learning questions will be required in order to determine the efficacious components of this project and share findings with DPH, the State of California and key stakeholders.

As stated above, the primary goal of this project will be to increase successful linkages of clients from ICMs/FSPs to outpatient care. The provider will be responsible for **increasing the percentage of clients who access 8 or more services in outpatient within 90 days of discharge from an ICM**. A recent analysis of engagement at BHS outpatient programs showed that 18.3% (in FY15/16) and 18.9% (in FY16/17) of discharged clients eligible for outpatient services successfully linked to outpatient services. This chart below displays the goals for the first three years of this project.

DATES	% of clients who engage successfully at outpatient
Year 1	19%
Year 2	22%
Year 3	25%

The provider will work in collaboration with DPH to continue to track ICMs discharge data and subsequent client services in outpatient care, as well as gather data to address the Innovations learning questions stated below. The selected service provider's evaluation plan must address each of these learning questions with qualitative, survey and clinical data.

Learning Question	Sources of Data	Data Collection Strategy
1. <u>How effective is a highly skilled peer transition team</u> in helping clients from intensive wraparound services (e.g. ICM, FSP or Assertiveness	Peer Staff Clients	Interviews with Peer Staff Client feedback forms, focus group and/or interviews

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Community Treatment) engage in appointment based outpatient (OP) care?	ICM/FSP and OP Staff	Structured surveys of ICM/FSP and OP staff
2. <u>What program elements need to be in place</u> for a peer transition support team to be successful?	Peer Staff Clients	Peer staff activity log Interviews with Peer Staff Client feedback forms, focus group and/or interviews BHS Client Readiness Questionnaire
3. <u>What factors create a resilient relationship between the client and peer</u> transition team member (e.g., availability, modes of contact/communication, boundary setting)?	Peer Staff Clients	Interviews with Peer Staff Client feedback forms, focus group and/or interviews
4. <u>Which practices best support the peer transition team member's wellbeing</u> and professional development?	Peer Staff	Interviews with Peer Staff Peer Resiliency Measure
5. <u>What programmatic elements facilitate collaboration and communication between providers</u> at the ICM/FSP and OP programs during a referral and linkage process?	ICM/FSP and OP Staff	Surveys of ICM/FSP and OP staff Interviews with ICM/FSP and OP directors

In addition, process measures should be gathered to test the progress of the implementation of the Peer Transition Team and the effort to link clients. Examples of data collection efforts may include, but are not limited to;

- Number of peer transition staff hired, trained and their lengths of work stay
- Reasons peer transition specialists discontinue their position or take a leave of absence
- Number of days ICM/FSP and OP episodes overlap
- Time in days from ICM authorization to open ICM episode opening

It will also be useful to know how many referrals from ICMs/FSPs are initiated for new outpatient episodes. As part of this project, the selected service provider may be asked to work in collaboration with BHS to explore and test options to collect referral data manually from ICM/FSP clinicians as a PDSA (Plan Do Study Act) in the early stages of implementation and review its value. Examples of data collection efforts may include, but are not limited to;

- Number of client referrals from ICM/FSP to OP
- Number of client referrals to the Peer Transition Support
- Percentage of ICM/FSP referrals to OP that result in a new outpatient episode

Some of the above clinical data are only available through AVATAR, the BHS electronic health record, therefore the provider will work collaboratively with the QM unit to incorporate these data into any analysis.

Lastly, in order to understand the potential impact of the peer transition team on this project, the selected provider should follow the “Logic Model for the Peer Transition Support Team” as a guide when testing this component of the project. See logic model below.

Logic Model for Peer Transition Support Team

Identified Concern: Many individuals with serious mental illness experience significant advances in recovery while enrolled in an ICM/FSP wraparound program. Many of these clients could be served effectively in appointment based outpatient care (OP) with proper support. Unfortunately few clients leaving ICM/FSP connect to OP care and receive adequate, ongoing support.	Contributing Risk Factors: • Very large gap in services and supports between wraparound ICM/FSP care (24/7 access, intensive outreach and case management, social milieu, groups, food, payee services, vocational programs, etc.) and appointment based therapy in the OP clinics. • Varied and unclear processes for referral, intake and linkage at OP sites. • Provider and client apprehension.	Strengths/Resources: MHSa Innovations funding, dedicated and highly skilled professional and peer professional staff at BHS, MHSa Principles and practices, strong commitment to peer model of support for clients, community defined practices, consumer resiliency and desire to live a more fulfilling life.

Goals	Potential Strategies	Expected Outcomes			Suggested Measurements
		Short Term	Intermediate	Long Term	
1) Support clients to live lives increasingly independent of MH services, as appropriate 2) Serve clients at the lowest intensity of care that facilitates recovery 3) Provide seamless continuum of care to clients 4) Practice MHSa principles of peer-driven model of care	◇ Hire and train a cohort of experienced peer specialists to do outreach, mentoring, support and linkage of ICM/FSP clients to OP ◇ Peer transition specialists will be mobile and autonomous, with in-service rotations and regular, ongoing contact with the ICM/FSP teams ◇ Link ICM/FSP clients to peer team engaging in outreach, and providing support such as WRAP groups, harm reduction, motivational interviewing and active listening ◇ Peers to work closely with ICM/FSP clients to connect to OP, community supports and meaningful activities ◇ Support the Peer Transition Team with clinical supervision and team bonding	◇ ICM/FSP clients will be connected to peer transition team members for transition support ◇ Referrals from ICM/FSPs to OP will increase ◇ ICM/FSP clients will feel more welcome when accompanied to the OP clinic ◇ Clients coming from ICM/FSPs will engage in more OP services initially, compared to historical data	◇ With peer specialist support, transitioning clients will participate in more meaningful activities (e.g. vocational training, employment, education program, social connection, family reunification) ◇ Client will increase their self-management of life skills ◇ Client will increase their time in stable housing ◇ Client will increase their engagement in peer group activities, such as WRAP ◇ Providers will report more confidence in the transition process	◇ High acuity clients eligible for ICM/FSP will wait less time to enroll in an ICM/FSP program ◇ Peer Employees will be more valued and better utilized across the SOC ◇ MH service delivery will better align with client needs.	◇ # of client referrals from ICM/FSP to OP (EHR*, MDC**) ◇ # of client referrals to the Peer Transition Support Team (MDC)# of clients who utilize the Peer Transition Support Team ◇ % of referrals to OP that result in a new episode in which clients are engaged (admin/EHR) ◇ # days ICM/OP episodes overlap (EHR) ◇ # client services at OP w/in 90 days of ICM/FSP episode closing date (EHR) ◇ Peer Transitions Support self-report of effectiveness of the peer team (TBD) ◇ ICM/FSP and OP provider assessment of Peer Transition Team value and effectiveness (TBD) ◇ Client self-report on satisfaction of the transition process (TBD) ◇ Time on wait list for ICM enrollment *EHR=Electronic Health Record system **MDC= Manual Data Collection

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III. APPLICATION SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in an application being disqualified.

A. Minimum Qualifications (no more than 4 pages)

In order to meet the requirements of the ICM/FSP-OP Transition Support project RFQ, [applicants](#) must meet the following minimum qualifications:

- a. Three (3) years of proven history initiating and sustaining successful collaborative partnerships with DPH, including Intensive Case Management programs, Full Service Partnership programs and behavioral health outpatient programs.
- b. Three (3) years of proven history providing peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers in the broader community.
- c. Proven experience implementing strategies that have successfully increased access to mental health services for behavioral health clients.
- d. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness oriented services.
- e. Proven experience designing and conducting evaluation and testing activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience.

Applications that do not demonstrate that [applicants](#) meet these minimum requirements by the deadline for submittal of applications, will be considered non-responsive and will not be eligible for project application review or for award of a contract.

B. Letter of Intent (LOI) – Non Binding

Prospective applicants are requested to submit a Letter of Intent (LOI) using the form located [Appendix A1-b](#) to the DPH Office of Contracts Management and Compliance by **12:00 Noon**, on **July 27, 2018** to indicate their interest in submitting an application under this RFQ. Such a letter of intent is Non-Binding and will not prevent acceptance of an agency's application if a letter of intent is not submitted. However, for planning purposes, we encourage interested applicants to submit a letter of intent.

Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org or mailed at the address below.

C. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m.**, on **August 9, 2018**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SFDPH Office of Contracts Management, or mailed to:

Mahlet Girma
San Francisco Department of Public Health
Office of Contracts Management
1380 Howard St. Rm. 421
San Francisco, CA 94103

Applicants shall submit **one (1) original and six (6) copies** of the application, and one (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked **“RFQ 22-2018 – ICM/FSP-OP Transition Support project”** to the above location. The original copy of the application must be clearly marked as **“ORIGINAL”** and emailed to Mahlet Girma at sfdphcontractsoffice@sfdph.org. Applications that are submitted by telephone or electronic mail will not be accepted. Late submissions will not be considered.

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D. Late Submissions

Submissions are due at 12:00 P.M. on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the 12:00 P.M. deadline but before 12:01 P.M. the following day may be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 P.M. of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal.

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

E. Format

All submission must be typewritten and on recycled paper with an easy to read 12 point font such as Arial or Times New Roman, one inch margins, double spaced printed on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two application pages when meeting program application page limits). Please bind your application with a binder clip, rubber band or single staple. Please do not use binders, do not bind your application with a spiral binding, glued binding or anything similar. You may use tabs or other separators within the document. If your response is lengthy, please include a Table of Contents.

IV. APPLICATION CONTENT

Failure to provide any of this information or forms may result in an application being disqualified.

Agencies interested in responding to this RFQ must complete the required forms and describe how it meets the Minimum Qualifications and provide the required information using the proposal content below:

1. Required Forms [Appendix A1-a](#)

- a. RFQ Form#1-Solicitation and Offer & RFQ Form#2 Contractual Record Form (with original & each copies)
- b. CMD Forms (one copy to be submitted with the original only): Contract Monitoring Division. All applications submitted must include the following: ii) Form 3, CMD Non Discrimination Affidavit. The form should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

Note: Interested applicants must complete [Appendix A-1a](#) "Agency Cover Sheet".

2. Introduction (up to 1 page)

Submit a letter of introduction for your agency's application. Include a brief overview of your agency and your agency's experience providing the proposed services. The letter must be signed by a person authorized by your agency to obligate your agency to perform the commitments contained in the application. Include the name and contact information (address, email and telephone number) for this person or another contact person at your agency. Submission of the letter will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the application.

3. Minimum Qualifications (no more than 4 pages)

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Please provide a narrative concisely describing how you meet the minimum qualifications listed below.

- a. Three (3) years of proven history initiating and sustaining successful collaborative partnerships with DPH, including Intensive Case Management programs, Full Service Partnership programs and behavioral health outpatient programs.
- b. Three (3) years of proven history providing peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers in the broader community.
- c. Proven experience implementing strategies that have successfully increased access to mental health services for behavioral health clients.
- d. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness oriented services.
- e. Proven experience designing and conducting evaluation and testing activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience.

4. Memorandum of Understanding or Letter of Commitment (up to 1 page, if applicable)

If your agency is planning to utilize community partnerships or subcontractors to meet the obligations of this RFQ, please provide a Memorandum of Understanding (MOU) or Letter of Commitment for each partner and briefly describe the collaborative relationship.

Any application that does not demonstrate that the applicant meets these minimum requirements by the deadline for submittal of applications will be considered non-responsive and will not be eligible for project application review or for award of a contract.

V. EVALUATION AND SELECTION CRITERIA

A. Selection Criteria

The applications will be evaluated by a selection committee comprised of parties with expertise in Intensive Case Management programs, Full-Service Partnership programs and Mental Health Services Act programming. The criteria outlined below will be used in this process to establish a ranked order of Qualified Candidates. At any time during the review process, the Department may require a Candidate to provide oral or written clarification of its Qualifications Application. The Department of Public Health Behavioral Health Services (DPH/BHS) reserves the right to review and evaluate qualifications received without further clarification.

Your application must meet a minimum score of **70 points or higher** in order to be eligible to list as a “Qualified Candidate”. Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate’s being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

The City intends to evaluate the applications generally in accordance with the criteria itemized below.

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APPLICATION NARRATIVE EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

1. Minimum Qualifications for Application Narrative

Do applicants demonstrate the following?

- a. Three (3) years of proven history initiating and sustaining successful collaborative partnerships with DPH, including Intensive Case Management programs, Full Service Partnership programs and behavioral health outpatient programs. **(20 points)**
- b. Three (3) years of proven history providing peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers in the broader community. **(20 points)**
- c. Proven experience implementing strategies that have successfully increased access to mental health services for behavioral health clients. **(20 points)**
- d. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness oriented services. **(20 points)**
- e. Proven experience designing and conducting evaluation and testing activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience. **(20 points)**

ORAL INTERVIEW EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 points

2. Oral Interview

Following the evaluation of the written applications, the top applicants receiving the highest scores and also meeting the minimum score of 70 points, may be invited to participate in an oral interview. The interview may consist of standard questions asked of each of the selected applicants. DPH also has the sole discretion to choose the highest scoring written applications and forego the interview process if a suitable eligible list is developed from the first round of scores. If there is an interview, both the written application and oral interview scores will be combined in the final ranking and provider selection.

Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No applicant shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such applicant's being identified on the list as a Qualified Applicant.

VI. EMAIL QUESTION PERIOD AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFQ. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFQ. All questions are to be directed to the following e-mail address: sfdphcontractsoffice@sfdph.org, OR by electronic mail, fax and or US Mail to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421 San Francisco, CA 94103**

E-questions may only be submitted from July 6, 2018 until 12:00 P.M. July 20, 2018.

No questions or requests for interpretation will be accepted after 12:00 PM on **July 20, 2018**. If you have

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further questions regarding the RFQ, please contact Mahlet Girma at sfdphcontractsoffice@sfdph.org

B. Contract Award

The Department of Public Health (DPH) will select an agency with whom the Department of Public Health staff shall commence contract negotiations. The selection of any qualification from a qualified agency shall not imply acceptance by the City of all terms of the qualification, which may be subject to further negotiations and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the DPH, in its sole discretion, may terminate negotiations with the selected applicant and begin contract negotiations with any other agency on the qualified list.

Potential Candidates must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years until 6/30/2021 to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate's being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants, depending upon the needs of the program.

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALIFICATIONS

A. Errors and Omissions in RFQ

Applicants are responsible for reviewing all portions of this RFQ. Applicants are to promptly notify the Department, in writing, if the applicant discovers any ambiguity, discrepancy, omission, or other error in the RFQ. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of applicants. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFQ

Inquiries regarding the RFQ and all oral notifications of an intent to request written modification or clarification of the RFQ, must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504/ Fax (415) 252-3088
E-mail: Mahlet.Girma@sfdph.org

C. Objections to RFQ Terms

Should an applicant object on any ground to any provision or legal requirement set forth in this RFQ, the applicant must, not more than ten calendar days after the RFQ is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of an applicant to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the RFQ, prior to the application due date, by issuing written Change Notices which will be posted on the website. The applicant shall be responsible for ensuring that its

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application reflects any and all Change Notices issued by the Department prior to the application due date regardless of when the application is submitted. Therefore, the City recommends that the applicant call the Department before submitting its application to determine if the applicant has received all Change Notices.

E. Term of Application

Submission of an application signifies that the services and prices are valid for 120 calendar days from the application due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Application

An applicant may revise an application on the applicant's own initiative at any time before the deadline for submission of applications. The applicant must submit the revised application in the same manner as the original. A revised application must be received on or before the application due date.

In no case will a statement of intent to submit a revised application, or commencement of a revision process, extend the application due date for any applicant.

At any time during the application evaluation process, the Department may require an applicant to provide oral or written clarification of its application. The Department reserves the right to make an award without further clarifications of applications received.

G. Errors and Omissions in Application

Failure by the Department to object to an error, omission, or deviation in the application will in no way modify the RFQ or excuse the vendor from full compliance with the specifications of the RFQ or any contract awarded pursuant to the RFQ.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFQ. Submissions of the RFQ will become the property of the City and may be used by the City in any way deemed appropriate.

I. Applicant's Obligations under the Campaign Reform Ordinance

Applicants must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If an applicant is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the applicant is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

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The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal or Request for Qualifications, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, applicants should contact the San Francisco Ethics Commission at (415) 581-2300.

J. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to RFQs and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

K. Public Access to Meetings and Records

If an applicant is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the applicant must comply with Chapter 12L. The applicant must include in its application (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to applicant's meetings and records, and (2) a summary of all complaints concerning the applicant's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the applicant shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in applicant's Chapter 12L submissions shall be grounds for rejection of the application and/or termination of any subsequent Agreement reached on the basis of the application.

L. Reservations of Rights by the City

The issuance of this RFQ does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

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1. Waive or correct any defect or informality in any response, application, or application procedure;
2. Reject any or all applications;
3. Reissue a Request for Qualifications or a Request for Proposal;
4. Prior to submission deadline for applications, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFQ, or the requirements for contents or format of the applications;
5. Procure any materials, equipment or services specified in this RFQ by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFQ shall be implied from any failure by the City to recognize or take action on account of any failure by an applicant to observe any provision of this RFQ.

N. Local Business Enterprise Goals and Outreach

The LBE Goal is deleted due to the fact that State Funds will be used in the funding mix for this RFQ.

CMD Forms to be submitted with Application

- a) All applications submitted must include the following CMD Forms contained in the CMD Attachment 2: Form 3, CMD Non-Discrimination Affidavit. If this form is not returned with the application, the application may be determined to be non-responsive and may be rejected.

b) Please submit only one (1) copy of the above forms with your application. The forms should be placed in a separate, sealed envelope labeled CMD Forms.

If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

VIII. CONTRACT REQUIREMENTS

A. Standard Contract Provisions

The successful applicant will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Applicants are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§**Article 10.5“Nondiscrimination Requirements”** in the Agreement); the Minimum Compensation Ordinance (§**Article 10.7“Requiring Minimum Compensation for Covered Employees”** in the Agreement); the Health Care Accountability Ordinance (§**Article 10.8 “Requiring Health Benefits for Covered Employees”** in the Agreement); the First Source Hiring Program (§**Article 10.9 “First Source Hiring Program”** in the Agreement); and applicable conflict of interest laws (§**Article 10.2“Conflict of Interest”** in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

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The successful applicant will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at <http://www.sfgsa.org/index.aspx?page=6058>.

C. Minimum Compensation Ordinance (MCO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful applicant will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful applicant will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful applicant might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to

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the City within ten calendar days of the City notifying the successful applicant that the City has selected the applicant.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity¹ subject to HIPAA and the Privacy Rule contained therein;
- A Business Associate² subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997 the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions Internet site at <http://www.sfgsa.org/index.aspx?page=6058>.

J. Vendor Credentialing at San Francisco General Hospital.

It is the policy of San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES" Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." Vendormate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact

¹ "Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA

² "Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

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the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

IX. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted an application and believes that the City has incorrectly determined that its application is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive application and believes that the City has incorrectly selected another applicant for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

**Director of Contract Management and Compliance
101 Grove St, Rm. 307
San Francisco, CA 94102
Fax number (415) 554-2555**

RFQ 43-2019
MENTAL HEALTH SERVICES ACT
PEER-TO-PEER BEHAVIORAL HEALTH SERVICES
REQUEST FOR QUALIFICATIONS

DEPARTMENT OF PUBLIC HEALTH
Behavioral Health Services (BHS)
Mental Health Services Act



Request for Qualifications (RFQ) 43-2019

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 421
SAN FRANCISCO, CA 94103

CONTACT
MAHLET GIRMA
CONTRACT ANALYST
(415) 255-3504

Date Issued:	December 18, 2019
Email Questions Period:	December 18, 2019 – January 17, 2020
Letter of Intent Due:	12:00 p.m., January 31, 2020
Applications Due:	12:00 p.m., February 13, 2020

RFQ XX-2019 PEER-TO-PEER BEHAVIORAL HEALTH SERVICES

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APPENDICES

The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>.

Click on **RFQ 43-2019** and follow the instructions.

A-1. THESE FORMS MUST BE COMPLETED IN ORDER FOR APPLICATIONS TO BE CONSIDERED.

- **Appendix A1-a – Agency Cover Sheet** (please use this form only as your cover)
- **Appendix A1-a – RFP Form 1 Solicitation & Offer** and **RFP Form 2 Contractual Record Form** and **CMD Attachment 2** this contains the required CMD forms (Form 3)
- **Appendix A1-b – Letter of Intent** (please use this form to submit your Letter of Intent)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award. If the qualified firm is a current vendor with the City you may not need to submit these forms.

- **Signature Authorization** Record and Board of Directors (form attached)
- **MCO Dec.pdf** - Declaration for the Minimum Compensation Ordinance
- **HCAO Dec.pdf**- Declaration for the Health Care Accountability Ordinance
- **Vendor Profile.pdf** - Vendor Profile Application
- **Biztax.pdf** - Business Tax Application Form (P-25)
- **Fw9.pdf** - Federal W-9
- **Employer Projection of Entry Level Positions rev7-11.doc** - First Source Hiring Program
- **12b101.pdf** How to do business with the City <http://sfgov.org/oca/qualify-do-business>

A-3. For Information Only

- **12X Update Memo – Covered States**
- **Standard Professional Services.pdf** – The City Standard Professional Services Agreement (P-600)
- **Insurance Requirements.pdf** - Department of Public Health Insurance Requirements
- **Insurance Sample.pdf** -Sample Insurance certificate and Endorsement
- **Business Associate Agreement and All Attachments** (06-07-2017).pdf
- **Privacy and Security Agreement and All Attachments** (06-07-2017).pdf
- **Quickref.pdf** Also visit: <http://sfgsa.org/index.aspx?page=6125>
Quick Reference Guide to Chapter 12B

RFQ 43-2019 PEER-TO-PEER BEHAVIORAL HEALTH SERVICES

I. INTRODUCTION, CONTRACT TERM, FUNDING & SCHEDULE

A. General Overview

Behavioral Health Services (BHS) under the San Francisco Department of Public Health (DPH) is issuing this Request for Qualifications (RFQ) to identify applicants that will provide the services outlined in this RFQ. DPH/BHS invites single agency and multi-agency collaborations to provide Peer-to-Peer Behavioral Health Services to the San Francisco behavioral health communities. **The primary goals of these programs are to provide education on mental health issues and the behavioral health system, help reduce mental health stigma, implement support services for those experiencing mental health issues, and improve/coordinate the service delivery of behavioral health services.**

Contractors unable to do Business with the City:

1. Generally

Contractors that do not comply with laws set forth in San Francisco's Municipal Codes may be unable to enter into a contract with the City. Some of the laws are included in this RFP, or in the sample contract templates included in Attachment 3.

2. Companies Headquartered in Certain States

This Contract is subject to the requirements of Administrative Code Chapter 12X, which prohibits the City from entering into contracts with companies headquartered in states with laws that perpetuate discrimination against Lesbian/Gay/Bisexual/Transgender (LGBT) populations or where any or all of the work on the contract will be performed in any of those states. Applicants are hereby advised that applicants which have their United States headquarters in a state on the Covered State List, as that term is defined in Administrative Code Section 12X.3, or where any or all of the work on the contract will be performed in a state on the Covered State List may not enter into contracts with the City. A list of states on the Covered State List is available at the website of the City Administrator <https://sfqsa.org/chapter-12x-anti-lgbt-state-ban-list>.

The Peer-to-Peer Behavioral Health Services programs support underserved and disenfranchised residents of San Francisco, which include individuals and their families who have lived experience dealing with mental and other behavioral health challenges. This community includes subpopulations, such as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+) individuals; residents of subsidized or supportive housing; low-income individuals; socially isolated older adults; and those experiencing mental health challenges because of illness or circumstance.

The Peer-to-Peer Behavioral Health Services programs work to support consumers and their families by offering a wide array of services, such as peer education and support programs, community awareness presentations, and trainings for service providers and clients. These programs seek to improve health outcomes, reduce stigma associated with behavioral or mental health conditions, and advocate on behalf of these populations. Peer-to-Peer Behavioral Health Services programs also seek to improve and coordinate health and mental health services by partnering with service providers to offer culturally and linguistically appropriate services, and increase accessibility of services. Services are currently offered citywide all throughout Behavioral Health Services sites.

The Peer Model is an evidenced-based practice, consistent with and embedded in the Recovery Model.

- Peer support is offering and receiving help based on shared understanding, respect and mutual empowerment between people in similar situations.
- Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys.
- Peer specialists model recovery, teach skills and offer support to help people experiencing mental

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health challenges lead meaningful lives in the community.

A portion of the funding for these programs will come from Mental Health Services Act (MHSA). MHSA is guided by five core principles:

1. Cultural Competence – Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
2. Community Collaboration – Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
3. Client, Consumer, and Family Involvement – Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
4. Integrated Service Delivery – Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
5. Wellness and Recovery – Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

It is the MHSA's philosophy that mental health needs are not defined by symptoms but rather by a focus on achieving, maintaining, and promoting the overall health and well-being of the individual and family. Proposed programs will need to reflect the wellness and recovery model and should be able to demonstrate that their consumers and their family members are empowered to: 1) establish, work toward and achieve their personal goals; 2) learn new skills and strategies to manage the challenges in their lives; and 3) draw strength and growth from their lived experiences. MHSA requires that the input of mental health consumers and their family members play a significant role in the development of MHSA-funded programs. Mental health consumers, former consumers and/or family members of consumers must be involved in the areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs. In addition, the agency/organizational applicants should develop programming that is a) based on cultural humility and wellness and recovery principles; b) strength-based; c) consumer-led; and d) family driven.

The degree to which a Candidate meets the minimum qualifications of the RFQ will be determined through a review process to evaluate the Candidate's application materials (see Section V. Evaluation and Selection Criteria). Potential Candidates can bid separately for one or all populations/programs (see Section II. Scope of Work for details).

B. Contract Term & Funding

Contracts awarded under this RFQ shall have an initial term of five (5) years. Subsequent extensions to the contract terms may extend the contract for an additional four (4) years, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the Department of Public Health system. The City has the sole, absolute discretion to exercise these options. The maximum term for the contracts awarded under this RFQ may not exceed **nine (9) years**.

RFP/Q Authority	Contract Term	# Years
	Initial term	5 years
	Option 1	4 years
No more than nine (9) years	Total Contract Term	9 years

A final budget will be determined during the contract negotiation and program planning phase. An estimated annual amount of **\$546,800** is available under this RFQ for all Peer-to-Peer Behavioral Health Services programs.

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Program/Project	Estimated Annual Budget (final budget to be determined)
1. Peer-to-Peer Linkage Program	\$428,400
2. Peer-to-Peer, Family-to-Family Program	\$118,400

The estimated budget may increase or decrease depending on funding availability. Projected funding is dependent on available funds and DPH/BHS reserves its sole right to award all or a portion of funds available. Upon the sole discretion of DPH/BHS, DPH/BHS may award single or multiple top scoring qualified applicants, depending upon the needs of the community and the needs of the project.

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Application Phase</u>	<u>Time</u>	<u>Date</u>
RFQ issued by the City		December 18, 2019
Email Questions begin		December 18, 2019
Email Questions end	12:00 Noon	January 17, 2020
Letter of Intent due	12:00 Noon	January 31, 2020
Applications due	12:00 Noon	February 13, 2020

Estimated Dates

<i>Technical Review</i>	<i>February 2020</i>
<i>Selection / Notification</i>	<i>March 2020</i>
<i>Contract Negotiation & Development</i>	<i>April – June 2020</i>
<i>Service Start Date</i>	<i>July 1, 2020</i>

II. SCOPE OF WORK

A. Program Overview

This RFQ outlines the Peer-to-Peer Behavioral Health Services programs and requests the utilization several service providers to support, sustain and advance the services outlined below. The selected service providers, in collaboration with DPH/BHS and behavioral/mental health service consumers, will be responsible for the continued development and promotion of the MHSA programs utilizing evidence based practices and wellness recovery principles. This RFQ calls for a competitive process and DPH/BHS encourages multiple agencies to apply. DPH/BHS will award contracts based on the services outlined in this RFQ.

Peer-to-Peer Behavioral Health Services programs support consumers of physical, behavioral, and mental health services and their families by providing a wide variety of services. Services addressing mental health challenges and illnesses include an array of individual and group interventions, such as one-on-one peer services, peer support groups, and psycho-social and experimental groups. Other services geared towards improving access to, and delivery of, mental health services include fielding questions about available behavioral and mental health services, providing continued services outside of traditional business hours, and providing service linkages by referring clients to additional service providers. Efforts to reduce stigma associated with mental illness include advocacy work, trainings, presentations and

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community events for consumers, families, service providers and community organizations. In addition, Peer-to-Peer Behavioral Health Services programs should work to address the stigma faced by peers both in the workplace and the community at large. All providers should aim to offer culturally humble, linguistically relevant services to the diverse and underserved populations of San Francisco.

Two (2) existing programs are included in this RFQ. These programs include:

1. Peer-to-Peer Linkage Program
2. Peer-to-Peer, Family-to-Family Program

B. Specialized Populations

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of behavioral health services, former consumers, or family members or significant others of consumers. Peers utilize their lived experience in peer-to-peer settings, when appropriate, to benefit the wellness and recovery of the clients and community being served. Peers may be an employee, intern or volunteer with the selected contractor(s).

Population Served by Peers: Peers will conduct culturally and linguistically congruent outreach, education and peer support to users of residential, community, mental health care and primary care settings within the Department of Public Health.

C. Community Defined Needs

MHSA requires that consumer input play a significant role in the development of MHSA-funded programs. Behavioral health consumers, former consumers, or family members of consumers must be involved in areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

DPH/BHS has collected extensive information from mental health consumers, the broader community, and other MHSA stakeholders to determine the current needs of the community, with respect to Peer-to-Peer Behavioral Health Services. The scope of work listed in this RFQ reflects the voices of the consumers and program participants.



Community Engagement Meeting

In 2019, SFDPH MHSA hosted 19 community engagement meetings across the City to collect community member feedback on existing MHSA programming and better understand the needs of the community. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

In addition to the community engagement meetings described above, SFDPH MHSA attended a Client Council Meeting in November of 2019 that was primarily focused on the services included in this RFQ in order to gather consumer and community input.

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Summary of Stakeholder Feedback

SFDPH MHSA received comprehensive stakeholder and community input regarding the programs listed in this RFQ. Here is a brief summary of that feedback.

- Housing support is very much needed in San Francisco. Peer specialists can be trained in housing services and provide housing linkage and peer support.
- Peer specialists should have the capacity to work with clients with varying language needs.
- Peer programs are necessary for consumers to be a part of the system and Behavioral Health Services.
- Peers should be properly trained in trauma-informed care, working with the transgender community, de-escalating issues, harm reduction, practicing self-care, translation services and mindfulness activities.

“Family and Peer Support is Needed in San Francisco”

- San Francisco Stakeholder

In addition, stakeholders noted the importance of taking care of our peer specialists and creating a work environment that fosters wellness. “Proper compensation is needed for peers who are fulfilling a role of a case manager but not getting paid for it”. It is very important to ensure that all peer specialists are being paid in a commensurate manner to the work being performed.

One of the leading barriers to peer wellness and recovery in the Bay Area is the lack of available career opportunities for peers in our peer educator and support programs, including the attitudes and expectations of the medical and mental health professions towards peer employment. Peer-to-Peer Behavioral Health Programs should work to demonstrate the benefit that peers’ unique abilities and lived experiences can add to the mental health field.



Community Engagement Meeting 2019

D. Peer Support Services

One goal of the Peer-to-Peer Behavioral Health Programs will be to provide coordinated, collaborative employment-related support for the peer employees/interns. This support can be provided by the selected service provider, BHS and by leveraging resources through the Department of Rehabilitation. The peer support services should include, but not limited to; training, supervision, consultation, on-the-job coaching and retention services, and peer-based support groups. The Peer-to-Peer Behavioral Health Programs should partner with the BHS Leadership Academy for access to no-cost monthly peer training seminars.

E. Wellness and Recovery

The fundamental objectives and principles of the programs must be based on concepts of Wellness and Recovery for consumers of behavioral health services. The goal of Wellness and Recovery is for

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consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. The model encourages consumers to draw upon personal strengths, better utilize natural supports, explore new strategies to cope and better navigate the behavioral health system of care.

As stated above, the content of the curriculum should be based on Wellness and Recovery principles. Some of the specific wellness and recovery concepts may include: Wellness Recovery Action Plan (WRAP), Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, meaningful activities, and employment.



Please refer to this link for more details on the MHSA vision and guiding principles:

http://www.dhcs.ca.gov/services/MH/Documents/Vision_and_Guiding_Principles_2-16-05.pdf

F. Advancement and Leadership Opportunities for Peers

The selected provider(s) will be responsible for creating advancement opportunities, a career ladder and leadership opportunities for peers. BHS currently has a wealth of very experienced and knowledgeable peer providers who have a demonstrated ability to successfully manage complex programs, coordinate large consumer conference events, provide education and presentations to large high-profile stakeholder audiences, participate in program development and evaluation planning efforts, facilitate multiple peer counseling groups, etc.

The selected provider(s) should collaborate with BHS and continue to develop peer leadership skills and provide increased opportunities for skill-building across all peer-to-peer programs and activities.

G. Service Collaboration

Health Care Reform requires that DPH work to maintain low program costs. This may be achieved by leveraging funding and/or collaborating with existing services to maximize support. A vital component to these programs will be collaboration among other DPH/BHS and MHSA community peer-to-peer programs in order to share best practices and learn about other programs in order to provide optimal care and support to consumers.

The selected provider(s) should create partnerships with programs including, but not limited to;

- Peer-to-Peer Employment Program
- Peer Outreach and Engagement Services
- Peer Specialist Mental Health Certificate Program
- Peer Wellness Center

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H. Service Provider Responsibilities

This RFQ describes a proposed model, however, the selected service provider(s), in collaboration with DPH/BHS and consumers, will be responsible for the design and implementation of these community programs. The provider(s) will evaluate the service delivery of these programs, frequently assess the needs of the community and implement changes, in collaboration with the input of behavioral health consumers.

A strong partnership between the service provider(s) and DPH/BHS is a vital component of this project. The ideal service provider(s) should be open to a collaborative process with DPH/BHS and DPH/BHS consumers in regards to program development, implementation, evaluation and long-term strategic planning. The final project is negotiable and will be developed during the program planning phase once the contracts are awarded.

The selected service provider(s) and all staff members funded by MHSA dollars must receive training and seek knowledge of all components of the Mental Health Services Act, including the MHSA guiding principles and MHSA regulations. In addition, staff must be knowledgeable of the vision of the BHS' Office of Equity, Social Justice and Multicultural Education (OESM). The link below provides more details.

<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/OESM.asp>

I. Program Descriptions

Each agency responding to this RFQ should indicate which program they are applying for. **Applicants should provide separate applications for each program in which they want to apply.** Please see more details below in the section titled, "Application Content".

1. Peer-to-Peer Linkage Program

The Peer to Peer Linkage Program enhances treatment services by providing supportive case management and resource linkage to clients at contracted DPH behavioral health clinics. Services, delivered by Peer Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and promote the possibility of wellness and recovery. The Peer Service Coordinators primarily provide services to the Adult and Older Adult populations, working with clients who are part of the behavioral health system. Each Peer Service Coordinator is assigned to a specific DPH BHS clinic. Clients are referred by direct service providers at various BHS programs/clinics, who indicate the service or assistance needed.



MHSA Outreach Event

The Peer Service Coordinators should provide support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. The Peer Service Coordinator should then meet with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address these needs.

The Peer Service Coordinator should work with the client to support them in the access and utilization of

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available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

- *Transportation and Mobility*
- *Affordable Housing*
- *Assistive Technology*
- *Language Interpretation*
- *Substance Use Services*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Services*
- *Re-entry Services for those with criminal justice involvement*

In accordance with MHSA goals, the Peer Service Coordinators should focus on providing the clients with assistance in: acknowledging the available services; understanding the implications of the services; making an informed decision on selecting services; successfully navigating eligibility and accessing systems; maximizing utilization of resources; following up on service progress, remaining on track with recovery goals, and achieving individual and vocational goals.

Peer Service Coordinators may work with the same client several times regarding different needs and issues. The frequency of service may also vary depending on the service needed and the resources available. Clients may be discharged from this program when their initial referral and/or other identified needs for service coordination have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

Lastly, the selected provider(s) for the Peer-to-Peer Linkage Program will be responsible for the following:

- ✓ Increase consumer linkage to resources they identify as a need
- ✓ Increase consumers' hope for the future
- ✓ Increase consumers' ability to manage their wellness

2. Peer-to-Peer, Family-to-Family Program

The Peer-to-Peer, Family-to-Family program offers an array of peer education and support programs to help individuals experiencing mental health issues, and their families. This program should aim to offer help and a sense of community for parents, caregivers, and persons living with mental illness. Using peer education, the selected provider(s) should provide individuals a safe place to find a strong network of support and the tools to work towards personal wellness.

In accordance with MHSA goals, the Peer-to-Peer and Family-to-Family program should aim to:

- ✓ Increase identification of emerging mental health issues
- ✓ Increase interdependence and social connectedness with families and communities
- ✓ Increase problem solving capacity, responsibility and accountability for one's individual wellness

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Peer-to-Peer Classes

The selected provider(s) should be prepared to facilitate at least **four** sessions of 20-hour Peer-to-Peer classes (i.e. 2 hrs./week over 10 weeks for one session) all throughout San Francisco's Behavioral Health Services sites including outpatient clinics and community-based programs.

Classes will be taught by trained Peer Specialists. Educational topics may include, but not limited to; psycho-education, reducing stigma, suicide prevention, mindfulness, self-care, care management, skill development, and various wellness practices. All classes should work towards an outcome of reducing risk-factors and increasing one's quality of life.

Peer Specialists can teach healthy behaviors to better track challenges, treatment and coping strategies and practice relapse-prevention activities. The environment of peer-led and peer-supported classes should foster hope and belonging, while supporting peer-to peer networks.

Peer Specialists should provide additional support to each participant graduate. These services may include providing assistance to establish connections to community supports, linking to a support group and/or implementing strategies for self-care.

Family-to-Family Classes

The selected provider(s) should be prepared to facilitate at least **four** sessions of 30-hour Family-to-Family classes (i.e. 2.5 hrs./week over 12 weeks for one session) all throughout San Francisco's Behavioral Health Services sites including outpatient clinics and community-based programs.

Classes will be taught by trained Family Specialists (those with lived experience being a family member of a person with mental illness). Family Specialists will provide education on understanding mental health, reducing stigma, suicide prevention, coping with crises, accountability for self-care and support practices for their family member(s) living with mental health challenges, including problem-solving and advocacy.

Other Program Components

In addition to the activities described above, the selected provider(s) should be prepared to implement the following other program components:

- This program should provide a resource table in class with information on San Francisco's Behavioral Health Services and community resources.
- Participants should develop a service plan (if applicable), address barriers and develop strategies for communicating with supporters/resources.
- The program should offer weekly peer mentorship, weekly meetings with peers, weekly supervision and weekly peer-led support groups.
- A three-day Leadership Training should be held annually to train Peer-to-Peer class alumni to become mentors and teachers for the program.
- A three-day Leadership Training should be held annually to train Family-to-Family class alumni to become mentors and teachers for the program.
- A one-day training should be held to train speakers on how to conduct outreach in the community.
- Program staff should conduct outreach throughout Behavioral Health Services and at other community-based programs.
- The program should best match Peer Specialists from the populations being served, seeking

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- linguistic and cultural understanding.
- Cultural competency training should be provided to Peer Specialists and Family Specialists.
- A graduation ceremony should be provided to all participants graduating from each training session.

J. Program Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives. Examples of program performance objectives may include, but are not limited to the following:

- Increase consumer and family awareness about mental health education, resources, substance abuse services, primary care programs and vocational services in the community.
- Increase identification of emerging mental health issues.
- Increase access and linkage to resources and services for consumers.
- Increase the social connectedness of consumers with others in their community.
- Increase consumer's problem solving and communication techniques.
- Increase the quality of life of consumers.
- Increase awareness and skills for practicing self-care.
- Increase peer wellness, resiliency and recovery.
- Increase consumer knowledge of suicide warning signs and resources.
- Increase peer staff professional development (skills)
- Increase peer staff capacity to manage their own wellness and recovery

K. Evaluation Efforts

The selected provider(s) will be responsible for developing a comprehensive evaluation plan – which should be carried out in collaboration with peers, community members, current and/or former mental health consumers and other service providers of the Department's Behavioral Health Services system.

DPH/BHS is seeking agency/organization applicants that can:

- 1) Set clear program S.M.A.R.T. objectives, (i.e. those that are **S**pecific **M**easurable, **A**chievable, **R**elevant and **T**ime-Bound);
- 2) Have strong methods of achieving those objectives; and
- 3) Design plan that includes a program logic model, goals, objectives, timelines, indicators of success, defined benchmarks and expected outcomes and deliverables.

Evaluation outcomes should demonstrate that this program has yielded the stated outcomes listed above, and any additional objectives that may be developed during the contract negotiation and program planning phases after the contract has been awarded.

Data Collection

DPH/BHS recommends that the selected provider(s) collaborate with DPH/BHS and its Quality Management (QM) unit to finalize evaluation tools that will assess mental health consumers' progress and solicit their feedback. With these findings, the selected provider(s) can regularly make immediate adjustments to the program as needed.



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The selected provider(s) are expected to plan programming, measure program implementation and design evaluation methods – including data collection. Each of the referenced phases should be done inclusively with peer providers, behavioral health consumers and DPH/BHS providers.

Data collection tools may include, but are not limited to:

Administrative Data:

- Wellness activity attendance log
- Case Management Plans (including wellness goals)
- Service Plans
- Referral log for behavioral health services

Participant Measures:

- Measure of community participant's knowledge of mental health
- Measure of community participant's level of stigma toward mental health
- Measure of social connectedness and connection with community
- Measure of mental wellness, such as the PHQ-2, GAD-2, or other assessment
- Community participants' feedback (e.g. satisfaction surveys and recommendations for program improvements)

Staff Measures:

- Measure of peer staff confidence/skills
- Measure of peer staff perception of support for their wellness

Evaluation and Reporting Resources

Evaluation

It is strongly recommended that at least 5-10% of the budget be allocated to evaluation data collection, analysis of performance objectives and Mid-year and Year End reporting to MHSA, as required by the State.

The selected provider(s) will be responsible for developing a clearly defined logic model that guides the proposed program's design, implementation and evaluation. This evaluation phase will need to include measurement tools (allowed by DPH/BHS) to monitor and assess the program's efficacy in meeting the goals defined in this RFQ.

Individual provider and/or provider collaborations will be encouraged to make use of the available technical assistance and support from the Department's Quality Management (QM) team to:

- clarify and operationalize indicators of success (outcome measures)
- design evaluation instruments to measure program effectiveness
- determine which data collection approach is most feasible given a program's capacity

In lieu of technical assistance from QM, the selected provider(s) may seek assistance from an external evaluation consulting firm. If the selected provider(s) elects to use an external evaluation consulting firm, that service provider(s) should indicate if the cost of that external evaluation consulting firm will be a part of their proposed contract budget to DPH/BHS or if this expense will be paid by another funding source(s).

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The provider(s) will be responsible for compiling evaluation reports summarizing the proposed program's design, results, outcomes, lessons learned and ways to continuously improve program services based on feedback from mental health consumers, their family members and all other applicable stakeholders.

Reporting

The chosen provider(s) will also be responsible for disseminating reports to broad audiences as requested by DPH/BHS. **MHSA Mid-Year and Year-End Reports are due throughout the year to the MHSA leadership team. Meeting posted reporting deadlines is pertinent for the continuation of funding for these programs.** The provider(s) may be asked to share successful practices and lessons learned with the San Francisco Mental Health Board, BHS Executive Team, MHSA Advisory Committee, BHS Client Council, peer-based organizations and community-based agencies. Reports and presentations may be requested for dissemination on a State-level to the Mental Health Services Oversight and Accountability Commission (MHSOAC), SAMHSA or other State Oversight entities, and these findings may provide insight to other counties working on similar projects.

L. Minimum Qualifications

In order to meet the requirements of the Peer Health and Advocacy Programs RFQ, the agency(ies) must meet the following minimum qualifications:

- a. Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community.
- b. Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs.
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
- d. Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, and outreach and/or stigma reduction.
- e. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience.

Applications that do not demonstrate that the agency(ies) meet these minimum requirements by the deadline for submittal of applications, will be considered non-responsive and will not be eligible for project application review or for award of a contract.

Failure to provide any of the following information or forms may result in an application being disqualified.

III. APPLICATION SUBMISSION REQUIREMENTS

A. Letter of Intent (LOI)

Prospective applicants are requested to submit a Letter of Intent (LOI) using the form located [Appendix A1-b](#) to the DPH Office of Contracts Management and Compliance by **12:00 P.M., on January 31, 2020** to indicate their interest in submitting an application under this RFQ. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits an agency to submit a proposal.

Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org or mailed at the address below.

B. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m., on February 13, 2020**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SFDPH Office of Contracts Management, or mailed to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management and Compliance
1380 Howard St. 4th Floor #421
San Francisco, CA 94103**

Applicants shall submit **one (1) original** and **six (6) copies** of the application, and one (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked **"RFQ 43-2019 – Peer to Peer Behavioral Health Services"** to the above location. The original copy of the application must be clearly marked as **"ORIGINAL"** and emailed to the contracts office at sfdphcontractsoffice@sfdph.org. Applications that are submitted by facsimile, telephone or electronic mail (besides the original application) will not be accepted. Late submissions will not be considered.

C. Late Submissions

Submissions are due at 12:00 P.M. on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the 12:00 P.M. deadline but before 12:01 P.M. the following day may be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 P.M. of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal.

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

D. Format

All submission must be typewritten and on recycled paper with an easy to read 12 point font such as Arial or Times New Roman, one inch margins, double spaced printed on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two application pages when meeting program application page limits). Please bind your application with a binder clip, rubber band or single staple. Please do not use binders, do not bind your application with a spiral binding, glued binding or anything similar. You may use tabs or other separators within the document. If your response is lengthy, please include a Table of Contents.

IV. APPLICATION CONTENT

Failure to provide any of this information or forms may result in an application being disqualified.

Firms interested in responding to this RFQ must complete the required forms and describe how it meets the Minimum Qualifications and provide the required information using the application content below:

1. Required Forms *Appendix A1-a*

- RFQ Form #1-Solicitation and Offer
- RFQ Form #2 Contractual Record Form
- CMD Forms: Contract Monitoring Division.

All proposals submitted must include the following: *Form 3- CMD Compliance Affidavit – Non-Discrimination Affidavit*

If this form is not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected. The form should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may contact Alysabeth Alexander-Tut, Contract Monitoring Division (415) 274-0511, Email at alysabeth.alexander-tut@sfgov.org or visit CMD website at <https://sfgov.org/cmd/>

2. Agency Cover Sheet *Appendix A1-a*

Interested applicants must complete Appendix A-1a “Agency Cover Sheet” responding to this RFQ and indicate which program your agency is applying for. **Applicants should provide separate applications for each program they wish to apply.**

3. Introduction (up to 1 page)

Submit a letter of introduction for your agency's application. Include a brief overview of your agency and your agency's experience providing the proposed services. The letter must be signed by a person authorized by your agency to obligate your agency to perform the commitments contained in the application. Please state the location of your firm's headquarter and include the name and contact information (address, email and telephone number) for this person or another contact person at your firm. Submission of the letter will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the application.

4. Minimum Qualifications (up to 4 pages)

Please provide a narrative concisely describing how you meet the minimum qualifications listed below.

- a. Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community.
- b. Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs.
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
- d. Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, outreach and/or stigma reduction.
- e. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience.

5. Memorandum of Understanding or Letter of Commitment (up to 1 page, if applicable)

If your agency is planning to utilize community partnerships or subcontractors to meet the obligations of this RFQ, please provide a Memorandum of Understanding (MOU) or Letter of Commitment for each partner and briefly describe the collaborative relationship.

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Any application that does not demonstrate that the applicant meets these minimum requirements by the deadline for submittal of applications will be considered non-responsive and will not be eligible for project application review or for award of a contract.

V. EVALUATION AND SELECTION CRITERIA

A. Selection Criteria

The applications will be evaluated by a selection committee comprised of parties with expertise in Peer-to-Peer Behavioral Health Services. The criteria outlined below will be used in this process to establish a ranked order of Qualified Candidates for each service category. At any time during the review process, the Department may require a Candidate to provide oral or written clarification of its Qualifications Application. The Department of Public Health Behavioral Health Services (DPH/BHS) reserves the right to review and evaluate qualifications received without further clarification.

Your application must meet a minimum score of **70 points or higher** in order to be eligible to list as a “Qualified Candidate”. Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate’s being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

The City intends to evaluate the applications generally in accordance with the criteria itemized below.

APPLICATION NARRATIVE EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

1. Minimum Qualifications for Application Narrative

In order to be scored, applicants must demonstrate the following experience:

- Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community. **(20 points)**
- Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs. **(20 points)**
- Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services. **(20 points)**
- Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, outreach and/or stigma reduction. **(20 points)**
- Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience. **(20 points)**

ORAL INTERVIEW EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

1. Oral Interview

Following the evaluation of the written applications, the top applicants receiving the highest scores and also meeting the minimum score of 70 points, may be invited to participate in an oral interview. DPH also

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has the sole discretion to choose the highest scoring written applications and forego the interview process if a suitable eligible list is developed from the first round of scores. If there is an interview, both the written application and oral interview scores will be combined in the final ranking and provider selection. The interview will consist of standard questions asked of each of the selected applicants.

TOTAL POINTS POSSIBLE FROM APPLICATION/INTERVIEW: 200 Points

Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No applicant shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such applicant's being identified on the list as a Qualified Applicant.

VI. EMAIL QUESTION PERIOD AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFQ. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFQ. All questions are to be directed to the following e-mail address: Mahlet.Girma@sfdph.org, OR by electronic mail, fax and or US Mail to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504**

E-questions may only be submitted from December 18, 2019 until 12:00 P.M. January 17, 2020.

All questions will be compiled and the answers will be published within 5 to 7 working days after the closing date. Please note that questions will not be answered before the email question closing date.

No questions or requests for interpretation will be accepted after 12:00 PM on **January 17, 2020**. If you have further questions regarding the RFQ, please contact the contracts office at sfdphcontractsoffice@sfdph.org.

B. Contract Award

The Department of Public Health (DPH) will select a firm with whom the Department of Public Health staff shall commence contract negotiations. The selection of any qualification from a qualified firm shall not imply acceptance by the City of all terms of the qualification, which may be subject to further negotiations and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the DPH, in its sole discretion, may terminate negotiations with the selected applicant and begin contract negotiations with any other firm on the qualified list.

Potential Candidates must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate's being identified on the list as a Qualified Candidate.

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Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants of a specific service category, depending upon the needs of the program.

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALIFICATIONS

A. Errors and Omissions in RFQ

Applicants are responsible for reviewing all portions of this RFQ. Applicants are to promptly notify the Department, in writing, if the applicant discovers any ambiguity, discrepancy, omission, or other error in the RFQ. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of applications. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFQ

Inquiries regarding the RFQ and all oral notifications of an intent to request written modification or clarification of the RFQ, must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504
E-mail: sfdphcontractsoffice@sfdph.org

C. Objections to RFQ Terms

Should a applicant object on any ground to any provision or legal requirement set forth in this RFQ, the applicant must, not more than ten calendar days after the RFQ is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a applicant to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the RFQ, prior to the application due date, by issuing written Change Notices, which will be posted on the website. The applicant shall be responsible for ensuring that its application reflects any and all Change Notices issued by the Department prior to the application due date regardless of when the application is submitted. Therefore, the City recommends that the Applicant call the Department before submitting its application to determine if the Applicant has received all Change Notices.

E. Term of Application

Submission of a application signifies that the proposed services and prices are valid for 120 calendar days from the application due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

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F. Revision of Application

An applicant may revise a application on the applicant's own initiative at any time before the deadline for submission of applications. The applicant must submit the revised application in the same manner as the original. A revised application must be received on or before the application due date.

In no case will a statement of intent to submit a revised application, or commencement of a revision process, extend the application due date for any applicant.

At any time during the application evaluation process, the Department may require a applicant to provide oral or written clarification of its application. The Department reserves the right to make an award without further clarifications of applications received.

G. Errors and Omissions in Application

Failure by the Department to object to an error, omission, or deviation in the application will in no way modify the RFQ or excuse the vendor from full compliance with the specifications of the RFQ or any contract awarded pursuant to the RFQ.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFQ. Submissions of the RFQ will become the property of the City and may be used by the City in any way deemed appropriate.

I. Applicant's Obligations under the Campaign Reform Ordinance

Applicants must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a applicant is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the applicant is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Application, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

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1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, applicants should contact the San Francisco Ethics Commission at (415) 581-2300.

J. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to RFQs and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

K. Public Access to Meetings and Records

If an applicant is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the applicant must comply with Chapter 12L. The applicant must include in its application (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to applicant's meetings and records, and (2) a summary of all complaints concerning the applicant's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the applicant shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in applicant's Chapter 12L submissions shall be grounds for rejection of the application and/or termination of any subsequent Agreement reached on the basis of the application.

L. Reservations of Rights by the City

The issuance of this RFQ does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, application, or application procedure;
2. Reject any or all applications;
3. Reissue a Request for Applications;
4. Prior to submission deadline for applications, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFQ, or the requirements for contents or format of the applications;
5. Procure any materials, equipment or services specified in this RFQ by any other means; or
6. Determine that no project will be pursued.

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M. No Waiver

No waiver by the City of any provision of this RFQ shall be implied from any failure by the City to recognize or take action on account of any failure by a applicant to observe any provision of this RFQ.

N. Local Business Enterprise Goals and Outreach

The LBE Goal is deleted due to the fact that Federal and State Funds will be used in the funding mix for this RFQ.

CMD Forms to be submitted with Application

- a) All applications submitted must include the following CMD Forms contained in the CMD Attachment 2: i) Form 2A, CMD Contract Participation Form, ii) Form 3, CMD Non-Discrimination Affidavit, iii) Form 4, CMD Joint Venture Form (if applicable), and iv) Form 5, CMD Employment Form. If these forms are not returned with the application, the application may be determined to be non-responsive and may be rejected.
- b) Please submit only one (1) copy of the above forms with your application. The forms should be placed in a separate, sealed envelope labeled CMD Forms.

If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

VIII. CONTRACT REQUIREMENTS

A. Standard Contract Provisions

The successful applicant will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Applicants are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§**Article 10.5 “Nondiscrimination Requirements”** in the Agreement); the Minimum Compensation Ordinance (§**Article 10.7 “Requiring Minimum Compensation for Covered Employees”** in the Agreement); the Health Care Accountability Ordinance (§**Article 10.8 “Requiring Health Benefits for Covered Employees”** in the Agreement); the First Source Hiring Program (§**Article 10.9 “First Source Hiring Program”** in the Agreement); and applicable conflict of interest laws (§**Article 10.2 “Conflict of Interest”** in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful applicant will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD’s website at <http://www.sfgsa.org/index.aspx?page=6058>.

C. Minimum Compensation Ordinance (MCO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P.

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Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful applicant will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful applicant will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful applicant will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful applicant might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful applicant that the City has selected the applicant.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity¹ subject to HIPAA and the Privacy Rule contained therein;

¹ "Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA

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- A Business Associate² subject to the terms set forth in Appendix A-3 “HIPAA for Business Associates Exhibit”;
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997 the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions Internet site at <http://www.sfgsa.org/index.aspx?page=6058>.

J. Vendor Credentialing at San Francisco General Hospital.

It is the policy of San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES" Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." Vendormate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

IX. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a application and believes that the City has incorrectly determined that its application is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant,

² *"Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.*

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and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive application and believes that the City has incorrectly selected another applicant for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the applicant, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Contract Management and Compliance
101 Grove St, Rm. 307
San Francisco, CA 94102
Fax number (415) 554-2555

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTHDept. Code: DPHType of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 40587 - 17/18)Type of Approval: ☐ Expedited ☒ Regular ☐ Annual ☐ Continuing ☐ (Omit Posting)Type of Service: Behavioral Health Services - OutpatientFunding Source: General Fund, Medi-CalPSC Original Approved Amount: \$137,760,000 PSC Original Approved Duration: 01/01/18 - 12/31/22 (5 years)PSC Mod#1 Amount: \$154,291,200 PSC Mod#1 Duration: 01/01/23-12/31/27 (5 years 1 day)PSC Mod#2 Amount: \$146,000,000 PSC Mod#2 Duration: 09/01/23-12/31/28 (1 year 1 day)PSC Mod#3 Amount: no amount added PSC Mod#3 Duration: 01/01/29-12/31/30 (2 years)PSC Cumulative Amount Proposed: \$438,051,200 PSC Cumulative Duration Proposed: 13 years 2 days**1. Description of Work****A. Scope of Work/Services to be Contracted Out:**

Contractors will provide services as part of the City's Adult/Older Adult Systems Of Care, including mental health outpatient, intensive case management, crisis stabilization, residential treatment services, supportive housing and other adjunct services (such as representative payee and income assistance advocacy) to the approximately 21,000 San Francisco residents who have serious mental illness and resulting significant functional impairments, including serious mood, schizophrenic/psychotic, anxiety, adjustment and other mental disorders, which may co-occur with substance use disorders and significant primary care, functional impairment and quality of life issues. In partnership with civil service staff, services provided by contractors provide flexible, integrated, seamless services based on the level and type of needs of the client, and responding as clients' needs change over time.

B. Explain why this service is necessary and the consequence of denial:

Without these services, transitional age youth, adults and older adults will be exposed to increased levels of addiction, anxiety, depression, post-traumatic stress disorder, violence, trauma, post-trauma, and other symptoms. There will also be a generalized sense of increased collective helplessness throughout the community as related to untreated mental illness, leading to communities to feel besieged and victimized. Not providing the services may result in increased lawsuits and related costs, as well as disallowance of State and Federal funding for failing to expend funds within regulatory guidelines.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.

Services have been provided in the past through earlier PSC request. See 40587 - 17/18

D. Will the contract(s) be renewed?

Yes, as the need continues and funding is available.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:

The Department expects the need for these services to continue.

2. Reason(s) for the Request**A. Display all that apply**

☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:

These services are provided by community-based behavioral health non-profit organizations/service providers which are able to provide a broad range of cultural expertise and linkages unavailable through Civil Service classifications alone. Due to their ability to provide a greater array of diversity and expertise, they are able to work in partnership with Civil Service staff, thereby increasing the value of their output, as well enabling the City to provide the highest quality, most accessible mental health and substance abuse treatment services to its residents as is possible.

B. Reason for the request for modification:

To extend the duration to align with the anticipated contract term.

3. Description of Required Skills/Expertise

- A. Specify required skills and/or expertise: Contractors must be Mental Health Medi-Cal and/or Medicare providers with proper licenses and service facilities, appropriately trained licensed and certified staff and facilities which comply with applicable State laws and regulations, as well have experience in providing the needed services to the identified target population(s), including working collaboratively with families, support systems, and other agencies/providers on- and off- site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long-term care to engage with needed services, and, where applicable, providing wrap-around services.
- B. Which, if any, civil service class(es) normally perform(s) this work? 2110, Medical Records Clerk; 2230, Physician Specialist; 2232, Senior Physician Specialist; 2305, Psychiatric Technician; 2320, Registered Nurse; 2328, Nurse Practitioner; 2552, Dir of Act, Therapy & Vol Svcs; 2574, Clinical Psychologist; 2589, Health Program Coordinator 1; 2591, Health Program Coordinator 2; 2593, Health Program Coordinator 3; 2706, Housekeeper/Food Service Clnr; 2822, Health Educator; 2908, Hospital Eligibility Worker; 2910, Social Worker; 2913, Program Specialist; 2915, Program Specialist Supervisor; 2920, Medical Social Worker; 2930, Psychiatric Social Worker; 2935, Sr Marriage, Fam & Cld Cnslr;
- C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: Yes. Contractor will maintain appropriate community facilities that are licensed and otherwise compliant with external funding and regulatory requirements for provision of contracted services.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

- A. Explain why civil service classes are not applicable.
Community-based behavioral health contractors provide cultural expertise and linkages otherwise unavailable through Civil Service classifications. Civil Service staff work in partnership with contractors, which are non-profit organizations, and through these collaborations the City is able to offer more quality, accessible mental health and substance abuse treatment services to its residents than it would be able to do alone. These collaborative mental health and substance abuse treatment services are best provided by community-based service providers which have the required expertise, often specific to the target population they serve, and who have the trust of and credibility in the community, as well as linkages and resources unavailable to the City at a comparable level. They are able to operate the small, flexible, community-based programs required by State law and found to be most effective in treatment residents who are mentally ill.
- B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No. Existing classifications currently perform this work. However, demand exceeds the capacity at City facilities to provide these services so that City uses contractors to meet as many of the client's needs as possible.

6. Additional Information

- A. Will the contractor directly supervise City and County employee? If so, please include an explanation.
No.

- B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.
While the primary purpose of the services under this PSC is not to provide formal training to civil service staff, knowledge transfer may occur as civil service staff work closely in partnership with contractor staff.
- C. Are there legal mandates requiring the use of contractual services?
No.
- D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.
No.
- E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.
No.
- F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.
No.

7. Union Notification: On 12/01/23, the Department notified the following employee organizations of this PSC/RFP request:
SEIU, Local 1021 (Staff Nurse & Per Diem Nurse); SEIU 1021 Miscellaneous; Professional & Tech Engrs, Local 21; Physicians and Dentists - 8CC;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Reanna Albert Phone: 628-271-6178 Email: reanna.albert@sfdph.org

Address: 101 Grove Street, Room 405, San Francisco, CA 94102

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 40587 - 17/18

DHR Analysis/Recommendation:

Commission Approval Not Required

Approved by DHR on 02/05/2024

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTH

Dept. Code: DPH

Type of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 49279 - 17/18)

Type of Approval: ☐ Expedited ☒ Regular ☐ Annual ☐ Continuing ☐ (Omit Posting)

Type of Service: Mental Health Services Act Peer Programs

Funding Source: Mental Health Services Act funds

PSC Original Approved Amount: \$25,590,000 PSC Original Approved Duration: 01/01/18 - 12/31/23 (6 years)

PSC Mod#1 Amount: \$1,960,000 PSC Mod#1 Duration: 07/01/19-06/30/24 (25 weeks 6 days)

PSC Mod#2 Amount: \$26,092,000 PSC Mod#2 Duration: 07/01/24-12/31/27 (3 years 26 weeks)

PSC Mod#3 Amount: no amount added PSC Mod#3 Duration: 01/01/28-06/30/29 (1 year 25 weeks)

PSC Cumulative Amount Proposed: \$53,642,000 PSC Cumulative Duration Proposed: 11 years 26 weeks

1. Description of Work

A. Scope of Work/Services to be Contracted Out:

The work performed under this PSC will include programs for peers, who are behavioral health clients with lived experience of mental illness and the mental health treatment system who perform specific peer-based activities for other clients in the behavioral health system, including: (1) Peer Health and Advocacy services, which works to support peers/consumers of mental health services and their families by offering a wide array of services such as peer education and support programs, community awareness presentations, and trainings for service providers and clients; these programs seek to improve health outcomes, reduce the stigma associated with behavioral or mental health conditions, and advocate on behalf of these populations; (2) Community Drop-In Services, which provide drop-in and resource support service centers throughout the City in order to offer multiple entry points and allow easy access to services; peer and clinical staff connect with clients and link them to behavioral/mental health services; services include case management, support groups, socialization events, employment services, and access to the arts; activities are offered to build social connection with other participants and natural support systems; (3) Fiscal Intermediary Services for Peer Employment, which will provide subcontractor, bookkeeping and limited personnel management services for several Peer-to-Peer projects in the Peer-to-Peer Services System, which is comprised of several peer programs managed by Department Civil Service staff, with a small portion of the programs staffed by peer counselors.

B. Explain why this service is necessary and the consequence of denial:

The State Mental Health Services Act (MHSA) which funds these services requires that the input of clients and their families play a significant role in the development of MHSA-funded programs, and as a result, their input has informed the development of these services and their feedback was integrated into the Request For Qualifications (RFQ) for these services. Denial would prevent these services from being provided and would result in existing mental health services throughout the community being dramatically reduced, especially those services which target clients with severe mental illness who are Black/African America, Latino/a, socially isolated older adults, homeless and/or socially-excluded.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.

Services have been provided in the past through earlier PSC request. See 49279 - 17/18

D. Will the contract(s) be renewed?

Yes, if funding is available.

- E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:
(not applicable)

2. Reason(s) for the Request

A. Display all that apply

- ☒ Regulatory or legal requirements, or requirements or mandates of funding source(s) which limit or preclude the use of Civil Service Employees. Include a copy of the applicable requirement or mandate.
- ☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).
- ☒ Cases where future funding is so uncertain that the establishment of new civil service positions, classes or programs is not feasible (including situations where there is grant funding).

Explain the qualifying circumstances:

The Mental Health Services Act (MHSA) emphasizes the use of consumers/peers and family members to provide peer support, counseling, navigation and linkage. The use of peers supports the increase awareness of mental illness, works to reduce the stigma of mental illness, provides practical system navigation and increases access to care. Currently, no Civil Service position is designed to exclusively hire peers and their families individuals with lived experience dealing with mental health challenges. The City currently lacks office/program space to accommodate all of these services. MHSA funding is volatile. Because it is based on a percentage of State income taxes, funding fluctuates year-to-year and funding reductions are currently being projected.

B. Reason for the request for modification:

To extend the duration to align with the anticipated contract term.

3. Description of Required Skills/Expertise

- A. Specify required skills and/or expertise: Demonstrated experience implementing peer-based and clinical activities within a Community Drop-In setting; providing outreach and engagement, screening and assessment, individual, family and group therapeutic services, as well as wellness promotion and service linkages; collecting, evaluating and disseminating comprehensive data, including program and participant outreach, service utilization/duration, and external referrals; incorporating wellness and recovery principles into programming; delivery of responsive services to clients who are homeless or episodically housed, and who may struggle with multiple behavioral health issues.
- B. Which, if any, civil service class(es) normally perform(s) this work? 2305, Psychiatric Technician; 2574, Clinical Psychologist; 2585, Health Worker 1; 2586, Health Worker 2; 2587, Health Worker 3; 2588, Health Worker 4; 2589, Health Program Coordinator 1; 2591, Health Program Coordinator 2; 2593, Health Program Coordinator 3; 2822, Health Educator; 2910, Social Worker; 2930, Psychiatric Social Worker;
- C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: Yes, the contractor will use office/program space and peer-based curricula not currently possessed by the City.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

A. Explain why civil service classes are not applicable.

This specialty is difficult to require under Civil Service requirements. Civil Service classes are not applicable, as the required expertise and skill sets are not available in civil service classifications. All of these programs must be based on wellness and recovery principles and must employ behavioral health clients with lived experience, as required by the MHSA.

B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No, as it is not the types of civil service classifications available that are unsuitable for these services, but the need for the services to be provided by peers, individuals with lived experience of mental illness and with the mental health services system--and a flexible approach to employment of peers, who may not have the ability to consistently comply with "regular" Civil Service employment requirements--which is not available through Civil Service.

6. Additional Information

A. Will the contractor directly supervise City and County employee? If so, please include an explanation.
No.

B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.
No training of civil service employees is included under this PSC. The purpose of the PSC includes training of peers (people with lived experience of the mental health system) and their families.

C. Are there legal mandates requiring the use of contractual services?
These services will be funded, specifically, by Mental Health Services Act (MHSA). The providers must demonstrate the ability to adhere to the MHSA principles and State regulations.

D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.
No

E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.
No

F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.
No.

7. Union Notification: On 05/09/24, the Department notified the following employee organizations of this PSC/RFP request:
SEIU Local 1021; SEIU 1021 Miscellaneous; Professional & Tech Engrs, Local 21; Prof & Tech Eng, Local 21; Architect & Engineers, Local 21;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Reanna Albert Phone: 628-271-6178 Email: reanna.albert@sfdph.org

Address: 101 Grove Street, Room 405, San Francisco, CA 94102

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 49279 - 17/18

DHR Analysis/Recommendation:

Commission Approval Not Required

Approved by DHR on 07/08/2024

Personal Service Contract Summary (PSC Form 1)

PSC Basic Information

Submitting Department: DPH

Submitted By: Reanna Albert

Department Coordinator: Reanna Albert,
reanna.albert@sfdph.org

Project Manager: Tracey Helton

ServiceNow Number: DHRPSC0001895

Version: 1.02

Version Type: Amendment

Legacy PSC #: 46266-14/15

Brief description of proposed work: Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Programs

Reason for the Request for Amendment: To extend the duration and increase the amount to align with the anticipated contract term.

Review Type and Reason

CSC Review Required: Yes

CSC Review Reason(s):

- Requires CSC Approval by Duration

Amount

Previously Approved Amount: \$55,874,000

Increase Amount: \$10,000,000

Why are you requesting the PSC amount to be increased?: There is an ongoing system-wide need to hire, train, and utilize peers to provide support services through the requirements of State Proposition 1/Mental Health Services Act (MHSA).

Total Amended Amount: \$65,874,000

Does contract include items other than services?: No

Duration

Is PSC by Duration or Continuing: Duration

Previously Approved Duration (months): 174

Duration Increase (months): 6

Why are you requesting the PSC duration to be increased: There is an ongoing system-wide need to hire, train, and utilize peers to provide support services through the requirements of State Proposition 1/MHSA.

Total Amended Duration (months): 180

First Contract Start Date: 7/1/2016

PSC Duration End Date: 7/2/2031

Funding

Funding Source: State Funds, City Funds, Federal Funds

Special circumstances related to funding: Yes

Explain the special circumstances: MHSA state funding requires a percentage of county total allotment to be used for hiring of mental health consumers and/or their family members as "peers".

Scope of Work

Are you making substantive changes to the scope of work last approved?: No

Clearly describe scope and detail the services to be performed: Original coordinator's email: jacquie.hale@sfdph.org.

The programs will provide specialized classroom training and employment support for over 150 consumers on an annual basis who wish to provide peer counseling services. Peers are defined as individuals with personal lived experience who are consumers of mental health services, former consumers, or family members of consumers. Peers utilize their lived experienced in peer counseling settings to benefit the wellness and recovery of the clients being served. These peers will provide peer counseling support to over 400 unduplicated clients in the mental health system. In collaboration with Behavioral Health Services (BHS) and consumers, the contractor will be responsible for the reorganization of the current peer-to-peer services and the implementation of a cohesive and collaborative peer-to-peer system. The contractor will be responsible for developing a peer-to-peer delivery system that promotes best practices, shared resources, and advancement opportunities for peers and quality-driven peer-to-peer services for behavioral health consumers. The contractor will also provide up-to-date and nationally recognized practices providing specialized curriculum in the field of peer counseling. The contractor will work in collaboration with BHS programs, the Department of Rehabilitation, other stakeholders and the broader Bay Area community.

Why are these services required and what are the consequences of denial?: MHSA funding from the state requires significant hiring from individuals with lived experience of the mental health system to remain in compliance with funding requirements. Consequences of denial would include lack of opportunities for those who have engaged and are currently engaging in services in the mental health system. Peers utilize their lived experience in peer counseling services to benefit the wellness and recovery of the clients being served. Clients who are currently engaged in services would lose this invaluable support system which may lead to decompensation as adapting to change is frequently challenging for those with persistent mental illness.

Has your department contracted out these services in the last three years?: Yes. See attached list of contracts entered into for these or similar services in the last 3 years.

How many contracts?: 4

Why have you not hired City employees to perform the services?: The City and County of San

Francisco does not have a civil service classification for peer counselors, unlike neighboring counties. As a result, there is no existing classification under which City employees could be hired to perform these services.

Board and Commission Approvals

Will any contracts under this PSC require department Commission approval: No

Will any contracts under this PSC require Board of Supervisors approval: Yes

Provide details related to contracts for which BOS approval will be required?: Board of Supervisors approval will be required.

Justification

Has your response to Q1 changed?: No

Q1 - Are there any regulatory or legal requirements supporting outsourcing of this work?: No

Q2 - Does performing these services cause a conflict of interest?: No

Q3 - Are these proprietary services City is not authorized to do?: No

Q4 - Does City lack necessary facilities/equipment?: No

Q5 - Are the services required on a temporary basis or on a long-term basis?: Long-term Basis

Q5a) Are the services required on an as-needed, intermittent, or periodic basis?: No

Q5b) Do the services require specialized expertise, knowledge experience?: Yes

Q5b1) Describe the specialized skills and expertise required to perform the services: -Lived experience as a consumer of the mental health system or as a family member of a consumer.

-Ability to use lived experience in providing peer counseling services to support wellness and recovery.

-Knowledge of nationally recognized practices and specialized curriculum in the field of peer counseling.

-Skills to provide specialized classroom training and employment support to peers.

-Experience supporting a cohesive peer-to-peer system that promotes best practices and shared resources.

Q5c) Does City have classifications with the required specialized skills or expertise?: No

Q5c1) Should City develop a classification to perform these services?: No

Q5c2) Explain why new a job classification is not feasible: The specialized lived-experience skills required for this work do not align with existing civil service structures, and developing a new classification would require a broader Citywide effort that is not currently underway.

Q5d) Will contractor directly supervise City employees?: No

Q5e) Will contractor train City employees?: No

Q5e1) Explain why training of City employees is not required: No peer classification exists for City employees.

Q5f) Is there a plan to transition this work back to the City?: No

Q5f1) Explain why the work will not be transitioned back to the City: At this time, the work cannot be transitioned back to the City because no civil service classification exists for peer positions.

Additional information to support your request (Optional):

Union Notifications

Have the Job Classes/Labor Unions changed?:

Job Class(es): 2585 - Health Worker 1

Labor Unions: 790 - SEIU, Local 1021, Misc

Labor Union Email Addresses: PSCreview@seiu1021.org

Union Review Sent On: 4/3/2026

Union Review End Date: 4/13/2026

Union Review Duration Met On: 4/13/2026



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number

SFEC126F0001353

Status

BOS Legislative Clerk Acceptance

SFEC126f Form Type

126f4 BOS

File Number (BOS)

260439

Type of Filing

Original

Contractor Information

Contractor Name

Richmond Area Multi Services Inc.

Contractor Email

info@ramsinc.org

Contractor Phone #

(415) 800-0699

International Address?

No

Contractor Address (US)

4355 Geary Blvd.

Contractor City and State

San Francisco - CA

Contractor Zip Code

94118

Country

United States of America

Contract Information

Contract Amount

\$48,211,511.00

Description of Amount of Contract

Not to exceed \$48,211,511

Contract Description

Provide peer to peer employment and peer specialist mental health certificate services

City Agency - Departmental Contact Information

Departmental Contact

Reanna Albert

Departmental Contact Phone #

+14155576693

Full Department Name

DPH - Department of Public Health

Contract Approval

Mayoral Approval Not Required

false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Tom	Yeh	Board of Directors
Board of Directors	Maggie	Roberts	Board of Directors
Board of Directors	Summer	Lee	Board of Directors
Board of Directors	Wade	Chow	Board of Directors
CEO	Angela	Tang	CEO
CFO	Eduard	Agajanian	CFO
COO	Patty	Rodriguez	COO
Other Principal Officer	Christina	Shea	Chief Clinical Officer
Subcontractor	LanguageLine Solutions		Subcontractor



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

April 20, 2026

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Richmond Area Multi Services Inc., in the amount of \$48,211,511.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Original Agreement
- Amendment 1
- Proposed Amendment 2
- Form SFEC-126
- PSC 1895 and PSC 5396

For questions on this matter, please contact me at (628) 271-6178, reanna.albert@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Reanna Albert

Reanna Albert
Pre-Award Unit Analyst
Office of Contracts Management and Compliance
DPH Business Office

cc: Daniel Tsai, Director of Health
Michelle Ruggels, Director, DPH Business Office

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

reanna.albert@SFDPH.org – office 621-271-6178 – fax 415 252-3088

101 Grove Street, Room 410 San Francisco, CA 94102
