

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

Third Amendment

THIS AMENDMENT (this “Amendment”) is made as of **June 1, 2023** 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 /Qualifications (“RFP”/RFQ”), RFQ 17-2016 issued on 7/20/16; RFP 1-2017 issued on 3/24/17; RFP 13-2017 issued on 9/28/17; RFP 16-2018 issued on 5/4/18 and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained from the Civil Service Commission under PSC number 46987-16/17 (M-2) on August 3, 2020 in the amount of \$233,200,000 for the period of 7/1/2017-6/30/2027 and 44670-16/17 (M-1) on July 15, 2019 in the amount of \$38,400,000 for the period of 7/1/17-6/30/26; and

WHEREAS, approval for the Agreement was obtained when the Board of Supervisors approved Resolution Number 134-20 on April 10, 2020 and approval for this Amendment was obtained when the Board of Supervisors approved Resolution Number _____ on _____.

.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, 2018, (Contract ID# 1000010839) between Contractor and City as amended by First Amendment dated November 1, 2019; Second Amendment dated June 30, 2022 and this Third 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, 2018; or (ii) the Effective Date and expire on June 30, 2023 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, 2018; 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 **Twenty Five Million Seven Hundred Sixty-Five Thousand Seven Hundred Forty-Four Dollars (\$25,765,744)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charge ns," 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 **Thirty One Million Five Hundred Seventy Thousand Eight Hundred Eighty-Six Dollars (\$31,570,886)**. 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.

2.4 California Attorney General's Registry of Charitable Trusts. *The following is hereby added to Article 11 of the Agreement:*

11.15 California Attorney General's Registry of Charitable Trusts. If a Contractor is a non-profit entity, the 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 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 at the time of contract execution and for the duration of the agreement. Any failure by Contractor or any subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

The Appendices listed below are Amended as follows:

2.5 Appendices A, A-1a through A- 3 dated 6/1/2023 (i.e., June 1, 2023) are hereby added for FY 2022-23.

2.6 Appendices B, B-1a through B- 3 dated 6/1/2023 (i.e., June 1, 2023) are hereby added for FY 2022-23.

2.7 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.

2.8 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.

2.9 Appendix K - 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.

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, 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-1a	Children Outpatient
Appendix A-1b	Children Outpatient SD
Appendix A-2a, 2b and 2c	Children-Wellness Center
Appendix B-3	High Quality Childcare Initiative (Fu Yau)

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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: Children Outpatient
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

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: 3894-7

2. Nature of Document

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To implement a culturally competent, efficient, and effective coordinated care model of service, where clients are actively involved and where they learn to build on strengths, alleviate/manage symptoms and develop/make choices that assist them to the maximum extent possible to lead satisfying and productive lives in the least restrictive environments.

4. Target Population

Youth between the ages of 2-21 who are beneficiaries of public health insurance (e.g., Medi-Cal), and their siblings and parents who are in need of psychiatric and psychological prevention and/or intervention services. There is a special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved. There is targeted outreach and services to the Filipino community. Included are services to LGBTQIQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same

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model of mental health services and not receiving services through capitated intensive case management services, i.e., Intensive Case Management, are eligible for EPSDT services. RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD, both at the outpatient clinic and at the following sites: Independence HS, Ruth Asawa School of The Arts (SOTA), Lawton K-8 School, Roosevelt MS, Presidio MS, Wallenburg HS, and Lowell HS. 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

See Appendix B, CRDC pages

6. Methodology

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

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 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 with each year serving well about 17,000 adults, children, youth & families at about 130 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

In addition, RAMS retains bilingual and bicultural Filipino staff who specifically outreach to Longfellow Elementary School, Bessie Carmichael School (elementary and middle), Galing Bata program, Filipino Community Center, to engage clients and outreach to the Filipino families and community. RAMS staff are also active with the Filipino Mental Health Initiative-SF in connecting with community members and advocating for mental health services.

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

RAMS accommodates referrals from the BHS Behavioral Health Access Center, as well as drop-ins. As RAMS provides services in over 30 languages and, in order to support timely access the

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Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
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agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff in a timely manner. The Outpatient Clinic maintains a multi-lingual Intake/Referral & Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who can consult with the community (clients, family members, other providers) and conduct intake assessments (with linguistic match) of initial request. The clinical intake/initial risk assessments are aimed to determine medical necessity for mental health services and assess the level of functioning & needs, strengths & existing resources, suitability of program services, co-occurring issues/dual diagnosis, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated Intake Coordinator for scheduling assessments and processing & maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) work closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices (“advanced access”) and managing the demand for services, which is a consistent challenge for other clinics.

Referrals for Filipino children, youth and/or families may be done directly to the RAMS staff on-site (community sites mentioned above) or at RAMS, for mental health outreach, consultation, assessment, engagement and treatment.

- 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.

To further support accessibility of services, the Outpatient Clinic Program throughout the years has maintained hours of operation that extend past 5:00 p.m., beyond “normal” business hours. The Program hours are: Monday-Thursday (9:00 a.m. to 7:00 p.m.); Friday (9:00 a.m. to 5:00 p.m.).

The RAMS CYF OPS program design includes behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; targeted case management services; crisis intervention; substance abuse and risk assessment (e.g. CANS), psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information, outreach & referral services; and collaboration/consultation with substance abuse, primary care, and school officials, and participation in SST, IEP and other school-related meetings. Psycho-educational activities have included topics such as holistic & complementary treatment practices, substance use/abuse, and trauma/community violence. Services are primarily provided on-site at the outpatient clinic, and/or in least restrictive environment in the field including, but is not limited to: school, another community center, and/or home (if needed). The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs. It is also reviewed by the clinical authorization committee and in consultation with SFDPH BHS.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
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RAMS Filipino services staff provides outreach, linkage, consultation, and psychoeducation to the community members and providers, as well as assessment, individual/family counseling to identified children, youth, and their families in the community programs or at RAMS Outpatient Clinic.

The Behavioral Health Clinicians/Counselors provide clients with on-going individual, and group integrated behavioral health counseling, case management services and collateral meetings involving families and schools. Having individual counseling and case management services provided by the same care provider streamlines and enhances care coordination. RAMS incorporates various culturally relevant evidence-based treatments & best practices models: Developmental Assets; Behavioral Modification; Cognitive Behavioral Therapy, including modification for Chinese population; Multisystemic Therapy; Solution-Focused Brief Therapy; Problem Solving Therapy; advanced levels of Motivational Interviewing, Stages of Change, Seeking Safety, and Second Step Student Success Through Prevention, etc. RAMS providers are also trained in Addiction Studies, Sandtray Therapy, and Working with Trauma (trauma-informed care whereby staff are trained and supervised to be mindful of children, youth and/or their families who may have experienced trauma); the program provides continuous assessment and treatment with potential trauma experience in mind, as to meet clients' needs. During treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental practices. Informed by assessment tools (e.g., CANS), a plan of care with goals is formally developed (within the first two months) and updated every six months. This is a collaborative process (between counselor, client, and caregivers) in setting treatment goals and identifying strategies that are attainable & measurable. RAMS also compares the initial assessment with reassessments (e.g., CANS) to help gauge the efficacy of interventions as well the clients' progress and developing needs. As needed, other support services are provided by other staff, in collaboration with the Counselor. RAMS conducts linkages for client support services (e.g., childcare, transportation) to other community agencies and government offices. Doctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g., individual meetings) is provided by a licensed child & adolescent psychiatrist. The Outpatient Program psychiatry staff capacity & coverage offers medication evaluation & assessments during program hours of operation, to increase accessibility.

D. Describe your program's exit criteria and process, e.g., successful completion

The program's short-term outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral health; health and substance abuse issue on child and family; coordination of care and linkage to services. Long term outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH BHS. Because of limited mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, medication compliance, progress and status of Care Plan objectives, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral/Mental Health/Case Management Brokerage level of services into medication-only or be referred to Private Provider Network/Primary Care Physician or for other supports within the community (e.g. family resource centers, community organizations to provide ongoing case management and/or family involvement activities), and/or schools.

E. Program staffing

See BHS Appendix B.

Furthermore, direct services are also provided by 16 doctoral interns and practicum trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS’ training program become community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

For the Filipino outreach, engagement and counseling services, RAMS has a full-time bilingual and bicultural Mental Health Counselor who is experienced with working with children, youth and their families and especially with the Filipino community.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS CYF provides indirect services/activities for those who are not yet clients through various modalities including psychoeducation, assessments, and outreach to enhance knowledge of mental health issues. Services are provided on-site as well as in the community. Furthermore, there is targeted outreach to the Filipino community.

7. Objectives and Measurements

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2022-23.

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 Plan of Care timelines. 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; 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 and Quality Improvement Supervisor monitor treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements. Furthermore, RAMS maintains ongoing communication with the Filipino services staff and the Filipino community and organizations to solicit feedback to improve our services.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC) which is comprised of the Quality Improvement Supervisor and ED partnership manager (LMFT), Quality Improvement Manager (LCSW), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; staff may meet from weekly to monthly intervals with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. The program's Quality Improvement Supervisor is also available daily to provide staff and supervisors feedback on an ongoing basis regarding improvements needed to achieve documentation compliance. The QI supervisor also provides clinical staff with monthly reminders of documentation (CANS and TPOC) due each month.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
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In addition to the program’s documentation review, the RAMS Administration (quality improvement) conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback will be provided directly to staff as well as general summaries at staff meetings.

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 grand rounds, and monthly case conferences. 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 monthly); supervisors and their supervisees monitor and discuss caseloads regarding intervention strategies, treatment plans & progress, documentation, etc. 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 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 to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report,

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

as applicable. 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. Consumer 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, at least annually, executive leadership meets with each program to solicit feedback for this purpose. The agency may disseminate staff 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

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, and reported to executive management. 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 suggestion boxes in the two client wait 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. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback. Improvement and/or adjustment to service delivery will be done, as appropriate, after director and staff reviewing feedback from survey.

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

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, regarding CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors’ meetings. The analysis may also assist in identifying trainings needs.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a
Program Name: Children Outpatient	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: Children, Youth & Family Outpatient Services School-Based Partnership
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

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: 3894-SD

2. Nature of Document

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To provide on-site, school-based mental health services for students with the former designation of “Emotional Disturbance” (ED) and currently placed in SOAR (Success, Opportunity, Achievement and Resiliency) Academy, and other special education students that have identified mental health needs (i.e., ERMHS status), and support to teachers/classroom/school environments to increase student engagement in learning and school connection.

4. Target Population

The San Francisco Unified School District (SFUSD), serving the following schools: Abraham Lincoln, Thurgood Marshall, George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them. Also serving the following schools: Ruth Asawa School of The Arts (SOTA), Independence HS, Lawton K-8 School, Roosevelt MS, Presidio MS, Wallenburg HS, and Lowell HS

Other target populations may also include students (with ERMHS status) involved in SOAR class or other Learning Disabled (LD) programs experiencing mental health difficulties that are

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

impacting their ability to learn, who could potentially be qualified as “ED.” 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.

List of Sites:

Thurgood Marshall High School, Galileo High School, George Washington High School
 Abraham Lincoln High School, Mission High School, Independence HS, Ruth Asawa School of The Arts (SOTA), Lawton K-8 School, Roosevelt MS, Presidio MS, Wallenburg HS, and Lowell HS.

5. Modality(ies)/Interventions

See Appendix B, CRDC pages

6. Methodology

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

School-Based Mental Health Partnership (SBMHP) Manager/Coordinator and Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, counselors, etc.) meet with school personnel (principal or designee, special education director, and special education teachers) in the beginning and end of each school year, as needed, and ongoing for outreach to and recruitment of children/youth who qualify for services. This may include, but not limited to, active participation/ presentation in at least one Special Education department meeting and/or an Individualized Education Plan (IEP) meeting.

SBMHP Coordinator and/or Behavioral Health Clinicians/Counselors participate in meetings (e.g., IEPs, staff meetings, etc.) that students’ parents/caregivers attend to discuss services, provide psycho-education, and develop relationships to support student participation in services.

RAMS outreach, engagement and retention strategies include, but are not limited to:

- Relationship Development: Developing rapport with school staff, students & families based on behavioral/mental health training & background including: using active listening skills, awareness of non-verbal communication, empathy; understanding of child development, multifaceted cultural identity, & recognizing clients’ unique strengths and needs.
- Classroom Observation: Direct observation of behavior impeding client’s ability to learn and teachers’ response to these behaviors allows for assessment of the strengths and needs and for development of specific intervention plans with teachers, clients, and families.
- Staff Development/Consultation with Teachers and Paraprofessionals: Educate school staff regarding behavioral/mental health issues and how they impact client’s behavior. Provide them with tools to engage students, recognizing their particular strengths and needs.
- Client Consultation/Psycho education: Providing education and/or consultation to clients, families & communities regarding ED/SDC/LD/ERMHS classification, SOAR Academy & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.

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- **Asset Building:** Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
- **“Push In/Pull Out” Groups:** Working with students (in and out of the SOAR classroom setting), teachers, and paraprofessionals to engage students in social and emotional learning programs to develop pro-social skills, frustration tolerance, and empathy development. Some of the High School groups are “Pull Out” groups (not in the SOAR classroom)

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

Students in SOAR classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Clinicians/Counselors.

- 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.

RAMS counselors provide on-site mental health services to the students referred for services. Each counselor dedicates 12 hours per week per partnership, for behavioral/mental health services (at least eight hrs/wk on-site). RAMS Counselors commit to spending at least two days a week at each of the SOAR sites (Mission HS, Washington HS, Galileo HS, Thurgood Marshall HS, Lincoln HS) and will be on site at the rest of the non-SOAR, ERMHS sites based on received referrals and active clients. Depending on the IEP, students may receive behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

Note: Due to ongoing COVID-19 pandemic, service delivery is offered in a hybrid model, both on site and via telehealth.

Initial assessment, individual therapy, group therapy, family therapy, case management, collateral and crisis intervention are treatment options, as clinically indicated. Outreach, milieu services, and consultation to the school personnel are provided as indirect services. A child/youth may be referred for medication evaluation & support services at the RAMS Outpatient Clinic, when necessary, if student has Medi-Cal; others may be referred to their medical homes. Length of stay varies, depending on the review of treatment plan of care and the Individualized Educational Plan. Child/youth may be seen twice a week for high intensity need, and may reduce to once a month for maintenance level need.

RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students’ internal and external resources and supports. RAMS counselors provide “push in” groups in the classrooms, as well as “pull out” group therapy in some high schools. Milieu services from the onsite SOAR clinician is also a significant aspect of service delivery. Milieu clinicians are responsible for aiding in the day-to-day functioning of the classroom environment which includes: classroom observation, implementation of behavioral support plans for students, de-escalation of students, consultation

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	Funding Source: (non-BHS only)

with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

D. Describe your program’s exit criteria and process, e.g. successful completion

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, in accordance with the IEP, and reviewed by the clinical authorization committee and in consultation with SFDPH BHS. RAMS Clinicians/Counselors, along with school personnel, determine students’ exit criteria and process & procedure at the students’ Individualized Education Plan (IEP) meetings. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, progress and status of Care Plan objectives, medication compliance, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged to a lower level of care and/or be referred. Furthermore, clients’ transferring to other schools is also taken into consideration.

E. Program staffing

See BHS Appendix B.

F. For Indirect Services: Describe how your program will deliver the purchased services.

RAMS indirect services/activities include working in the milieu of the SOAR classroom by conducting classroom observations, providing consultation to SOAR staff, supporting de-escalation of students, and providing informal support to students who have yet to be opened as clients, attending SOAR Team meetings and SFUSD/SOAR trainings.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Family Performance Objectives FY 2022-23.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

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 Plan of Care timelines. 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). 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 continuously 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 treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment 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 internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Quality Improvement Supervisor and School-Based Program Manager (Licensed Marriage and Family Therapist), Quality Improvement Manager, and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client’s progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. The program’s Quality Improvement Supervisor is also available daily to provide staff and supervisors feedback on an ongoing basis regarding improvements needed to achieve documentation compliance. The QI supervisor also provides clinical staff with monthly reminders of documentation (CANS and TPOC) due each month.

In addition to the program’s documentation review, the RAMS Administration (quality improvement) conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback will be provided directly to staff as well as general summaries at staff meetings.

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-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

- 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 monthly clinical grand rounds. 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’ monitor and discuss caseloads with regard to intervention strategies, treatment plans & progress, documentation, etc. 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 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).
- RAMS maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access. For RAMS CYF Outpatient, the client’s preferred language for services is noted at intake; during the case assignment process, the Program Director (as possible) matches client with counselor by taking into consideration language, culture, and provider expertise.
- 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; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. 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, at least annually, executive leadership meets with each program to solicit feedback for this purpose. The

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

agency may disseminate staff 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

RAMS adheres to the BHS satisfaction survey protocols which include dissemination biannually. Results of the survey are shared at staff meetings, and reported to executive management. 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. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A - 2a, 2b, and 2c
Program Name: RAMS Wellness Centers and SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: RAMS Wellness Centers *and* SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)

Program Address: 3626 Balboa Street

City, State, Zip: San Francisco, CA 94121

Telephone: (415) 668-5955

Fax: (415) 668-0246

Website Address: www.ramsinc.org

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: 3894-6

Wellness Centers are located at:

- Academy of San Francisco (ASF) (94131)
- Phillip and Sala Burton Academic High School (94134)
- Downtown High School (94107)
- Galileo Academy of Science & Technology High School (94109)
- June Jordan High School (94112)
- Abraham Lincoln High School (94116)
- Lowell Alternative High School (94132)
- Mission High School (94114)
- Thurgood Marshall High School (94124)
- John O’Connell Alternative High School (94110)
- School of the Arts (94131)
- SF International High School (94110)
- Raoul Wallenberg High School (94115)
- George Washington High School (94121)
- Ida B. Wells High School (94117)

2. Nature of Document

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To provide integrated behavioral health and case management services at 15 of the high school-based Wellness Centers and intensive case management services to court-ordered youth on probation.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A - 2a, 2b, and 2c
Program Name: RAMS Wellness Centers and SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

4. Target Population

Fifteen SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services.

The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation. 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 (aka Activities)

See Appendix B, CRDC pages

6. Methodology

RAMS Wellness Centers program’s model and treatment modalities are based on a client-centered, youth-focused, strength-based model with an inter-relational approach. As adolescent students present with a wide scope of issues (e.g. mental health, substance use/abuse, diverse ages, ethnicity, sexuality, socio-economic status), service provision must be comprehensive to assess and respond, while de-stigmatizing therapy and establishing trust. In doing so, RAMS incorporates various culturally relevant evidence-based practices (e.g. Motivational Interviewing, Stages of Change, Brief Intervention Sessions, Beyond Zero Tolerance, Seeking Safety, Trauma-Focused Cognitive Behavioral Therapy, Mindfulness), in working with adolescents. Student outcomes are: improved psychological well-being, positive engagement in school, family & community, awareness & utilization of resources, and school capacity to support student wellness.

RAMS Wellness - SF TRACK, a multi-agency collaborative of clinical teams, offers a skills-based, multi-phase, mobile, intensive outpatient treatment program for youth with co-occurring substance use and mental health disorders. Services are provided to the youth and their families at home, school and in the community using evidence informed practices based on Teen Intervene and Teen Matrix curriculums. The partner agencies include Juvenile Probation, AIIM Higher, RAMS, Instituto, CYC, CARC, and Urban Services YMCA. Student outcomes are: reduce recidivism, reduce substance abuse, and increase academic success.

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

Facilitated by RAMS staff and interns, outreach & educational activities for students, families, and teachers are on various behavioral health issues (e.g. presentations at school meetings, participating in parent meetings, Back to School Nights, and PTSA meetings); and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities (e.g. LGBTQ, Chinese, gang-involved) by conducting various activities such as

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presentations (student orientation, classrooms, assemblies, and health fairs), contributing articles to the Wellness Newsletter, participating in student clubs & associations (culture/interest-based and student government), and other methods (e.g. connecting with Peer Resource, drop-in hours). Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources.

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. Outreach also includes trainings to staff & parents as requested and in doing so, counselors also develop an outline for the presentation which is formatted so that other sites can utilize it. RAMS also utilizes its social networking capability and advertises its services, events and program highlights via RAMS blog, Facebook page, and Twitter.

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

For the Wellness Centers program, students are referred to Wellness Center services by school staff, i.e. teachers, academic counselors, deans, etc.; parents; or students themselves. Each student referred receives an assessment. The program primarily utilizes an assessment tool based on the HEADSS model (Home, Education/Employment, Activities, Drugs, Sexuality, and Safety) which identifies protective and risk factors in each area. HEADSS is an adolescent-specific, developmentally appropriate psychosocial interview method that structures questions so as to facilitate communication and to create an empathetic, confidential, and respectful environment. RAMS assesses students for appropriateness of services modality, frequency, and accessibility (location, schedule). RAMS provides services on-site at the Wellness Centers as well as off-site by other community program providers (including RAMS Outpatient Clinic). The type, frequency, and location (on- or off-site) of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs as well as accessibility to community resources (e.g. family support, insurance coverage, ability to pay if needed).

For the SF TRACK program, students can be referred by probation officers, attorneys, public defenders, judges, parents, schools, treatment providers etc. Each student receives a CANS assessment by SF-AIIM Higher, a DPH provider that centralizes referrals, assessments and triaging to SF TRACK partners. Youth must be ages 12-20, have ongoing issues with substance abuse, significant emotional and behavioral risks, be at-risk for out-of-home placement and be capable of participating in program and treatment activities.

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.

For the Wellness Centers Program, counselors are available from the beginning of the school day to 30 minutes after school. (8 a.m. – 4 p.m.). During a crisis, the Counselor may stay longer to assist with care transition (e.g. Child Crisis), in consultation with the RAMS Director of Behavioral Health Services, Clinical Supervisor and Wellness Center team. During school breaks, RAMS offers direct services (counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

The RAMS model of Wellness services’ treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse

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services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health group in at least 12 high school-based Wellness Centers, at minimum. Examples include, but are not limited to: Anger Management, Life Skills, Mindfulness, 9th grade Transition group, Senior Transition group, etc. The RAMS model focuses on short-term behavioral health counseling and case management services, with longer durations to be assessed in consultation with RAMS supervisors and Wellness team. RAMS Counselors work within the school-based Wellness team under the direction of the Wellness Coordinator and RAMS supervisors.

For clients receiving EPSDT services, the Child and Adolescent Needs and Strengths (CANS) assessment tool is used. The Counselor, in consultation with her/his Clinical Supervisor and/or Program Director, determines clinical and treatment needs and planning (goal development) throughout the service delivery process (informed by the assessment tool data) weighing risk factors that can prompt more immediate on-site services with short term counseling (one to five sessions), medium length (six to 11 sessions), or long term counseling (12 or more sessions, requires DSM diagnosis and potential decompensation). Case reviews by the Clinical Supervisors and/or Program Director are conducted, at minimum, at each service interval (sixth session, 11th session, 20th session, etc.).

Referrals to off-site services are indicated when:

- Students/family have private/public insurance that covers behavioral health services
- Students referred for services at the end of the school year and/or about to graduate high school
- Students requiring more than once a week counseling (e.g. high risk with suicidal/homicidal ideation; psychosis, etc.) to be linked with a higher levels of care in the community
- Students/families can connect with community services with little or no accessibility barriers

SF TRACK offers a skills-based, multi-phase, mobile, intensive outpatient treatment program to youth and their families at home, school and in the community. Each client is offered individual and family therapy at locations that are flexible and portable to optimize successful engagement of clients and their families. Case Management with schools and community services is also offered to enhance positive connections in a client's life.

D. Describe your program's exit criteria and process, e.g. successful completion.

For the Wellness Centers Program, disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client and family (and other parties involved), and through providing follow-up and/or referral information/linkage. For clients with ongoing care, termination or step-down process to less intensive treatment services begins when a child/youth has met all or majority of the target goals in the Plan of Care, when his/her target symptoms have decreased or alleviated, and he/she can function at his/her developmental expectation. Stressors are also considered whether the child/youth may decompensate if service is terminated or stepped-down. Students may be referred for other behavioral/mental health or case management services for short-term, early intervention, or assessment only. RAMS counselors take part in ensuring that continuity of care takes place when students transfer or graduate from high school.

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SF TRACK participants must successfully complete a three phase process to successfully be exited from treatment. Phase I includes Orientation, approximately 2-4 weeks focused on rapport, initial assessment, building a recovery team. Phase II is Early Recovery, approximately 8-10 weeks that focuses on increasing youth and family motivation in treatment as well as conflict resolution, psychoeducation and communication skills for youth and their families. Phase III is Core Recovery, approximately 8-10 weeks, focusing on relapse prevention skills, building interpersonal and regulation skills, and increasing participation in adaptive activities as a way to replace negative behaviors and increase positive peer influences.

E. Program staffing.

See BHS Appendix B.

RAMS Wellness Centers Program services are provided by: Behavioral Health Therapists/Counselors, Clinical Case Managers, Trauma/Grief & Loss Group Counselor, six graduate school interns, and volunteers. All staff/interns have a Clinical Supervisor and overall program oversight is the responsibility of the Director of Behavioral Health Services/Program Director.

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2022-23, there are six graduate school interns (counseling). All interns are providing behavioral health services; each intern is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

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.

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school’s needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with consumer community at convenient & easily-accessible venues/platforms (e.g. staff development trainings, PTSA meetings, “free periods,” hosted lunch hour events). All meeting outcomes, evaluations, and reviews are reported to RAMS executive management along with any action plans (e.g. adjustment of service strategies in consideration of cultural relevancy and school-based setting).

2. MHSA Vision: Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.

RAMS is recognized as a leader in providing culturally competent services (inclusive of providers having the attitudes, knowledge, and skills needed to understand, communicate with, and effective serve people across all cultures), and our programs’ breadth, depth, and extensiveness have afforded the agency with a highly regarded reputation. It is an integral aspect for organizational and program development, planning,

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polices & procedures, service implementation, staff recruitment & employment practices, and outreach & referral. Furthermore, as demonstrated by its history and current diverse workforce, RAMS effectively recruits, hires, and retains staff that appropriately reflects cultural and linguistic diversity of the client population. The staff possesses the attitudes, knowledge, and skills to understand, communicate with, and effectively serve individuals across all cultures. When providing services to clients, providers consider all cultural components of the individual including her/his immigration generation, level of acculturation, accessibility of resources & support, and other factors (e.g. age, race/ethnicity, sexuality, socio-economic status, academic needs, neighborhood/defined community, etc.). As such, service delivery is strengths-based, adaptable & flexible, individual and group counseling is provided in the student(s)'s primary/preferred language(s), and involves family participation (as appropriate).

RAMS Wellness capacity includes Spanish, Cantonese, Mandarin, Tagalog, and Vietnamese as well as can easily access the agency's enhanced capacity of 30 languages (Asian languages, and Russian). As part of RAMS' efforts to support and further enhance the professional development of its staff (including effective engagement strategies), RAMS consistently coordinates for various trainings such as: school-based program-specific trainings, weekly didactic trainings on culturally specific issues, monthly children & youth case conferences, and weekly Wellness program case conferences (only during summer). Training topics are determined in various manners including a needs assessment/survey, emerging issues of clients (e.g. internet addiction), evidenced-based models of care, staff meetings, and feedback from direct service providers and clinical supervisors. In addition, there is an ongoing selection of topics that are provided to ensure retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

A. Standard Objectives:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2022-23.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performances 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 client's primary care provider at case opening 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). 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 in real time, 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 treatment progress (level of engagement after intake, level of

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accomplishing treatment goals/objectives), treatment 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 internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 12 session (medium intensity) and 20 session (long term) for quality, thoroughness, accuracy and appropriateness of continuation of services. Long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, on at least, a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receive short-term interventions and that clients receiving medium to long-term interventions are monitored. Services are generally provided to those exhibiting high level of need and whose school attendance is conducive to regular sessions. In addition, two internal audits of charting occur annually – one peer review and one conducted by the director – to monitor compliance to legal and ethical standards of care.

In addition, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC); based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client’s progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff may also conduct a peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program’s documentation review, the RAMS Administration (quality improvement) conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback will be provided directly to staff as well as general summaries at staff meetings.

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) and case conferences. 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; supervisors and their supervisees’ caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. 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.

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- 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.
- 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 annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. 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, at least annually, executive leadership meets with each program to solicit feedback for this purpose. The agency may disseminates staff 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

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the program administers its own satisfaction survey, at case closure (for youth seen for more than six sessions) which include questions around meeting treatment goals, life improvement, and perspectives about counseling. Furthermore, the program conducts focus groups to solicit feedback on services as well as administers satisfaction surveys to students and school staff, to determine areas of strength and challenges to programming. Results of the satisfaction methods are shared at staff meetings, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to CANS data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS executive management review and analyze the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: ECMHCI (Fu Yau Project)	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

1. Identifiers:

Program Name: ECMHCI (Fu Yau Project)
 Program Address: 1375 Mission Street
 City, State, Zip: San Francisco, CA 94103
 Telephone: (415) 689-5662
 Fax: (415) 668-6388
 Website Address: www.ramsinc.org

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: Not Applicable

2. Nature of Document

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To prevent emotional disturbance and provide early intervention for San Francisco children (prenatal to five years old) and to improve their social and emotional well-being.

4. Target Population

Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new immigrants and refugees residing in San Francisco, and underserved families of color in San Francisco. 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.

4a. Sites Receiving Fu Yau Project Mental Health Consultation Services

TYPE	SITE	HOURS/ WK
FCC	Wu Yee FCC - Annie Liu	0.5
FCC	FCC Qiu Mei Li (Bing Bing Family Day Care)	0.5
FCC	FCC Xin Xin Family Day Care	on-call

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FCC	Wu Yee - Lilian Cai	0.5
FCC	Wu Yee - Siu Kam Cheung	0.5
FCC	Wu Yee - Ying Jing Gong	on-call
FCC	Wu Yee-Selinia Xiao Li Chen	0.5
FCC	FCC Tiffany (Little Panda Preschool)	On-call
FCC	Wu Yee FCC Li Yi Luo	0.5
FCC	Wu Yee FCC Xiao Ling Liao	0.5
FCC	Wu Yee FCC Yi Hong Mai	0.5
FCC	Wu Yee FCC Chuk Shan Lau	0.5
FCCQN	FCCQN - Chinatown	0.5
FCCQN	FCCQN - Sunset	0.5
FRC	APA Family Support Services	4
FRC	APA Family Support Services - Immigrant Families	3
FRC	Gum Moon Residence Hall- AFSC Richmond	3
FRC	Gum Moon Residence Hall- AWRC (Support Group) Chinatown	4
FRC	Gum Moon Residence Hall- AWRC Sunset	1.5
FRC	Wu Yee Joy Lok Resource Center	3
FRC	Urban Services YMCA Portero Hill	5
Non-center	ABC Preschool	1.5
Non-center	Angela's Children Center	5.5
Non-center	Chibi Chan	1.5
Non-center	Chibi Chan Too	1.5
Non-center	Chinatown Community Children's Center	5.5
Non-center	Chinatown Community Children's Center - Chinatown/North Beach	5.5
Non-center	Kai Ming - Dr. T Kong Lee Center (formerly KM Powell)	5.5
Non-center	Kai Ming - Rainbow	5.5
Non-center	Kai Ming Broadway	5.5
Non-center	Kai Ming Geary	5.5
Non-center	Kai Ming North Beach	5.5
Non-center	Kai Ming Richmond	5.5
Non-center	Kai Ming St. Luke's	5.5
Non-center	Kai Ming Sunset	5.5
TYPE	SITE	HOURS/ WK
Non-center	Nihonmachi Little Friends - Sutter St	5.5
Non-center	Roman Catholic Archbishop of San Francisco, The - St Paul's	1.5
Non-center	St. James Episcopal Church Nursery School	1.5
Non-center	St. Thomas More Preschool /Utopia	1.5
Non-center	Telegraph Hill Neighborhood Center	5.5
Non-center	The Family School Mission/Bernal Heights	5.5

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Non-center	True Sunshine	5.5
Non-center	Wah Mei- Sunset	4
Non-Center	Wu Yee Early Head Start Home-Based Chinatown	0.5
Non-center	Wu Yee Generations	5.5
Non-center	Wu Yee Head Start OMI	5.5
Non-center	Wu Yee Little Sprouts	5.5
Non-center	Wu Yee Lok Yuen	5.5
Non-center	Wu Yee YMCA BVHP	8
SFUSD	SFUSD – Argonne	4
SFUSD	SFUSD - Bessie Carmichael	4
SFUSD	SFUSD - Commodore-Stockton	4
SFUSD	SFUSD - ER Taylor	2
SFUSD	SFUSD - Excelsior @ Guadalupe	4
SFUSD	SFUSD - Gordon J. Lau	2
SFUSD	SFUSD - Grattan	4
SFUSD	SFUSD – Jefferson	4
SFUSD	SFUSD - Noriega (+TK)	2
SFUSD	SFUSD - Rooftop	2
SFUSD	SFUSD – San Miguel	4
SFUSD	SFUSD – Tenderloin	4
SFUSD	SFUSD - Tule Elk Park (+TK)	4
SFUSD	SFUSD- Presidio (+TK)	4
SFUSD	SFUSD- SF Public Montessori	2
Sunset FRC	SFCAPC/Bay Area Community Resources	1.5
Non-Center	Kai Ming Mission Bay	12
Non-Center	Telegraph Hill Neighborhood Center- Mission Bay	1.5
Non-Center	Wah Mei- 7 th St	5.5
Non-Center	Wah Mei- Hawthorne	1.5
Non-center	Treasure Island Child Development Center (CCCYO)	5.5
Non-center	Congregation Beth Shalom	1.5
Non-center	Little Footprints Preschool- Sunset	1.5
Non-center	Little Footprints Preschool- Ingleside	1.5

4b. Modality(ies)/Interventions

DUE TO THE COVID-19 PANDEMIC, SERVICES ARE BEING PROVIDED THROUGH A HYBRID MODEL. IN ADDITION, TYPICAL PROCESSES AND PROCEDURES HAVE BEEN DELAYED, SUCH AS THE SITE AGREEMENT.

Fu Yau Project establishes a Site Agreement with each respective site served (child care, family resource centers, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement includes the following information:

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- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program/Project Director

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the BHS ECMHCI Program Director.

Modalities:

- *Consultation - Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation - Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Classroom/Child Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
 - *Types of Classroom/Child Observation during Telehealth*
 - Video conference for classroom observation that is live using an electronic device that is stationary or someone helping to walk around with it
 - Individual child observation via video conferencing (Live) for children who have all the consents in place that teachers and family feel need more support
 - Virtual – Joining virtual circle time via video conference (Live)
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire child care organization with multiple sites.
- *Parent Engagement:* Outreaching to parents during drop off/pick up or attending parent orientation meetings to inform parents of Mental Health Consultation services. Individual meetings with parents per parent, staff, or consultant request to further support child and his/her family. Providing structured, formal training to a group of three or more parents on a specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.
- *Early Referral Linkage:* Includes linkage of children and families to additional community resources such as SFUSD Special Education Dept. or Golden Gate Regional Center.
- *Consultant Training/Supervision:* Ongoing supervision of consultants both individually and in groups, as well as a variety of trainings offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.

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- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about their child’s development and/or to explore parenting practices that could be used at home, developmental screening and/or assessment, and referrals to other agencies. These services are intended for children who have needs extra social emotional support. Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
- *Early Intervention Services – Group:* Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Groups are intended to teach children social skills such as sharing and communicating effectively, affect regulation, and improve their ability to cooperate with peers and adults. Groups will be led by a mental health consultant, and/or a staff member from the site, if necessary and possible. Interventions are informed by the Ages and Stages Questionnaire (ASQ) or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
- *Mental Health Services-Individual/Family:* Therapeutic services for individual children and/or their family. Services are intended to address the mental health needs of children who need more support than what is offered through Early Intervention Services. Treatment is based on the child’s diagnosis and focuses on symptom reduction to improve functioning. Family therapy will include the identified child. An assessment and Plan of Care, which will describe the goals and interventions and will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.
- *Mental Health Services-Group:* Group therapeutic service that focuses on reducing the symptoms of a diagnosable mental health problem, which is impairing their functioning. The group modality will be used for those children whose mental health concerns would be improved through the experience of interacting with peers who may have similar concerns. An assessment and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

5. Methodology

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

Fu Yau Project currently has Site Agreements with several large, state and federally funded child-care organizations (e.g. Head Start and San Francisco Unified School District). Fu Yau (FY) also works with community-based, non-profits such as Kai Ming Head Start, Wu Yee Children’s Services and Gum Moon Asian Women Resource Center/Asian Family Support Center. FY’s reputation is well known throughout the city so requests for consultation are often the result of word-of-mouth. Providers also respond to program/project brochures, which are distributed at various community outreach events attended by Fu Yau Consultants. The Project also participate in functions, such as conferences and trainings that allow the team the opportunity to discuss services and the mental health needs of children ages 0-5 with other professionals in the childcare & mental health fields, and the community at large.

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

The Fu Yau Project exclusively collaborates with assigned childcare centers, family childcare providers, and family resource centers. Fu Yau utilizes the internal referral process of the childcare providers when specific families or children need consultation services. Additionally, as a result of clinical observation by Fu Yau Consultants and in consultation with childcare providers, as indicated, families are approached to discuss the outcome of the observation/consultation and are offered services to address the identified needs. Before intensive consultation about individual cases begins, the program requires that the child’s legal guardian complete a consent form, as well as the sites’ in-house consent forms.

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.

Consultation Services for Sites involve:

- Weekly, biweekly, or monthly on-site observation and consultation to program. During Telehealth, some sites are receiving daily classroom observation via video conferencing.
- Observation and consultation on specific, individual children as requested and needed
- In-services training to child care or family resource center staff
- Special events such as staff retreat and/or all day training for child care or family resource center staff as requested and needed
- Case consultation, crisis intervention, mental health intervention, referral and case management of specific children and families
- Consultants provide services during the operating hours of childcare or family resource center sites, usually 4 to 12 hours per week or biweekly between 8 a.m. to 6 p.m., Monday through Friday

Family Involvement – The families are invited to participate in the program through parenting classes. Details are as follows:

- Parenting classes in Chinese, Japanese, Tagalog, and/or English are offered at each site. Topics may include, but are not limited to: child development, discipline, promoting a child’s self-esteem, stress management, resources for families, child abuse/domestic

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.

- Parenting classes may take place in the late afternoon or early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents’ needs.
- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau’s office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider. Due to COVID-19, Parent Advisory Committee is on-hold.

Direct Services are also provided, which include, but are not limited to:

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, or at RAMS, depending on the private space available at childcare sites.
- Integrated play therapy groups of children who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other “typically” developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.
- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children’s play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents’ work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children’s regular playtime.

Services for Family Childcare Providers include, but are not limited to:

1. Monthly psycho-education/support group meeting for providers.
2. Monthly, or as needed visits and consultation with family child care providers

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

3. Monthly support/education meetings for parents/families of children who attend Wu Yee home-based and Head Start program

Fu Yau will follow the new redesign established by ECMHCI:

- On-call (Tier 1): services are available via phone or at the program site to address specific concerns or issues.
- Onsite I (Tier 2): services include some regular onsite hours.
- Onsite II (Tier 3): services include regular onsite hours.

Due to the COVID-19 pandemic, additional direct service include support to families, children, and site staff following a COVID diagnosis.

- D. Describe your program’s exit criteria and process, e.g. successful completion.

Site providers (staff/administrators) and Fu Yau Consultants, with support as needed from the Director of Fu Yau Project meet at least once a year to assess/evaluate the mental health consultation needs of each site. In each of these meetings, the site administrators may choose to change goals to match the current needs of the program, students, and families. Termination of consultation services will be done after extensive discussion with the site’s director, Fu Yau Director, and the ECMHCI Coordinator.

- E. Program staffing.

See BHS Appendix B.

- F. For Indirect Services: Describe how your program will deliver the purchased services.

No indirect services are provided.

6. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2022-23.

7. Continuous Quality Improvement

- A. Achievement of contract performance objectives

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 client’s primary care provider at case opening. 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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

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 Program Director monitors service/treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as documentation requirements.

B. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Staff also participate in peer reviews of documentation. Each staff person receives written feedback about issues such as chart order, legibility of documentation, adherence to timelines for completing various documentation tasks, and consistency between assessment and service plan. The Program Director, Clinical Manager and clinical supervisor(s) will ensure that corrections are made and additional trainings are offered to staff, if needed.

In addition to the program’s documentation review, the RAMS Administration (quality improvement) conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

RAMS philosophy of care reflects 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) and case conferences. 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; supervisors and their supervisees’ caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are

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Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

- Ongoing review of service indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement.
- Site/Client’s preferred language for services is noted at initial meeting; during the site/case assignment process, the Program Director matches site/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; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. 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, at least annually, executive leadership meets with each program to solicit feedback for this purpose. The agency may disseminate staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this 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

RAMS adheres to the ECMHCI satisfaction survey protocols. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Improvement staff, and reported to executive management. The program maintains a Parent Advisory Meeting (meets at least quarterly) to

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3
Program Name: Fu Yau Project	Contract Term: 07/01/22 – 06/30/23
	Funding Source: (non-BHS only)

solicit feedback and support from parents/guardians. Parents are also directly involved in the development of program activities that target the entire parent population of sites covered by Fu Yau Project, share information about the needs of the sites they represent, and then they take what is learned from the meeting back to their sites to assist with the improvement of child care/FRC services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Timely completion and use of outcome data

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive service/treatment outcomes. Specifically, the data and other available analysis reports are reviewed and analyzed by the Program Director along with RAMS executive management. Management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

8. Additional Required Language

- A. For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-2018/2019.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

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 25% of the General Fund and Prop 63 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-1a Children Outpatient

Appendix B-1b Children Outpatient SD

Appendix B-2a Children-Wellness Center Mental Health

Appendix B-2b Children-Wellness Center Substance Abuse

Appendix B-2c MHSA PEI School – Based Wellness

Appendix B-3 High Quality Childcare Initiative (Fu Yau)

- 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 **Thirty One Million Five Hundred Seventy Thousand Eight Hundred Eighty-Six Dollars (\$31,570,886)** for the period of July 1, 2018 through June 30, 2026.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,514,455** 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, 2018 - June 30, 2019 (Encu. by CID#8292)	1,613,513
July 1, 2018 - June 30, 2019	3,281,452
July 1, 2019 - June 30, 2020	4,965,003
July 1, 2020 - June 30, 2021	4,950,157
July 1, 2020 - June 30, 2021 (MCO DV)	100,101
July 1, 2021 - June 30, 2022	5,382,458
July 1, 2022 - June 30, 2023	5,659,314
July 1, 2023 - June 30, 2024	3,228,757
July 1, 2024 - June 30, 2025	1,829,603
July 1, 2025 - June 30, 2026	1,902,787
Sub. Total July 1, 2018 through June 30, 2026	32,913,145
Contingency	1,514,455
Less FY 18-21 Unspend	(1,243,202)
Less: Encum by CID#8292	(1,613,513)
Total July 1, 2018 through June 30, 2026	31,570,886

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.

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 2022-2023	
Contract ID Number		1000010839		Funding Notification Date 9/30/2022	
Appendix Number	B-1a	B-1b	B-#		
Provider Number	3894	3894			
Program Name	Children Outpatient	Children Outpatient SD			
Program Code	38947	3894SD			
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23			
FUNDING USES				TOTAL	
Salaries	\$ 735,749	\$ 276,786		\$ 1,012,535	
Employee Benefits	\$ 169,222	\$ 63,661		\$ 232,883	
Subtotal Salaries & Employee Benefits	\$ 904,971	\$ 340,447	\$ -	\$ 1,245,418	
Operating Expenses	\$ 88,789	\$ 33,760		\$ 122,549	
Capital Expenses				\$ -	
Subtotal Direct Expenses	\$ 993,760	\$ 374,207	\$ -	\$ 1,367,967	
Indirect Expenses	\$ 134,153	\$ 50,526		\$ 184,679	
Indirect %	13.50%	13.50%	0.00%	13.50%	
TOTAL FUNDING USES	\$ 1,127,913	\$ 424,733	\$ -	\$ 1,552,646	
		Employee Benefits Rate		23.6%	
BHS MENTAL HEALTH FUNDING SOURCES					
MH FED SDMC FFP (50%) CYF	\$ 286,496	\$ 96,777		\$ 383,273	
MH FED SDMC FFP (50%) CYF (ERMHS Medi-cal)	\$ 62,500			\$ 62,500	
MH STATE CYF 2011 PSR	\$ 151,566	\$ 21,875		\$ 173,441	
MH STATE CYF 2011 PSR (ERMHS Medi-Cal Matched)	\$ 62,500			\$ 62,500	
MH WO HSA Childcare #93.558				\$ -	
MH WO DCYF MH High School				\$ -	
MH WO DCYF Child Care				\$ -	
MH WO CI Consult ECE/PFA				\$ -	
MH WO CI School Readiness				\$ -	
MH FED SDMC FFP (50%) Managed Care	\$ 4,200			\$ 4,200	
MH STATE 2011 PSR Managed Care	\$ 55,800			\$ 55,800	
MH MHA (PEI)		\$ 57,135		\$ 57,135	
MH MHA (CSS)				\$ -	
MH STATE CYF 1991 Realignment	\$ 123,146	\$ 74,902		\$ 198,048	
MH CYF County General Fund (matched)	\$ 11,782			\$ 11,782	
MH CYF County General Fund	\$ 339,923			\$ 339,923	
MH CYF COUNTY General Fund (ERMHS Non-Medi-cal)	\$ 30,000	\$ 21,044		\$ 51,044	
MH CYF COUNTY General Fund (SOAR)		\$ 153,000		\$ 153,000	
MH CYF Work Order CODB				\$ -	
				\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,127,913	\$ 424,733	\$ -	\$ 1,552,646	
BHS SUD FUNDING SOURCES					
SUD County General Fund (WO CODB)				\$ -	
SUD County General Fund				\$ -	
SUD WO DCYF Wellness Centers				\$ -	
				\$ -	
				\$ -	
				\$ -	
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES					
				\$ -	
				\$ -	
				\$ -	
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES	\$ 1,127,913	\$ 424,733	\$ -	\$ 1,552,646	
NON-DPH FUNDING SOURCES					
				\$ -	
				\$ -	
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,127,913	\$ 424,733	\$ -	\$ 1,552,646	
Prepared By			Eduard Agajanian, CFO	Phone Number: 415-800-0699	

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

DHCS Legal Entity Number 00343					Appendix B, Page 2	
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.				Fiscal Year 2022-2023		
Contract ID Number 1000010839				Funding Notification Date 9/30/2022		
Appendix Number	B-3a	B-3b	B-3c	B-4	B-#	
Provider Number	3894	388915	3894	3894		
Program Name	Children-Wellness Center Mental Health	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)		
Program Code	38946	38946	3894	3894	B-3 to B-4	B-1 to B-4
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		
FUNDING USES					SUBTOTAL	TOTAL
Salaries	\$ 1,239,390	\$ 242,239	\$ 241,151	\$ 990,641	\$ 2,713,421	\$ 3,725,956
Employee Benefits	\$ 347,029	\$ 67,827	\$ 62,699	\$ 232,801	\$ 710,356	\$ 943,239
Subtotal Salaries & Employee Benefits	\$ 1,586,419	\$ 310,066	\$ 303,850	\$ 1,223,442	\$ 3,423,777	\$ 4,669,195
Operating Expenses	\$ 89,771	\$ 18,406	\$ 6,836	\$ 79,412	\$ 194,425	\$ 316,974
Capital Expenses					\$ -	\$ -
Subtotal Direct Expenses	\$ 1,676,190	\$ 328,472	\$ 310,686	\$ 1,302,854	\$ 3,618,202	\$ 4,986,169
Indirect Expenses	\$ 226,288	\$ 44,343	\$ 41,943	\$ 175,892	\$ 488,466	\$ 673,145
Indirect %	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%
TOTAL FUNDING USES	\$ 1,902,478	\$ 372,815	\$ 352,629	\$ 1,478,746	\$ 4,106,668	\$ 5,659,314
					Employee Benefits Rate	25.3%
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	\$ 87,500				\$ 87,500	\$ 470,773
MH FED SDMC FFP (50%) CYF (ERMHS Medi-cal)					\$ -	\$ 62,500
MH STATE CYF 2011 PSR	\$ 84,750				\$ 84,750	\$ 258,191
MH STATE CYF 2011 PSR (ERMHS Medi-Cal Matched)					\$ -	\$ 62,500
MH WO HSA Childcare #93.558				\$ 438,960	\$ 438,960	\$ 438,960
MH WO DCYF MH High School	\$ 1,471,073				\$ 1,471,073	\$ 1,471,073
MH WO DCYF Child Care				\$ 230,583	\$ 230,583	\$ 230,583
MH WO CI Consult ECE/PFA				\$ 619,958	\$ 619,958	\$ 619,958
MH WO CI School Readiness				\$ 107,659	\$ 107,659	\$ 107,659
MH FED SDMC FFP (50%) Managed Care					\$ -	\$ 4,200
MH STATE 2011 PSR Managed Care					\$ -	\$ 55,800
MH MHSA (PEI)			\$ 341,185	\$ 45,277	\$ 386,462	\$ 443,597
MH MHSA (CSS)	\$ 152,314				\$ 152,314	\$ 152,314
MH STATE CYF 1991 Realignment					\$ -	\$ 198,048
MH CYF County General Fund (matched)	\$ 2,750				\$ 2,750	\$ 14,532
MH CYF County General Fund	\$ 45,248		\$ 11,444	\$ 27,086	\$ 83,778	\$ 423,701
MH CYF COUNTY General Fund (ERMHS Non-Medi-cal)					\$ -	\$ 51,044
MH CYF COUNTY General Fund (SOAR)					\$ -	\$ 153,000
MH CYF Work Order CODB	\$ 58,843			\$ 9,223	\$ 68,066	\$ 68,066
					\$ -	\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,902,478	\$ -	\$ 352,629	\$ 1,478,746	\$ 3,733,853	\$ 5,286,499
BHS SUD FUNDING SOURCES						
SUD County General Fund		\$ 201,420			\$ 201,420	\$ 201,420
SUD County General Fund (WO CODB)		\$ 6,592			\$ 6,592	\$ 6,592
SUD WO DCYF Wellness Centers		\$ 164,803			\$ 164,803	\$ 164,803
					\$ -	\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ 372,815	\$ -	\$ -	\$ 372,815	\$ 372,815
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,902,478	\$ 372,815	\$ 352,629	\$ 1,478,746	\$ 4,106,668	\$ 5,659,314
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,902,478	\$ 372,815	\$ 352,629	\$ 1,478,746	\$ 4,106,668	\$ 5,659,314
Prepared By: Eduard Agajanian, CFO				Phone Number: 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.				Appendix Number B-1a
Provider Number 3894		Contract ID Number 1000010839				Page Number 1a
						Fiscal Year 2022-2023
						Funding Notification Date 9/30/2022
Program Name		Children Outpatient				
Program Code		38947	38947	38947	38947	38947
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion
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
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 11,286	\$ 824,512	\$ 31,436	\$ 7,615	\$ 30,122
Operating Expenses		\$ 1,221	\$ 80,771	\$ 3,091	\$ 742	\$ 2,964
Capital Expenses						
Subtotal Direct Expenses		\$ 12,507	\$ 905,283	\$ 34,527	\$ 8,357	\$ 33,086
Indirect Expenses		\$ 1,688	\$ 122,210	\$ 4,660	\$ 1,128	\$ 4,467
Indirect %		13.50%	13.50%	13.50%	13.50%	13.50%
TOTAL FUNDING USES		\$ 14,195	\$ 1,027,493	\$ 39,187	\$ 9,485	\$ 37,553
BHS MENTAL HEALTH FUNDING SOURCES						
Dept-Auth-Proj-Activity						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	3,743	270,218	10,042	2,493	\$ 286,496
MH FED SDMC FFP (50%) CYF (ERMHS Medi-cal)	251962-10000-10037431-0001	812	58,878	2,266	544	\$ 62,500
MH STATE CYF 2011 PSR	251962-10000-10001670-0001	1,971	142,782	5,495	1,318	\$ 151,566
MH STATE CYF 2011 PSR (ERMHS Medi-Cal Matched)	251962-10000-10037431-0001	812	58,878	2,266	544	\$ 62,500
MH FED SDMC FFP (50%) Managed Care	251984-17128-10031195-0007	55	3,956	152	37	\$ 4,200
MH STATE 2011 PSR Managed Care	251984-17128-10031195-0007	726	52,566	2,023	485	\$ 55,800
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	1,601	116,009	4,465	1,071	\$ 123,146
MH CYF County General Fund (matched)	251962-10000-10001670-0001	153	11,100	427	102	\$ 11,782
MH CYF County General Fund	251962-10000-10001670-0001	3,932	284,845	10,963	2,630	\$ 339,923
MH CYF COUNTY General Fund (ERMHS Non-Medi-cal)	251962-10000-10037431-0001	390	28,261	1,088	261	\$ 30,000
This row left blank for funding sources not in drop-down list						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 14,195	\$ 1,027,493	\$ 39,187	\$ 9,485	\$ 37,553
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		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 14,195	\$ 1,027,493	\$ 39,187	\$ 9,485	\$ 37,553
NON-DPH FUNDING SOURCES						
Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		14,195	1,027,493	39,187	9,485	37,553
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		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service		3,750	247,981	5,000	2,278	416
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 3.79	\$ 4.14	\$ 7.84	\$ 4.16	\$ 90.27
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.79	\$ 4.14	\$ 7.84	\$ 4.16	\$ 90.27
Published Rate (Medi-Cal Providers Only)		\$ 3.79	\$ 4.14	\$ 7.84	\$ 4.16	\$ 90.27
Unduplicated Clients (UDC)		160	Included	Included	Included	Included
						Total UDC
						160

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

DHCS Legal Entity Number 00343							Appendix Number	B-1b
Provider Name Richmond Area Multi-Services, Inc.							Page Number	1b
Provider Number 3894							Fiscal Year	2022-2023
Contract ID Number 1000010839							Funding Notification Date	9/30/2022
Program Name		Children Outpatient SED						
Program Code		3894SD	3894SD	3894SD	3894SD	3894SD	3894SD	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	Admin Work	
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	1/0/1900	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES							TOTAL	
Salaries & Employee Benefits		8,883	159,912	1,652	1,446	\$ 122,725	\$ 45,829	
Operating Expenses		887	15,979	163	145	\$ 12,076	\$ 4,510	
Capital Expenses								
Subtotal Direct Expenses		\$ 9,770	\$ 175,891	\$ 1,815	\$ 1,591	\$ 134,801	\$ 50,339	
Indirect Expenses		\$ 1,320	\$ 23,748	\$ 246	\$ 217	\$ 18,199	\$ 6,796	
Indirect %		13.51%	13.50%	13.55%	13.64%	13.50%	13.50%	
TOTAL FUNDING USES		\$ 11,090	\$ 199,639	\$ 2,061	\$ 1,808	\$ 153,000	\$ 57,135	
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	5,001	90,042	918	816		\$ 96,777	
MH STATE CYF 2011 PSR	251962-10000-10001670-0001	1,130	20,352	209	184		\$ 21,875	
MH MHA (PEI)	251984-17156-10031199-0075					\$ 57,135	\$ 57,135	
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	3,871	69,690	709	632		\$ 74,902	
MH CYF COUNTY General Fund (ERMHS Non-Medi-cal)	251962-10000-10037431-0001	1,088	19,555	225	176		\$ 21,044	
MH CYF COUNTY General Fund (SOAR)	251962-10000-10001670-0001					153,000	\$ 153,000	
This row left blank for funding sources not in drop-down list							\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 11,090	\$ 199,639	\$ 2,061	\$ 1,808	\$ 153,000	\$ 57,135	
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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 11,090	\$ 199,639	\$ 2,061	\$ 1,808	\$ 153,000	\$ 57,135	
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)		11,090	199,639	2,061	1,808	153,000	57,135	
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		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		2,850	51,315	265	465	1,695	633	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 3.89	\$ 3.89	\$ 7.78	\$ 3.89	\$ 90.27	\$ 90.26	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.89	\$ 3.89	\$ 7.78	\$ 3.89	\$ 90.27	\$ 90.26	
Published Rate (Medi-Cal Providers Only)		\$ 3.89	\$ 3.89	\$ 7.78	\$ 3.89	\$ 90.27	\$ 90.26	
Unduplicated Clients (UDC)		65	Included	Included	Included	Included	Included	
							Total UDC	
							65	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010839
 Program Name Children Outpatient
 Program Code 38947

Appendix Number B-1
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Funding Term	TOTAL		General Fund (251962-10000-10001670-0001 / 251962-10000-10037431-0001)		MHSA-PEI (251984-17156-10031199-0075)		Managed Care (251984-17128-10031195-0007)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	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):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.89	\$ 127,999	0.83	\$ 118,343	0.03	\$ 4,710	0.03	\$ 4,946				
Program Manager	0.30	\$ 17,500	0.28	\$ 16,180	0.01	\$ 644	0.01	\$ 676				
Clinical Supervisor-SD	0.25	\$ 25,250	0.23	\$ 23,345	0.01	\$ 929	0.01	\$ 976				
Child Psychiatrist/MD	0.10	\$ 19,650	0.09	\$ 18,168	0.01	\$ 723	0.01	\$ 759				
Behavioral Health Counselor-OP	6.50	\$ 517,164	6.01	\$ 478,148	0.24	\$ 19,031	0.25	\$ 19,985				
Behavioral Health Counselor-SD	2.50	\$ 177,500	2.31	\$ 164,109	0.09	\$ 6,532	0.10	\$ 6,859				
Intake Coordinator/Office Manager	0.30	\$ 23,500	0.28	\$ 21,727	0.01	\$ 865	0.01	\$ 908				
Program Assistant	0.40	\$ 18,500	0.37	\$ 17,104	0.01	\$ 681	0.02	\$ 715				
Housekeeper/Janitor	0.20	\$ 10,500	0.18	\$ 9,708	0.01	\$ 386	0.01	\$ 406				
Quality Improvement Manager	0.50	\$ 57,500	0.46	\$ 53,162	0.02	\$ 2,116	0.02	\$ 2,222				
BIS Specialist	0.30	\$ 17,472	0.28	\$ 16,154	0.01	\$ 643	0.01	\$ 675				
Totals:	12.24	\$ 1,012,535	11.32	\$ 936,148	0.45	\$ 37,260	0.48	\$ 39,127	0.00	\$ -	0.00	\$ -
Employee Benefits:	23.00%	\$ 232,883	23.00%	\$ 215,314	23.00%	\$ 8,570	23.00%	\$ 8,999	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,245,418		\$ 1,151,462		\$ 45,830		\$ 48,126		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839
 Program Name Children Outpatient
 Program Code 38947

Appendix Number B-1
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001 / 251962-10000- 10037431-0001)	MHSA PEI (251984-17156- 10031199-0075)	Managed Care (251984-17128- 10031195-0007)	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	(mm/dd/yy-mm/dd/yy):
Rent	\$ 72,222	\$ 66,769	\$ 2,658	\$ 2,795	
Utilities (telephone, electricity, water, gas)	\$ 11,177	\$ 10,335	\$ 410	\$ 432	
Building Repair/Maintenance	\$ 7,865	\$ 7,275	\$ 285	\$ 305	
Occupancy Total:	\$ 91,264	\$ 84,379	\$ 3,353	\$ 3,532	\$ -
Office/Program Supplies	\$ 5,105	\$ 4,720	\$ 188	\$ 197	
	\$ -				
	\$ -				
	\$ -				
Materials & Supplies Total:	\$ 5,105	\$ 4,720	\$ 188	\$ 197	\$ -
Training/Staff Development	\$ 2,015	\$ 1,862	\$ 75	\$ 78	
Insurance	\$ 9,660	\$ 8,930	\$ 355	\$ 375	
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ 6,665	\$ 6,162	\$ 245	\$ 258	
General Operating Total:	\$ 18,340	\$ 16,954	\$ 675	\$ 711	\$ -
Local Travel	\$ 365	\$ 335	\$ 15	\$ 15	
Out-of-Town Travel					
Field Expenses					
Staff Travel Total:	\$ 365	\$ 335	\$ 15	\$ 15	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):					
Client-Related Other Activities	\$ 475	\$ 439	\$ 18	\$ 18	
Recruitment/Direct Staff Expenses	\$ 6,500	\$ 6,010	\$ 240	\$ 250	
Translation Fees	\$ 500	\$ 462	\$ 18	\$ 20	
Other Total:	\$ 7,475	\$ 6,911	\$ 276	\$ 288	\$ -
TOTAL OPERATING EXPENSE	\$ 122,549	\$ 113,299	\$ 4,507	\$ 4,743	\$ -

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 1000010839

Appendix Number B-3a
 Page Number 1
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Program Name	Children - Wellness Center Mental Health, Substance Abuse, and MHSA PEI School-Based								
Program Code	38946	38946	38946	38946	38946	38946	38946	38946	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion		
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	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries & Employee Benefits	\$ 13,231	\$ 121,850	\$ 10,107	\$ 670	\$ 1,226,716	\$ 86,832	\$ 127,013	\$ 1,586,419	
Operating Expenses	\$ 754	\$ 6,939	\$ 608	\$ 26	\$ 69,383	\$ 4,878	\$ 7,183	\$ 89,771	
Capital Expenses								\$ -	
Subtotal Direct Expenses	\$ 13,985	\$ 128,789	\$ 10,715	\$ 696	\$ 1,296,099	\$ 91,710	\$ 134,196	\$ 1,676,190	
Indirect Expenses	\$ 1,888	\$ 17,386	\$ 1,447	\$ 94	\$ 174,974	\$ 12,381	\$ 18,118	\$ 226,288	
Indirect %	13.50%	13.50%	13.50%	13.51%	13.50%	13.50%	13.50%	13.50%	13.50%
TOTAL FUNDING USES	\$ 15,873	\$ 146,175	\$ 12,162	\$ 790	\$ 1,471,073	\$ 104,091	\$ 152,314	\$ 1,902,478	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity								
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	\$ 7,936	\$ 73,088	\$ 6,081	\$ 395				\$ 87,500
MH STATE CYF 2011 PSR	251962-10000-10001670-0001	\$ 7,687	\$ 70,790	\$ 5,890	\$ 383				\$ 84,750
MH WO DCYF MH High School	251962-10002-10001799-0006					\$ 1,471,073			\$ 1,471,073
MH MHSA (CSS)	251984-17156-10031199-0069						\$ 152,314		\$ 152,314
MH CYF COUNTY General Fund (matched)	251962-10000-10001670-0001	\$ 250	\$ 2,297	\$ 191	\$ 12				\$ 2,750
MH CYF COUNTY General Fund	251962-10000-10001670-0001						\$ 45,248		\$ 45,248
MH CYF COUNTY WO CODB	251962-10000-10001670-0001						\$ 58,843		\$ 58,843
This row left blank for funding sources not in drop-down list									
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 15,873	\$ 146,175	\$ 12,162	\$ 790	\$ 1,471,073	\$ 104,091	\$ 152,314	\$ 1,902,478
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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 15,873	\$ 146,175	\$ 12,162	\$ 790	\$ 1,471,073	\$ 104,091	\$ 152,314	\$ 1,902,478
NON-DPH FUNDING SOURCES	Dept-Auth-Proj-Activity								
This row left blank for funding sources not in drop-down list									
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 15,873	\$ 146,175	\$ 12,162	\$ 790	\$ 1,471,073	\$ 104,091	\$ 152,314	\$ 1,902,478
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	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	4,200	35,335	1,552	135	13,225	935	1,370		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.78	\$ 4.14	\$ 7.84	\$ 5.85	\$ 111.23	\$ 111.33	\$ 111.18		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.78	\$ 4.14	\$ 7.84	\$ 5.85	\$ 111.23	\$ 111.33	\$ 111.18		
Published Rate (Medi-Cal Providers Only)	\$ 3.78	\$ 4.14	\$ 7.84	\$ 5.85					
Unduplicated Clients (UDC)	25	Included	Included	Included	1,070	Included	130		155

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010839
 Program Name Children - Wellness Center Mental Health
 Program Code 38946

Appendix Number B-3a
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Funding Term	TOTAL		MH Fed SDMC FFP CYF; MH State CYF (251962-10000-10001670-0001)		MH WO DCYF High School (251962-10002-10001799-0006)		MHSA (CSS) (251984-17156-10031199-0069)		MH CYF County General Fund (251962-10000-10001670-0001)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
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):	(mm/dd/yy-mm/dd/yy):	
Director	0.650	\$ 92,677	0.060	\$ 8,525	0.500	\$ 71,661	0.050	\$ 7,420	0.040	\$ 5,071				
Clinical Supervisor	0.880	\$ 80,570	0.080	\$ 801	0.700	\$ 67,929	0.060	\$ 7,033	0.040	\$ 4,807				
Child Psychiatrist/MD	0.025	\$ 7,050			0.025	\$ 7,050								
Behavioral Health Counselor/Therapist	13.000	\$ 1,017,653	1.295	\$ 101,380	10.021	\$ 784,444	1.047	\$ 81,951	0.637	\$ 49,878				
Senior Clinical Case Manager	0.422	\$ 35,290	0.040	\$ 3,246	0.325	\$ 27,288	0.034	\$ 2,825	0.023	\$ 1,931				
Office Manager	0.080	\$ 6,150							0.080	\$ 6,150				
Totals:	15.057	\$ 1,239,390	1.475	\$ 113,952	11.571	\$ 958,372	1.191	\$ 99,229	0.820	\$ 67,837	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.00%	\$ 347,029	28.00%	\$ 31,906	28.00%	\$ 268,344	28.00%	\$ 27,784	28.00%	\$ 18,995	0.00%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,586,419		\$ 145,858		\$ 1,226,716		\$ 127,013		\$ 86,832		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839
 Program Name Children - Wellness Center Mental Health
 Program Code 38946

B-3a
3
 2022-2023
 9/30/2022

Expense Categories & Line Items	TOTAL	MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)	MH WO DCYF High School (251962- 10002-10001799- 0006)	MHSA-CSS (251984- 17156-10031199- 0069)	MH CYF County General Fund (251962-10000- 10001670-0001)	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	(mm/dd/yy-mm/dd/yy):
Rent	\$ 20,990	\$ 1,927	\$ 16,239	\$ 1,678	\$ 1,146	
Utilities (telephone, electricity, water, gas)	\$ 12,150	\$ 1,118	\$ 9,395	\$ 972	\$ 665	
Building Repair/Maintenance	\$ 836	\$ 77	\$ 646	\$ 67	\$ 46	
Occupancy Total:	\$ 33,976	\$ 3,122	\$ 26,280	\$ 2,717	\$ 1,857	\$ -
Office Supplies	\$ 5,500	\$ 505	\$ 4,253	\$ 440	\$ 302	
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ 12,127	\$ 1,115	\$ 9,377	\$ 971	\$ 664	
Materials & Supplies Total:	\$ 17,627	\$ 1,620	\$ 13,630	\$ 1,411	\$ 966	\$ -
Training/Staff Development	\$ 8,501	\$ 782	\$ 6,573	\$ 681	\$ 465	
Insurance	\$ 11,300	\$ 1,039	\$ 8,738	\$ 905	\$ 618	
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 1,765	\$ 162	\$ 1,365	\$ 141	\$ 97	
General Operating Total:	\$ 21,566	\$ 1,983	\$ 16,676	\$ 1,727	\$ 1,180	\$ -
Local Travel	\$ 502	\$ 46	\$ 388	\$ 40	\$ 28	
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 502	\$ 46	\$ 388	\$ 40	\$ 28	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)						
Legal Consultant, (David Leatherberry). Provides as needed legal consultation around HIPAA Compliance and Privacy Laws. The hourly rate is \$350/hr x approx. 5.64 hours.	\$ 2,100	\$ 268	\$ 1,584	\$ 167	\$ 81	
Consultant/Subcontractor Total:	\$ 2,100	\$ 268	\$ 1,584	\$ 167	\$ 81	\$ -
Other (provide detail):						
Recruitment/Direct Staff Expenses	\$ 2,500	\$ 230	\$ 1,933	\$ 200	\$ 137	
Client-Related Food	\$ 10,000	\$ 920	\$ 7,732	\$ 801	\$ 547	
Client-Related Other Activities	\$ 1,500	\$ 138	\$ 1,160	\$ 120	\$ 82	
Other Total:	\$ 14,000	\$ 1,288	\$ 10,825	\$ 1,121	\$ 766	\$ -
TOTAL OPERATING EXPENSE	\$ 89,771	\$ 8,327	\$ 69,383	\$ 7,183	\$ 4,878	\$ -

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

DHCS Legal Entity Number 00343		B-3b	
Provider Name <u>Richmond Area Multi-Services</u>		1	
Provider Number 388915		2022-2023	
Contract ID Number 1000010839		9/30/2022	
Program Name	Children-Wellness Center Substance Abuse		
Program Code	38946	38946	
Mode/SFC (MH) or Modality (SUD)	SecPrev-19	SecPrev-19	
Service Description	SA-Sec Prev Outreach	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 167,520	\$ 142,546	\$ 310,066
Operating Expenses	\$ 9,942	\$ 8,464	\$ 18,406
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 177,462	\$ 151,010	\$ 328,472
Indirect Expenses	\$ 23,958	\$ 20,385	\$ 44,343
Indirect %	13.50%	13.50%	13.50%
TOTAL FUNDING USES	\$ 201,420	\$ 171,395	\$ 372,815
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		
SUD County General Fund	240646-10000-10001681-0003	\$ 201,420	\$ 201,420
SUD County General Fund (WO CODB)	240646-10000-10001681-0003		\$ 6,592
SUD WO DCYF Wellness Centers	240646-10002-10001973-0001		\$ 164,803
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 201,420	\$ 171,395	\$ 372,815
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	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 201,420	\$ 171,395	\$ 372,815
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)	\$ 201,420	\$ 171,395	\$ 372,815
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	333	283	
Unit Type	Hours	Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 604.86	\$ 605.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 604.86	\$ 605.64	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	150	Included	150

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010839
 Program Name Children-Wellness Center Substance Abuse
 Program Code 38946

B-3b
2
2022-2023
9/30/2022

	TOTAL		SUD County General Fund (240646-10000-10001681-0003)		SUD WO DCYF Wellness Centers (240646-10002-10001973-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.13	\$ 18,127	0.07	\$ 9,793	0.06	\$ 8,334		
Clinical Supervisor	0.16	\$ 17,186	0.09	\$ 9,286	0.07	\$ 7,900		
Child Psychiatrist/MD	0.01	\$ 1,379	0.01	\$ 745	0.00	\$ 634		
Behavioral Health Counselor/Therapist	3.97	\$ 197,446	2.22	\$ 106,674	1.75	\$ 90,772		
Senior Clinical Case Manager	0.80	\$ 6,901	0.45	\$ 3,729	0.35	\$ 3,172		
Office Manager	0.02	\$ 1,200	0.01	\$ 648	0.01	\$ 552		
Totals:	5.09	\$ 242,239	2.85	\$ 130,875	2.24	\$ 111,364	0.00	\$ -
Employee Benefits:	28.00%	\$ 67,827	28.00%	\$ 36,645	28.00%	\$ 31,182	0.00%	
TOTAL SALARIES & BENEFITS		\$ 310,066		\$ 167,520		\$ 142,546		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839
 Program Name Children-Wellness Center Substance Abuse
 Program Code 38946

Appendix Number B-3b
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Expense Categories & Line Items	TOTAL	SUD County General Fund (240646-10000- 10001681-0003)	SUD WO DCYF Wellness Centers (240646-10002- 10001973-0001)	Dept-Auth-Proj- Activity	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):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 4,100	\$ 2,215	\$ 1,885		
Utilities (telephone, electricity, water, gas)	\$ 2,500	\$ 1,351	\$ 1,149		
Building Repair/Maintenance	\$ 165	\$ 89	\$ 76		
Occupancy Total:	\$ 6,765	\$ 3,655	\$ 3,110	\$ -	\$ -
Office Supplies	\$ 1,200	\$ 648	\$ 552		
Photocopying	\$ -				
Program Supplies	\$ -				
Computer Hardware/Software	\$ 2,490	\$ 1,345	\$ 1,145		
Materials & Supplies Total:	\$ 3,690	\$ 1,993	\$ 1,697	\$ -	\$ -
Training/Staff Development	\$ 1,750	\$ 945	\$ 805		
Insurance	\$ 2,209	\$ 1,193	\$ 1,016		
Professional License	\$ 245	\$ 132	\$ 113		
Permits	\$ 82	\$ 44	\$ 38		
Equipment Lease & Maintenance	\$ 95	\$ 51	\$ 44		
General Operating Total:	\$ 4,381	\$ 2,365	\$ 2,016	\$ -	\$ -
Local Travel	\$ 100	\$ 54	\$ 46		
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 100	\$ 54	\$ 46	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)					
Legal Consultant (David Leatherberry). Provides as needed legal consultation around HIPAA Compliacne and Privacy Laws. The rate is \$350/hr x approx. 1.5 hours.	\$ 700	\$ 378	\$ 322		
Consultant/Subcontractor Total:	\$ 700	\$ 378	\$ 322	\$ -	\$ -
Other (provide detail):					
Recruitment/Direct Staff Expenses	\$ 475	\$ 257	\$ 218		
Client-Related Food	\$ 2,000	\$ 1,081	\$ 919		
Client-Related Other Activities	\$ 295	\$ 159	\$ 136		
Other Total:	\$ 2,770	\$ 1,497	\$ 1,273	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 18,406	\$ 9,942	\$ 8,464	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-3c	
Provider Name Richmond Area Multi-Services		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000010839		Funding Notification Date 9/30/2022	
Program Name	MHSa PEI - School-Based		
Program Code	3894		
Mode/SFC (MH) or Modality (SUD)	45/10-19		
Service Description	OS-MH Promotion		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 303,850		\$ 303,850
Operating Expenses	\$ 6,836		\$ 6,836
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 310,686	\$ -	\$ 310,686
Indirect Expenses	\$ 41,943		\$ 41,943
Indirect %	13.50%	0.0%	13.50%
TOTAL FUNDING USES	\$ 352,629	\$ -	\$ 352,629
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSa (PEI)	251984-17156-10031199-0075	\$ 341,185	\$ 341,185
MH CYF COUNTY General Fund	251962-10000-10001670-0001	\$ 11,444	\$ 11,444
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 352,629	\$ -
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		\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 352,629	\$ -
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)		\$ 352,629	\$ -
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	Fee-For-Service (FFS)		
DPH Units of Service	1,950		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 180.84	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 180.84	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)			205

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010839
 Program Name MHSA PEI - School-Based Wellness
 Program Code 3894

Appendix Number B-3c
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

	TOTAL		MHSA-PEI (251984-17156-10031199-0075)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
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):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.15	\$ 21,308	0.15	\$ 21,308						
Clinical Supervisor	0.15	\$ 15,775	0.15	\$ 15,775						
Child Psychiatrist/MD	0.01	\$ 4,576	0.01	\$ 4,576						
Behavioral Health Counselor/Therapist	2.25	\$ 194,592	2.25	\$ 194,592						
Office Manager/Admin	0.06	\$ 4,900	0.06	\$ 4,900						
Totals:	2.62	\$ 241,151	2.62	\$ 241,151	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	26.00%	\$ 62,699	26.00%	\$ 62,699	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 303,850		\$ 303,850		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839

Program Name MHSA PEI - School-Based Wellness

Program Code 38946

Appendix Number B-3c

Page Number 3

Fiscal Year 2022-2023

Funding Notification Date 9/30/2022

Expense Categories & Line Items	TOTAL	MHSA-PEI (251984-17156- 10031199-0075)	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	\$ 500	\$ 500		
Utilities (telephone, electricity, water, gas)	\$ 1,400	\$ 1,400		
Building Repair/Maintenance	\$ 250	\$ 250		
Occupancy Total:	\$ 2,150	\$ 2,150	\$ -	\$ -
Office Supplies	\$ 600	\$ 600		
Equipment Lease & Maintenance	\$ 25	\$ 25		
Computer Hardware/Software	\$ 1,000	\$ 1,000		
	\$ -			
Materials & Supplies Total:	\$ 1,625	\$ 1,625	\$ -	\$ -
Training/Staff Development	\$ 200	\$ 200		
Insurance	\$ 1,725	\$ 1,725		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 36	\$ 36		
General Operating Total:	\$ 1,961	\$ 1,961	\$ -	\$ -
Local Travel	\$ 100	\$ 100		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 100	\$ 100	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment/Direct Staff Expenses	\$ 250	\$ 250		
Client-Related Food	\$ 500	\$ 500		
Client-Related Other Activities	\$ 250	\$ 250		
Other Total:	\$ 1,000	\$ 1,000	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 6,836	\$ 6,836	\$ -	\$ -

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

Appendix Number B-4
 Page Number 1
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

DHCS Legal Entity Number 00343
 Provider Name Richmond Area Multi-Services
 Provider Number 3894
 Contract ID Number 1000010839

Program Name	High Quality Childcare Initiative (Fu Yu)												
Program Code	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Mode Code	CI	CG	CO	ST	PT	RL	SU	EV	SW	EI	MI		
Service Description	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	
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	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	TOTAL
FUNDING USES													
Salaries & Employee Benefits	\$ 220,220	\$ 70,348	\$ 357,857	\$ 9,176	\$ 152,930	\$ 247,747	\$ 79,524	\$ 3,058	\$ 51,996	\$ 24,469	\$ 6,117	\$ 1,223,442	
Operating Expenses	\$ 14,294	\$ 4,566	\$ 23,228	\$ 596	\$ 9,927	\$ 16,081	\$ 5,162	\$ 198	\$ 3,375	\$ 1,588	\$ 397	\$ 79,412	
Capital Expenses													
Subtotal Direct Expenses	\$ 234,514	\$ 74,914	\$ 381,085	\$ 9,772	\$ 162,857	\$ 263,828	\$ 84,686	\$ 3,256	\$ 55,371	\$ 26,057	\$ 6,514	\$ 1,302,854	
Indirect %	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%	13.51%	13.50%	13.50%	13.49%	13.50%	
TOTAL FUNDING USES	\$ 266,173	\$ 85,027	\$ 432,536	\$ 11,091	\$ 184,845	\$ 299,445	\$ 96,118	\$ 3,696	\$ 62,847	\$ 29,575	\$ 7,393	\$ 1,478,746	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												
MH WO HSA Childcare #93.558	251962-10002-10001803-0001	\$ 79,012	\$ 25,240	\$ 128,398	\$ 3,292	\$ 54,870	\$ 88,889	\$ 28,532	\$ 1,097	\$ 18,656	\$ 8,779	\$ 2,195	\$ 438,960
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 41,505	\$ 13,259	\$ 67,445	\$ 1,729	\$ 28,823	\$ 46,693	\$ 14,988	\$ 576	\$ 9,800	\$ 4,612	\$ 1,153	\$ 230,583
MH WO CI Consult ECE/PFA	251962-10002-10001800-0004	\$ 111,592	\$ 35,648	\$ 181,338	\$ 4,650	\$ 77,495	\$ 125,541	\$ 40,297	\$ 1,550	\$ 26,348	\$ 12,399	\$ 3,100	\$ 619,958
MH WO CI School Readiness	251962-10002-10001800-0003	\$ 19,379	\$ 6,190	\$ 31,490	\$ 808	\$ 13,457	\$ 21,801	\$ 6,998	\$ 269	\$ 4,576	\$ 2,153	\$ 538	\$ 107,659
MH MHSA (PEI)	251984-17156-10031199-0075	\$ 8,150	\$ 2,603	\$ 13,244	\$ 340	\$ 5,660	\$ 9,168	\$ 2,943	\$ 113	\$ 1,924	\$ 906	\$ 226	\$ 45,277
MH CYF COUNTY General Fund	251962-10000-10001670-0001	\$ 4,875	\$ 1,557	\$ 7,923	\$ 203	\$ 3,386	\$ 5,485	\$ 1,761	\$ 68	\$ 1,151	\$ 542	\$ 135	\$ 27,086
MH CYF COUNTY GF WO CODB	251962-10000-10001670-0001	\$ 1,660	\$ 530	\$ 2,698	\$ 69	\$ 1,154	\$ 1,868	\$ 599	\$ 23	\$ 392	\$ 184	\$ 46	\$ 9,223
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 266,173	\$ 85,027	\$ 432,536	\$ 11,091	\$ 184,845	\$ 299,445	\$ 96,118	\$ 3,696	\$ 62,847	\$ 29,575	\$ 7,393	\$ 1,478,746
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity												
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity												
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 266,173	\$ 85,027	\$ 432,536	\$ 11,091	\$ 184,845	\$ 299,445	\$ 96,118	\$ 3,696	\$ 62,847	\$ 29,575	\$ 7,393	\$ 1,478,746
NON-DPH FUNDING SOURCES													
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		266,173	85,027	432,536	11,091	184,845	299,445	96,118	3,696	62,847	29,575	7,393	1,478,746
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	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	2,218	709	3,604	92	1,540	2,495	801	31	524	246	62		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Published Rate (Medi-Cal Providers Only)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	Total UDC
Unduplicated Clients (UDC)	2,500	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	2,500

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010839
 Program Name High Quality Childcare Initiative (Fu Yau)
 Program Code 3894

Appendix Number B-4
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Funding Term	TOTAL		MH WO HSA Childcare #93.558 (251962-10002-10001803-0001)		MH WO DCYF Child Care (251962-10002-10001799-0007)		MH WO CI Consult ECE/PFA (251962-10002-10001800-0004)		MH WO CI School Readiness (251962-10002-10001800-0003)		MH MHSA (PEI) (251984-17156-10031199-0075)		MH CYF COUNTY General Fund (251962-10000-10001670-0001)		MH CYF COUNTY GF WO CODB (251962-10000-10001670-0001)	
	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.80	\$ 110,339	0.237	\$ 32,754	0.125	\$ 17,205	0.335	\$ 46,260	0.06	\$ 8,033	0.024	\$ 3,378	0.015	\$ 2,021	0.005	\$ 688
Clinical Manager	0.60	\$ 62,089	0.178	\$ 18,431	0.094	\$ 9,682	0.252	\$ 26,031	0.04	\$ 4,520	0.018	\$ 1,901	0.011	\$ 1,137	0.004	\$ 387
Clinical Supervisor	0.13	\$ 26,618	0.039	\$ 7,901	0.020	\$ 4,151	0.055	\$ 11,159	0.01	\$ 1,938	0.004	\$ 815	0.002	\$ 488	0.001	\$ 166
Lead Mental Health Consultant	0.50	\$ 47,650	0.148	\$ 14,145	0.078	\$ 7,430	0.210	\$ 19,977	0.04	\$ 3,469	0.015	\$ 1,459	0.009	\$ 873	0.003	\$ 297
Mental Health Consultant	4.98	\$ 660,123	2.449	\$ 195,955	1.286	\$ 102,934	0.346	\$ 276,754	0.60	\$ 48,060	0.253	\$ 20,212		\$ 12,091	0.051	\$ 4,117
Administrative Assistants	1.35	\$ 83,822	0.401	\$ 24,882	0.211	\$ 13,070	0.566	\$ 35,142	0.10	\$ 6,103	0.041	\$ 2,567	0.025	\$ 1,535	0.008	\$ 523
Totals:	8.37	\$ 990,641	3.45	\$ 294,068	1.81	\$ 154,472	1.76	\$ 415,323	0.85	\$ 72,123	0.36	\$ 30,332	0.06	\$ 18,145	0.07	\$ 6,178
Employee Benefits:	23.50%	\$ 232,801	23.50%	\$ 69,106	23.50%	\$ 36,301	23.50%	\$ 97,601	23.50%	\$ 16,949	23.50%	\$ 7,128	23.50%	\$ 4,264	23.50%	\$ 1,452
TOTAL SALARIES & BENEFITS		\$ 1,223,442		\$ 363,174		\$ 190,773		\$ 512,924		\$ 89,072		\$ 37,460		\$ 22,409		\$ 7,630

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839
 Program Name High Quality Childcare Initiative (Fu Yau)
 Program Code 3894

Appendix Number B-4
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

Expense Categories & Line Items	TOTAL	MH WO HSA Childcare #93.558 (251962-10002- 10001803-0001)	MH WO DCYF Child Care (251962-10002- 10001799-0007)	MH WO CI Consult ECE/PFA (251962- 10002-10001800- 0004)	MH WO CI School Readiness (251962-10002- 10001800-0003)	MH MHSA (PEI) (251984-17156- 10031199-0075)	MH CYF COUNTY General Fund (251962-10000- 10001670-0001)	MH CYF COUNTY GF WO CODB (251962-10000- 10001670-0001)
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	07/01/22-06/30/23	07/01/22-06/30/23
Rent	\$ 33,910	\$ 10,066	\$ 5,288	\$ 14,217	\$ 2,469	\$ 1,038	\$ 621	\$ 211
Utilities (telephone, electricity, water, gas)	\$ 8,439	\$ 2,505	\$ 1,316	\$ 3,538	\$ 614	\$ 258	\$ 155	\$ 53
Building Repair/Maintenance	\$ 1,237	\$ 367	\$ 193	\$ 518	\$ 90	\$ 38	\$ 23	\$ 8
Occupancy Total:	\$ 43,586	\$ 12,938	\$ 6,797	\$ 18,273	\$ 3,173	\$ 1,334	\$ 799	\$ 272
Office Supplies	\$ 2,760	\$ 819	\$ 430	\$ 1,157	\$ 201	\$ 85	\$ 51	\$ 17
Photocopying	\$ -							
Program Supplies	\$ 860	\$ 255	\$ 134	\$ 361	\$ 63	\$ 26	\$ 16	\$ 5
Computer Hardware/Software	\$ 9,000	\$ 2,672	\$ 1,403	\$ 3,773	\$ 655	\$ 276	\$ 165	\$ 56
Materials & Supplies Total:	\$ 12,620	\$ 3,746	\$ 1,967	\$ 5,291	\$ 919	\$ 387	\$ 232	\$ 78
Training/Staff Development	\$ 5,000	\$ 1,484	\$ 780	\$ 2,096	\$ 364	\$ 153	\$ 92	\$ 31
Insurance	\$ 11,500	\$ 3,414	\$ 1,793	\$ 4,821	\$ 837	\$ 352	\$ 211	\$ 72
Professional License	\$ 480	\$ 142	\$ 75	\$ 201	\$ 35	\$ 15	\$ 9	\$ 3
Permits	\$ -							
Equipment Lease & Maintenance	\$ 128	\$ 38	\$ 20	\$ 54	\$ 9	\$ 4	\$ 2	\$ 1
General Operating Total:	\$ 17,108	\$ 5,078	\$ 2,668	\$ 7,172	\$ 1,245	\$ 524	\$ 314	\$ 107
Local Travel	\$ 601	\$ 178	\$ 94	\$ 252	\$ 44	\$ 18	\$ 11	\$ 4
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ 601	\$ 178	\$ 94	\$ 252	\$ 44	\$ 18	\$ 11	\$ 4
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)								
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):								
Translation Services	\$ 1,000	\$ 297	\$ 156	\$ 419	\$ 73	\$ 31	\$ 18	\$ 6
Recruitment/Direct Staff Expenses	\$ 1,499	\$ 445	\$ 234	\$ 629	\$ 109	\$ 46	\$ 27	\$ 9
Client Related Food	\$ 1,499	\$ 445	\$ 234	\$ 629	\$ 109	\$ 46	\$ 27	\$ 9
Client Related Other	\$ 1,499	\$ 445	\$ 234	\$ 629	\$ 109	\$ 46	\$ 27	\$ 9
Other Total:	\$ 5,497	\$ 1,632	\$ 858	\$ 2,306	\$ 400	\$ 169	\$ 99	\$ 33
TOTAL OPERATING EXPENSE	\$ 79,412	\$ 23,572	\$ 12,384	\$ 33,294	\$ 5,781	\$ 2,432	\$ 1,455	\$ 494

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc. Page Number _____
 Contract ID Number 1000010839 Fiscal Year 2022-2023
 Funding Notification Date 9/30/2022

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.163	\$ 40,780
Chief Financial Officer	0.163	\$ 37,227
Deputy Chief	0.163	\$ 28,630
COO / Dir. Of Ops	0.163	\$ 27,964
Director of Community & Government Affairs	0.163	\$ 25,652
Director of Human Resources	0.163	\$ 24,509
Director of Training	0.294	\$ 38,424
Accounting Staff	0.817	\$ 56,292
HR Staff	0.653	\$ 60,088
Communication Manager	0.041	\$ 5,336
Grants Manager	0.122	\$ 10,081
QI Manager	0.163	\$ 17,868
IT Manager/Support	0.392	\$ 36,011
Executive/Admin Assistant	0.163	\$ 14,548
Janitor/Lead Facilities Tech	0.090	\$ 6,720
Subtotal:	3.713	\$430,130
Employee Benefits:	25%	\$ 107,533
Total Salaries and Employee Benefits:		\$ 537,663

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	\$ 5,925
Depreciation	\$ 7,280
Rental	\$ 838
Utilities	\$ 3,465
Building Repair/Maintenance	\$ 2,886
Office Supplies	\$ 11,202
Training/Staff Development	\$ 1,939
Insurance	\$ 15,918
Equipment Rental	\$ 2,030
Local Travel	\$ 838
Audit Fees	\$ 9,309
Payroll Fees	\$ 28,331
Recruitment	\$ 25,010
Meetings and Conferences	\$ 776
Professional Fees	\$ 17,873
Bank Fees	\$ 1,862
Total Operating Costs	\$135,482
Total Indirect Costs	\$673,145

Appendix D

Data Access and Sharing Terms

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 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.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000010839**

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 7/1/2018 (“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

HIPAA Business Associate Agreement



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.

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.



San Francisco Department of Public Health

Business Associate Agreement

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.



San Francisco Department of Public Health

Business Associate Agreement

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



San Francisco Department of Public Health

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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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Business Associate Agreement

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 or 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

APPENDIX E



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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:		Contractor City Vendor ID	
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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	
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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	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH 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 SFPDH.

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 #	Email:			
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.] [SFPDH 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 SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH 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	
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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	
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Appendix K

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.

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, outpatient, 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.