

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **February 4, 2014**, 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 increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4150-09/10 on June 21, 2010;

NOW, THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

a. Agreement. The term "Agreement" shall mean the Agreement dated October 1, 2010 between Contractor and City, as amended by the:

First amendment this amendment.

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

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

a. Section 5 Compensation of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixteen Million Sixty Three Thousand Six Hundred Eighty Four Dollars (\$16,063,684). The breakdown of costs

associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 **Department of Public Health** 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. 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:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Million Eight Hundred Nineteen Thousand Six Hundred Twenty Seven Dollars (\$20,819,627). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 **Department of Public Health** 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. In no event shall City be liable for interest or late charges for any late payments.

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

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

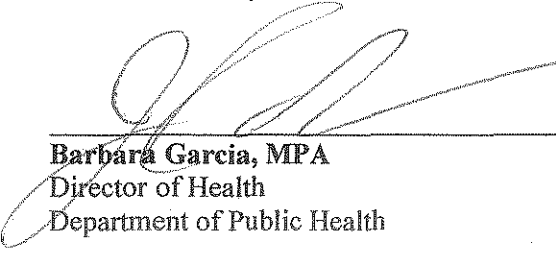
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.


Barbara Garcia, MPA
Director of Health
Department of Public Health


Kavos Ghane Bassiri, LMFT, CGP / Date
Director of Health Chief Executive Officer
3626 Balboa St.
San Francisco, CA 94121

City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney

By:  2/29/14
Kathy Murphy
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract Administration,
and Purchaser

1. **Program Name:** Children, Youth & Family Outpatient Services Program
and EPSDT Services

Program Address: 3626 Balboa Street

City, State, Zip Code: San Francisco, CA 94121

Telephone: (415) 668-5955

Facsimile: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue

City, State, Zip Code: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Program Code: 3894-5, 3894-7, 3894MC

2. **Nature of Document** (check one)

New **Renewal** **Modification**

3. **Goal Statement**

The program goal is 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.

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 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.

4. **Target Population**

RAMS Children, Youth & Family (CYF) Outpatient Services Program serves San Francisco children and youth, under the age of 18 who are beneficiaries of public health insurance, such as Medi-Cal, Healthy Families, Healthy Kids, their siblings and parents who are in need of psychiatric 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 US-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). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for 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 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. Services are provided at the RAMS Outpatient Clinic and in the community (e.g. on-site at San Francisco Unified School District schools).

RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD. These are students that are assessed to have an emotional disability as their primary barrier to their educational success.

5. Modality(ies)/Interventions

See CBHS 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 over 19,000 adults, children, youth & families at over 80 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, Asian Youth Advocacy Network, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Therapists/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 that are stationed at Bessie Carmichael School (elementary and middle), Galing Bata Childcare, Filipino Community Center, and Burton High School every week to engage clients and outreach to the Filipino families and community. RAMS staff are also active with the Filipino Mental Health Initiative 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 CBHS 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 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) works 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 pm, beyond “normal” business hours. The Program hours are: Monday (9:00 am – 7:00 pm); Tuesday to Thursday (9:00 am to 8:00 pm); Friday (9:00 am to 5:00 pm).

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, CRAFFT, and AADIS), 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 program, and/or in least restrictive environment in the field including, but is not limited to: clients’ home, school, another community center, and/or primary care clinic. 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 CBHS.

RAMS Filipino services staff provides outreach, linkage, consultation, 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. Medication services are available at the Outpatient Clinic.

The Behavioral Health Counselors/Workers provide clients with on-going individual and group integrated behavioral health counseling, case management services and, as needed, conduct collateral meetings. 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 clinician and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. Informed by assessment tools (e.g. CANS), a plan of care with goals is formally developed (within the first two months) and updated at least annually. This is a collaborative process (between counselor & client) 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 home visits and linkages for client support services (e.g. childcare, transportation) to other community agencies and government offices. Predoctoral 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, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during all program hours of operation, in order to increase accessibility.

- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

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 CBHS. 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 (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

See CBHS Appendix B.

Furthermore, direct services are also provided by 15 pre-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 pre-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 hired 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, as well as a part-time bilingual and bicultural Filipino Peer Counselor to provide further outreach and engagement of Filipino families and community providers.

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

CYF provides services and/or support for those who are not yet clients through various modalities including psychoeducation and outreach presentations 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.

RAMS Filipino services staff are stationed at community organizations and schools that serve predominant Filipino children, youth and families, to develop relationship with the organizations, families and communities, to provide outreach, engagement, psychoeducation (including anti-stigma), and consultation.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14.

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 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 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 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. Furthermore, RAMS maintains ongoing communication with the Filipino services staff and the Filipino community and organizations to solicit feedback to improve our services.

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), Medical Director (psychiatrist and direct service practitioner), and other senior staff. Cases are reviewed by PURQC more frequently than the CBHS minimum requirement. 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 also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback. RAMS ensures documentation or all requests for services in the AVATAR timely access log.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). 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) 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 are monthly); 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 identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed
- Development of annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Client satisfaction

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. 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 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 biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Measurement, analysis, and use of CANS data

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 CBHS-provided data and analysis reports, the Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

1. **Program Name:** Children, Youth & Family Outpatient Services
School-Based Partnership

Program Address: 3626 Balboa Street
City, State, Zip Code: San Francisco, CA 94121
Telephone: (415) 668-5955
Facsimile: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue
City, State, Zip Code: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699

Program Code: 3894-SD

Balboa High School
1000 Cayuga Avenue
San Francisco, CA, 94112
(415) 469-4090

Denman Middle School
241 Oneida Ave
San Francisco, CA 94112
(415) 469-4535

George Washington High School
600 - 32nd Avenue
San Francisco, CA 94121
(415) 387-0550

Herbert Hoover Middle School
2290-14th Avenue
San Francisco, CA, 94116
(415) 759-2783

Galileo High School
1150 Francisco, Street
San Francisco, CA 94109
(415) 771-3150

Presidio Middle School
450 30th Avenue
San Francisco, CA 94121
(415) 750-8435

Mission High School
3750-18th Street
San Francisco, CA 94114
(415) 241-6240

School of the Arts (SOTA) High School
555 Portola Drive
San Francisco, CA 94131
(415) 695-5700

2. **Nature of Document** (check one)

New Renewal Modification

3. **Goal Statement**

The program provides on-site, school-based mental health services for students with an “Emotional Disturbance” (ED) and other special education students that have identified mental health needs (i.e., ERMHS status). Major goals of School-Based Mental Health Partnership (SBMHP) programs include

the prevention or referrals of ED youth to more restrictive settings, involvement of parents and caregivers in their children's education and services, and support to teachers/classroom/school environments to increase student engagement in learning and school connection. Partnerships necessarily involve collaboration with school officials, caregivers and youth themselves to promote and increase developmental assets and school engagement.

4. Target Population

The program serves San Francisco Unified School District (SFUSD) Denman, Herbert Hoover, and Presidio Middle Schools as well as George Washington, School of the Arts (SOTA), Mission, Galileo, and Balboa High Schools. The SBMHP provides vital access to mental health services for emotionally disabled (ED) youth and their families and support to the school personnel who work with them. Many of these students have been identified as having mental health needs that are interfering with their ability to learn (i.e., ERMHS) and are seen on site by SBMHP clinicians. Many of these students and families would not be served in the outpatient clinic setting due to transportation and other access issues.

Services may also include students (with ERMHS status) involved in Special Day Class (SDC) or other Learning Disabled (LD) programs experiencing mental health difficulties that are impacting their ability to learn, who could potentially be diagnosed ED without intervention.

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS Director of CYF Outpatient Services Clinic and/or School-Based Mental Health Partnership (SBMHP) Manager and Behavioral Health Therapists/Counselors (including psychologists, social workers, marriage & family therapists, 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 is not limited to active participation/presentation in at least one SPED department meeting.

SBMHP Manager and/or Behavioral Health Therapists/Counselors participate in forums (e.g. Back to School Nights) 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 classification & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.
- Asset Building: Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
- "Push In" Groups: Working in ED classrooms with students, teachers and paraprofessionals to engage students in social skills training programs such as 2nd Step, to develop pro-social skills, frustration tolerance, and empathy development.

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

Children/youth in ED special day classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Therapists/Counselors. The process for referral and priority of students for enrollment is agreed upon during the MOU process at the beginning of the school year and is amended as necessary to meet the needs of the students and school sites. Generally, students in the SDC ED classes (SOAR) have priority as referrals, followed by ERMHS students and other students with mental health services written into their IEPs.

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 hr/wk on-site). RAMS counselors provide at least: 16 hours of on-site services at George Washington, Galileo, and Mission, 8 hours of on-site services at Balboa High Schools and SOTA; 12 hours on-site at Presidio Middle School, 20 on-site hours at Denman, and 24 on-site hours at Hoover Middle School, when schools are in operation (including summer school). Students have the option of receiving behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

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. 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.

Using a Developmental Assets model, 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 have also been trained in Second Step for middle school sites and are providing "push in" groups in the middle school classrooms. A plan for implementation of these programs is agreed upon at the beginning of the school year with school administration and staff and submitted to CBHS. Second Step curriculum is presented in a group setting and/or individually for one semester and is amended to meet the needs of the students in the group with regard to grade and developmental level. 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 with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

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 CBHS. 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.

RAMS Therapists/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 to Private Provider Network/Primary Care Physician. Furthermore, clients' transferring to other schools is also in consideration.

- E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

See CBHS Appendix B.

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

RAMS provides services/support for those who are not yet clients and outreach presentations/enhancing knowledge of mental health issues and services. Services are provided on-site at the schools.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14.

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 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 tobacco use 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 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 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. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), Medical Director (psychiatrist and direct service practitioner), and other senior staff. Cases are reviewed by PURQC more frequently than the CBHS minimum requirement. 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 also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). 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) 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 are monthly); 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 identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed
- Development of annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Measurement of client satisfaction

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. 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 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 biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Measurement, analysis, and use of CANS data

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 CBHS-provided data and analysis reports, the Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

Program Name: Wellness Centers Program
and SF Achievement Collaborative Team (SF-ACT)

Program Address: 3626 Balboa Street
City, State, Zip Code: San Francisco, CA 94121
Telephone: (415) 668-5955
Facsimile: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue
City, State, Zip Code: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699

Program Code: 3894-6

Wellness Centers are located at:

- Phillip and Sala Burton Academic High School (94134)
- Downtown High School (94107)
- Galileo Academy of Science & Technology High School (94109)
- International Studies Academy (94107)
- 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/ Academy of Arts & Sciences (94131)
- SF International High School (94110)
- Raoul Wallenberg High School (94115)
- George Washington High School (94121)
- Ida B. Wells High School (94117)
- Civic Center Secondary School, SF-ACT (94122)

2. Nature of Document (check one)

New **Renewal** Modification

3. Goal Statement

To provide integrated behavioral health and case management services at 16 of the high school-based Wellness Centers. Student outcomes are: improved psychological well-being, positive engagement in school, family & community, awareness & utilization of resources, and school capacity to support student wellness.

To provide intensive case management services afterschool at 1 high school through the San Francisco Achievement Collaborative Team to juveniles on probation. Student outcomes are: reduce recidivism, reduce substance abuse, and increase academic success.

4. Target Population

The target population includes 16 SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Many are referred for concerns relating to mood, behavior, and other adverse circumstances. Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources. Services are provided on-site at schools (zip codes listed in section 1). 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. 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). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for 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 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. Services are provided at the RAMS Outpatient Clinic (94121) and in the community (e.g. on-site at San Francisco Unified School District schools).

The SF Achievement Collaborative Team at Civic Center Secondary School is an afterschool, intensive outpatient treatment program that serves qualified youth on probation. Eligibility is determined through a collaborative screening process that includes MH and legal teams.

5. Modality(ies)/Interventions (aka Activities)

See CBHS Appendix B, CRDC pages.

For MHSAs-funded services, below are the Activity Categories:

Outreach and Promotion (MHSAs activity category)

- Provide at least 160 hours of outreach & promotional activities that raise awareness about mental health; establish/maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, classroom presentations, school assemblies)
- At least 1,500 youth will be outreached to

Screening and Assessment (MHSAs activity category)

- Provide at least 210 hours of screening and assessment services to identify individual strengths and needs; engage individuals and families in determine their own needs; or result in a better understanding of the physical, psychological, social, and spiritual concerns impacting individuals, families, and communities
- At least 180 individuals will be served

Mental Health Consultation (MHSA activity category)

- Provide at least 365 hours of mental health consultation which include one-time or ongoing capacity building efforts with school administrators, faculty and/or staff intended to increase their capacity to identify mental health concerns and to appropriately respond
- At least 300 individuals will be served

Individual Therapeutic Services (MHSA activity category)

- Provide at least 1,175 hours of individual therapeutic services including brief or short-term activities directed to specific individuals with the intent of addressing an identified concern or barrier to wellness. Activities may include one-on-one interventions, crisis response, clinical case management, collateral service with family members, or other activities involving a therapeutic alliance.
- At least 180 individuals will be served

Group Therapeutic Services (MHSA activity category)

- Provide at least 240 hours of group therapeutic services which are similar to “individual therapeutic services” but directed to a specific group; involving at least three individuals
- At least 80 individuals will be served

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), for in working with adolescents.

The SF- ACT program is an intensive outpatient, afterschool, structured, multi-phased, incentivized group program working toward building social, emotional & relational skills as well as substance abuse intervention/prevention. The program uses the Aggression Replacement Training modules, Motivational Interviewing, Stages of Change and models such as Seeking Safety, a group curriculum addressing trauma & substance abuse as well as the 7 Challenges curriculum to address substance abuse. All curriculums have evidence to support their efficacy with working with the adolescent populations.

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 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).

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. There is a specific need for increased outreach to the Chinese student population, as Chinese students have historically underutilized behavioral health services when compared to their peers. 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 public blogging and Facebook page.

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 the 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-ACT 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 is part of the collaboration. Youth must be ages 14-18, 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. Youth must also be approved my legal team that includes judge, public defender and district attorney of the Collaborative Court.

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 on-site from the beginning of the school day to 30 minutes after school. (8am – 4pm) 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 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 intervention group at 12 of the 16 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 IV 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-ACT programming is comprised of three phases that are each nine weeks in duration (ACT I, ACT II, ACT III). Each ACT is comprised of group programming that occur afterschool at Civic Center Secondary School from 2pm – 6pm. Each day of the week there are two groups – a community group that serves to give students an opportunity to build connections with each other and a venue to discuss client centered issues. Following the community group is either a substance abuse focused group or ART focused group. There is also space for students to work on academics. Students move through each ACT by succeeding in active, engaged participation that is measured through progress, behavior charts that are incentivized for success. Each student, in addition to intensive group services, also receives individual therapy and family therapy (if needed), and case management services.

- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

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.

For SF-ACT, students must successfully engage with all three ACTs or successfully complete the terms of their probation.

- E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

RAMS Wellness Centers Program services are provided by: Behavioral Health Therapists/ Counselors, Clinical Case Managers, Trauma/Grief & Loss Group Counselor, five graduate student 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 2013-14, there are six graduate student interns (counseling) and three volunteer counselors who hold masters degrees in a mental health discipline and are Marriage & Family Therapist Interns. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

SF-ACT is staffed by a full time Program Manager, one full time Senior Case Manager, and one full time Clinical Case Managers. All participate in leading group, individual, and family work.

Systems Transformation Methodology

- 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). Furthermore, the RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS service delivery to children and youth.

- **MHSA Vision:** Describe how the program ensures that staff has 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 effectively 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, policies & 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, Hakka, Taiwanese, Gujarati, and Hindi 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). The RAMS Wellness program also retains a particular expert to provide consultation and facilitate discussions on systemic, macro-level issues that impact the youth and their community. 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. Emerging client issues can also be identified through the Wellness database and tracking system that RAMS has developed in which there are "issue codes" that are associated to each session; thus, compiling data to identify prevalent matters. 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. CBHS Standard Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14.
- B. Individualized Program Objectives
 1. MHSA GOAL: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants
 - a. *Individualized Performance Objective*: Upon case closure, 75% of youth will indicate that they have met their goals, which are collaboratively developed between the provider and youth; this will be evidenced by case closing surveys.
 2. MHSA GOAL: Increased inter-dependence and social connections (within families and communities)
 - a. *Individualized Performance Objective*: Upon case closure, 75% of youth will indicate improvements in their life, specifically with regard to family and community (e.g. school, friends); this will be evidenced by case closing surveys.
 3. MHSA GOAL: Increased ability to cope with stress and express optimism and hope for the future
 - a. *Individualized Performance Objective*: Upon case closure, 75% of youth will indicate improvements to their coping abilities; this will be evidenced by case closing surveys.
 4. MHSA GOAL: Program satisfaction
 - a. *Individualized Performance Objective*: Upon case closure, 85% of youth will express overall satisfaction with services; this will be evidenced by case closing surveys.

8. Continuous Quality Assurance and Improvement

Quality Assurance and Continuous Quality Improvement requirements will be address in the CBHS Declaration of Compliance.

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 in Avatar. With regards to management

monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is 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 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. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 6 (brief), 12 (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. On-site 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 PURQC committee; 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 also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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. 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, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Client Satisfaction

RAMS adheres to the CBHS 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, perspectives about counseling, and relate-ability of counselor in respect to culture, age, gender, personality and other. Furthermore, the program conducts focus groups to solicit feedback on services. Biennially, the program 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, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Furthermore, the agency maintains a Youth Council, which meets monthly, and provides feedback on program 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 biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Measurement, analysis, and use of CANS data

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 CBHS-provided data and analysis reports, the Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

1. **Program Name:** Fu Yau Project
Program Address: 3626 Balboa Street
City, State, Zip Code: San Francisco, CA 94121
Telephone: (415) 668-5955
Fax: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue
City, State, Zip Code: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699

Program Code: 3894-04

Located at:
Chinatown Child Development Center
720 Sacramento Street
San Francisco, CA 94108
Telephone: (415) 392-4453

2. **Nature of Document** (check one)

New **Renewal** **Modification**

3. **Goal Statement**

RAMS Fu Yau Project's goal is to prevent emotional disturbance and provide early intervention for children, prenatal to five years old, in San Francisco. RAMS strives to improve the social and emotional well-being of children by providing them, their families, and their childcare providers, on a weekly or monthly basis, with mental health consultation and early intervention services as delivered by highly skilled and culturally competent professionals.

4. **Target Population**

The Fu Yau Project targets young children from prenatal to five years old, who are from low-income families. These families include TANF and CalWORKs recipients, the working poor, and recent or new immigrants and refugees residing in San Francisco. The geographic locations include all 11 districts in San Francisco. Families who are of low income and have limited or no English-speaking ability tend to have little or no access to culturally appropriate mental health services. Because the links between race, ethnicity, language, and socio-economic status are inextricable, the target populations of the Fu Yau Project are the underserved, low-income families of color in San Francisco. This may include African-American families and immigrants from Asia and Latin America.

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

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Site Type</i>	<i>Funding</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
DCYF								
EOC Martin Luther King Child Care	30	2	10	English	ECE	DCYF	Rose Sneed (temp)	4
EOC-Rainbow	68	3	12	English/Chinese	ECE	DCYF	Xiao Li	4
EOC Western Addition Child Care	30	1	4	English/Tagalog	ECE	DCYF	Ianina Antonio	4
Nihonmachi Little Friends-Bush St.	48	1	11	English/Japanese	ECE	DCYF	Namie Ideura	3 weekly
Nihonmachi Little Friends-Sutter	36	1	8	English/Japanese	ECE	DCYF	Namie Ideura	4 weekly
SFUSD Gordon J. Lau	32	2	3	English/Chinese	ECE	DCYF	Vivian Gao	6
SFUSD Excelsior @ Guadelupe	60	3	20	English/Chinese	ECE	DCYF	Jessica Yan	6
SFUSD Jefferson	42	2	11	English/Chinese	ECE	DCYF	Vivian Gao	6
SFUSD Noriega (+TK)	136	7	30	English/Chinese	ECE	DCYF	William Lee	6
Telegraph Hill Neighborhood Center	51	2	10	English/Japanese	ECE	DCYF	Namie Ideura	6
Wah Mei	80	4	12	English	ECE	DCYF	Rose Sneed (temporary)	2 hrs wkly
ABC Preschool		1			ECE	DCYF		

SFCFC								
CDI Early Head Start Home-Based program	30	2	3	English/Spanish	ECE	SFCFC	Rachelle Michaud	3 biweekly
EOC Busy Bee	23	1	6	English/Spanish	ECE	SFCFC	Rachelle Michaud	4
EOC-Chinatown/North beach	24	1	4	English/Chinese	ECE	SFCFC	Xiao Li	4
EOC Delta	30	1	6	English/Spanish	ECE	SFCFC	Rachelle Michaud	4
EOC-OMI	24	1	4	English/Chinese	ECE	SFCFC	Colleen Wong	4
EOC Oscaryne Williams Center of Hope	30	2	10	English/Spanish	ECE	SFCFC	Rachelle Michaud	4
HSA								
Angela's Children's Center		3			ECE	HSA		
Chinatown Community Children's Center	60	2	6	English/Chinese	ECE	HSA	Yi Zhao	6
EOC Cleo Wallace Child Care	50	4	16	English/Spanish	ECE	HSA	Rachelle Michaud	4
EOC Sojourner Truth	30	2	10	English	ECE	HSA	Rose Sneed (temp)	4
Family Child Care Quality Network (FCCQN)		TBD Up to 50		English/Chinese	FCC	HSA	TBD	9
Gum Moon Chinatown Resource Center	39	3	6	English/Chinese	FCC	HSA	Janny Wong	10
Wu Yee Early Head Start Infant Center 831 Broadway	26	3	12	English/Chinese	ECE	HSA	Yi Zhao	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	ECE	HSA	Kenny Le	2 per mo.

Wu Yee Home-based-Tenderloin	10	1	1	English/Chinese	ECE	HSA	Kenny Le	2 per mo
Wu Yee New Generations	64	5	18	English/Tagalog	ECE	HSA	Ianina Antonio	6
CDI Head Start OMI	51	3	12	English/Spanish	ECE	HSA	Ianina Antonio	6
CDI Head Start West Side	30	2	6	English/Japanese	ECE	HSA	Aya Sato	6
SFUSD Commodore-Stockton	120	5	20	English/Chinese	ECE	HSA	Jessica Yan	10
SFUSD Tule Elk Park (+TK)	96	6	24	English/Tagalog	ECE	HSA	Ritchie Rubio	6
SFCFC PFA								
Chibi Chan	56	3	12	English/Japanese	ECE	PFA	Aya Sato	6 biweekly
City College of SF CDC	87	2	12	English/Japanese	ECE	PFA	Namie Ideura	4
City College Orfalea/John Adams	30	2	8	English/Japanese	ECE	PFA	Namie Ideura	6
Glide Child Care Center	49	2	12	English/Tagalog	ECE	PFA	Ritchie Rubio	6
Kai Ming Broadway	80	4	10	English/Chinese	ECE	PFA	Yi Zhao	6
Kai Ming Geary	60	2	10	English/Chinese	ECE	PFA	Colleen Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	ECE	PFA	Jessica Yan	6
Kai Ming Powell	20	1	6	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Richmond	30	2	8	English/Chinese	ECE	PFA	William Lee	6
Kai Ming Sunset	44	2	8	English/Chinese	ECE	PFA	Helen Duong	6

CDI Head Start Cadillac	40	2	8	English/Japanese	ECE	PFA	Aya Sato	6 biweekly
CDI Head Start Ella Hill Hutch	23	1	7	English/Japanese	ECE	PFA	Aya Sato	6
SFUSD Argonne	66	3	12	English/Chinese/ Vietnamese	ECE	PFA	Helen Duong	6
SFUSD E.R. Taylor	80	4	5	English/Chinese	ECE	PFA	Colleen Wong	6
SFUSD Grattan	40	2	10	English/Chinese/ Vietnamese	ECE	PFA	Helen Duong	6
The Family School Mission/Bernal Heights	48	3	12	English	ECE	PFA	Rachelle Michaud	6
True Sunshine	44	2	8	English/Chinese	ECE	PFA	Xiao Li	2
Wu Yee Generations	36	1	8	English/Chinese	ECE	PFA	William Lee	6
Wu Yee Lok Yuen	40	2	10	English/Chinese	ECE	PFA	Yi Zhao	6
Wu Yee Tenderloin GoldenGate 177	32	2	6	English/Chinese/	ECE	PFA	William Lee	6
Training Institute						PFA		3 hrs per mo./ Five MHC
Happy Shalom		3			ECE	PFA		
SRI								
Gum Moon-Richmond Family Support Center	24	1	6	English/Chinese	FRC	SRI	Kenny Le	6
Glide Family Resource Center	30	1	6	English/Tagalog	FRC	SRI	Ritchie Rubio	6
Wu Yee Joy Lok	30	1	15	English/Chinese	FRC	SRI	Kenny Le	6

Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2013-2014

CMS#:

Appendix A-4

Contract Term: 07/01/13 through 06/30/14

Funding Source (non-CBHS only):

Potrero Hill Family Resource Center	30	1	5	English/Tagalog	FRC	SRI	Ianina Antonio	6
MHSA								
Sunset Family Resource Center (aka Asian Family Support Center- Sunset and Sunset Beacon	30	2	5	English/Chinese	FRC	MHSA	Kenny Le, Vivian Gao	6 for each site
Family Child Care Homes/Family Child Care Quality Network-Group		23		English/Chinese	FCC	MHSA	Yi Zhao, Jessica Yan, Xiao Li	4

5. Modality(ies)/Interventions

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

- 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 CBHS ECMHCI Program Director no later than November 15.

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.
- *Consultation Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
- *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 Training Support Group:* 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 training 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 CBHS-initiated evaluation efforts.
- *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 social or emotional problems that place them at risk for expulsion.
- *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 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. A CANS 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.
- *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. A CANS 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.

6. Methodology

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

Fu Yau Project currently has MOU’s 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 Glide Child Care Center 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.

For Fu Yau Project EPSDT services, children must be eligible for full scope Medi-Cal and not be receiving outpatient mental health services elsewhere in the CBHS CYF System of Care. Children may be referred by the childcare or family resource center personnel, families, or as a result of observation/consultation by the Fu Yau Consultant, as clinically indicated. Children may be seen individually or in groups, as clinically appropriate.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

Consultation Services for Sites involve:

- Weekly or biweekly on-site observation and consultation to program
- 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 8 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, Spanish, 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 violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the 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 five times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown, which is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Family Activities are organized at least once a year to provide an opportunity for psycho-education, discuss parenting issues, and support.
- Fu Yau Parenting Group may be offered, and can meet bimonthly, to discuss parenting issues that related to the socio-emotional well-being of the parents' children. The group is co-facilitated and serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

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, at RAMS or CCDC, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 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.
- Psychiatry services and/or consultation, as needed

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

- Monthly psycho-education/support group meeting for providers with several neighborhoods
- Weekly, monthly, or as needed visits and consultation with family child care providers
- Monthly support/education meetings for parents/families of children who attend Wu Yee home-based and Head Start program

- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

Site providers (staff/administrators), Fu Yau Consultants, and 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 refocus the services and/or request to change the intensity of consultation activities. For example, at a particular site, an administrator may choose to move from almost exclusively receiving direct individual/group services to more staff/programmatic consultation or to more work with parents in the form of workshops or trainings. Termination of consultation services will be done after extensive discussion with the site's director, Fu Yau Director, and the ECMHCI Coordinator.

For EPSDT clients receiving direct mental health services, their Plan of Care is evaluated and/or updated bi-annually. Any increase or decrease to intensity of treatment is determined by the clinician, client, and/or client's caregiver(s) using the standard protocol per CBHS administration.

- E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

See CBHS Appendix B.

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

No indirect services are provided.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14.

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 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 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 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. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. On a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee. 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 also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). 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) 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 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 annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Client satisfaction

RAMS adheres to the CBHS and ECMHCI satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. The program maintains a Parent Advisory Meeting (meets at least quarterly) to 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 biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Measurement, analysis, and use of CANS data

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 CBHS-provided data and analysis reports, the Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

9. Additional Required Language

Contractor will adhere to all stipulated CBHS 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 CBHS ECMHCI SOC Program Manager and RFP-10-2013.

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 CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A

1. **Program Name:** Summer Bridge Program
Program Address: 3626 Balboa Street
City, State, Zip Code: San Francisco, CA 94121
Telephone: (415) 668-5955
Facsimile: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue
City, State, Zip Code: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699

Reporting Unit: Not Applicable

2. **Nature of Document** (check one)

New **Renewal** **Modification**

3. **Goal Statement**

The RAMS Summer Bridge Program intends to: (a) promote awareness in its youth participants of psychological well-being and (b) foster interest in the Psychology and community mental health field as a career option for youth from underrepresented backgrounds. This program also supports the Youth Council, which is the Youth Advisory Committee to RAMS, giving youth a voice in the design and implementation of RAMS programming, and further fostering leadership development in youth.

4. **Target Population**

The target population includes San Francisco's high school youth, ages 16 to 20, representing diverse backgrounds. RAMS targets 16 to 20 year olds, as these ages are either preparing to apply to colleges, or currently enrolled in college, and exploring their options for further education in Psychology.

At least 90% of each cohort will be of underrepresented communities within the Psychology field (e.g. behavioral health consumers, African-Americans, Latinos, Native Americans, Asian & Pacific Islander Americans, and members of the LGBTQIQ community).

The main location of the program is California Institute of Integral Studies, a Psychology graduate school centrally located in San Francisco, and was determined in consideration of accessibility. Recruitments continue to target high schools in central and southeast side of San Francisco (Burton, June Jordan, Thurgood Marshall, Mission, Galileo, etc.) as well as youth organizations like Vietnamese Youth Development Center (VYDC), Samoan Community Development Center (SCDC), College Track, Tenderloin Neighborhood Development Center (TNDC), Mission Graduates, and First Graduate, etc.

5. **Modality(ies)/Interventions**

Summer Bridge is an eight-week summer mentoring program for youth ages 16 to 20, currently enrolled in or recently graduated from SFUSD high schools; the structure day program is the modality/intervention.

RAMS operates this program, with support and partnership of various community organizations (VYDC, SCDC, CBHS-Youth Task Force, etc.) and higher education institutions (SFSU, CCSF, CIIS). This partnership & collaboration truly provides for a “bridge” of knowledge and expertise. RAMS has expertise in culturally competent mental health services, serving disenfranchised communities, and training the next generation of practitioners. The CBO’s and CBHS-Youth Task Force provide advice to RAMS on programming and assist with outreach to under-represented youth. The higher education institutions allow Summer Bridge participants to experience being in the environment of the university/college/professional school, and meeting the faculty and students which encouraged them to excel academically and become ready for higher education.

The operation of the Summer Bridge crosses over two fiscal years since SFUSD summer break starts in June. The first two weeks of the program is in June, and the next six weeks are in July and August. During the contract year, RAMS will provide/conduct the following modalities/interventions:

Wellness Promotion (MHSA activity category)

- At least 20 youth will receive Wellness promotion and education on topics such as Mindfulness, mental health/illness and the recovery model, identity/self-image, addiction (substance and gambling), and self-care. We provide a didactic and experiential introduction to these topics over the course of the 8-week program.
- Provide at least 24 hours of activities directly related to wellness promotion and education during Summer Bridge program (3 hours/week for 8 weeks). These activity hours do not include program planning and coordination staff hours.

Workforce Development (MHSA activity category)

- At least 20 youth will receive workforce development skills through participating in the Summer Bridge program. The program includes experiential practice in developing basic counseling skills, including reflective listening.
- Provide at least 100 program activity hours directly to youth intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; and increase the number of youth consumers and youth who are family members of consumers in the behavioral health workforce. These hours are the Summer Bridge operations (4 hours/day; 3 days/week; 8 weeks total) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

To participate in Summer Bridge, there is an application and committee review process. Before applications are distributed, MHSA will review and approve the application. As RAMS currently provides services in over 80 sites throughout San Francisco, the agency is uniquely positioned well and has the expertise to outreach & promote the program to culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. RAMS is able to leverage existing resources towards this effort; the agency is the contract provider of behavioral health services for the high school-based Wellness Center (all 16 public high schools) and provides behavioral/mental health & outreach services at Balboa Teen Health Center and serves the School-Based Mental Health Partnership (SBMHP) programs at high & middle schools. RAMS builds upon these existing partnerships with Wellness Centers, schools' administration & student bodies as well as collaborates with SFUSD and partner agencies for program recruitment. Targeted outreach is conducted at schools with the highest prevalence of underrepresented communities (e.g. Balboa, Burton, Galileo, International Studies Academy, Lincoln, Marshall, Mission, O'Connell and Washington High Schools). Furthermore, Summer Bridge graduates and RAMS Youth Council members are peer recruiters at their respective high schools and communities. Furthermore, within this partnership, VYDC, SCDC, CBHS-SOC Youth Task Force are specifically assisting with outreach and recruitment within their respective constituencies and community groups. RAMS also outreaches to other community based organizations that target at risk youth, like College Track, Mission Graduates, and First Graduate. This supports the efforts of the Summer Bridge program with having a participant group that reflects underrepresented communities in the healthcare workforce.

RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and shall utilize these networks as well as funder entities for outreach & promotion. Such groups include, but are not limited to: SF Department of Public Health, San Francisco Unified School District, SF Human Services Agency, California State Department of Rehabilitation, Association of SF Mental Health Contractors, Mental Health Association of SF, and SF Human Services Network as well as SF Asian & Pacific Islander Health Parity Coalition, Asian Youth Advocacy Network, Asians Against Violence, NICOS Chinese Health Coalition, Chinese Hospital of San Francisco, and Asian Mental Health Task Force. RAMS also consistently engages in various outreach activities, at which the agency promotes the Summer Bridge Program. Such activities include but are not limited to:

- Community workshops at health fairs, schools, and/or community centers
- Community workshops for the professional healthcare community
- Multi-cultural health and neighborhood fairs
- Public policy venues and platforms
- Distributing multi-lingual brochures and materials

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable

Applications are distributed via outreach listed in section A, targeting under-represented students; the submission deadline is usually in April. To remain a viable option for low income students would have to work in the summer to help support their families, Summer Bridge provides a stipend for each participate who completes the program, and would be an incentive (and realistic support) to our target population.

An application review team includes a RAMS administrator, Summer Bridge Coordinator, Summer Bridge alumni and Youth Council members. Applicants are selected on the strength of their expressed interest in the field of Psychology, as well as the diversity they would bring to the program (and to the field). Academic achievement is not a significant factor and the selected applicants reflect the range of the target populations. The program seeks diversity in cultural background, gender, languages spoken, sexual orientation, and education/experience. Selected applicants are notified via a rolling enrollment process; a waitlist is maintained until orientation.

A participant and family orientation takes place a week before the start of the summer program, where participants and families can meet with Summer Bridge staff and receive information about the program. Consent forms are signed by parent/guardian if minor and by participants if 18 or over.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery. Indicate if any staff position is not funded by the grant.

Summer Bridge program runs over two fiscal years (mid-June to beginning of August), eight weeks during summer break following SFUSD calendar. It operates Monday, Wednesday, and Friday 11 a.m. to 3 p.m. at a central location in San Francisco. For summer 2013 (June to August 2013) it was located at California Institute of Integral Studies (CIIS), 1453 Mission Street. The plan is to return to CIIS in the summer 2014. CIIS, also a MHSA funded site, has collaborated with RAMS since the inception of Summer Bridge in 2009, as one of the site visits. Students were inspired by attending a professional school for Psychology, and were able to interact & engage with faculty and students during the visit. During summer 2013, participants were able to further experience being in an institution for higher learning two days per week (Monday and Friday). Presentations related to weekly topics by culturally diverse speakers from the community, such as City College of San Francisco, NICOS Chinese Health Coalition, a drama therapist, take place on Mondays. The program introduced the youth to a broad range of community mental health workers, allowing them to have first-hand exposure to the various possibilities in the field. The program selects speakers and presenters who reflect the diverse backgrounds of our youth participant and also highlights speakers who are consumers of mental health services and willing to share their lived experience, with the goal of stigma reduction. Participants and Summer Bridge staff come together on Fridays and discuss the presentations and fieldtrip for the week, and integrate their learning.

A fieldtrip or site visit takes place each Wednesday, i.e. higher education institutions, community organizations and museums. In summer 2013, the program visited RAMS CYF Outpatient clinic, Psychiatric Emergency Services at SFGH, Broderick Street Adult Residential Facility, a childcare center, Exploratorium-Mental Health exhibit, and the Museum of the African Diaspora. Each field trip site strengthens the participants' understanding of that week's Psychology-related topic. Participants are to create a "final project" and present to the whole group the last week of the program. The purpose of the project is to help participants further integrate their learning with their personal experience and growth throughout the 8 week program.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

In general, participants must attend and participate in the activities, community site visits, and complete the assigned projects of the eight-week summer program. The Summer Bridge coordinator and counselors, along with peer mentors, meet to evaluate the participants and determine whether each has met the stated criteria. Upon completion, program graduates receive a stipend and Certificate of Completion. Graduates are then invited to join Youth Council, which is the Youth Advisory Council for RAMS, and meets throughout the following school year.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery.

Summer Bridge Coordinator provides supervision of the program operations; she is also a clinical staff who is experienced in working with youth from diverse backgrounds with strong organization and communication skills. During the summer, she manages and provides direct delivery of program services. During non-summer periods, she engages alumni in Youth Council, and planning/recruiting new participants, outreaches to agencies, and spearheads the process to review applications. Also, there are two Summer Bridge Counselors who deliver programming services during Summer Bridge operation. During non-program time, they are also providers of the RAMS Child Youth and Family Services staff who are experienced with youth from diverse backgrounds. There are also three Summer Bridge Youth Mentors who provide additional support during program operations in the summer. Peer mentorship is an option for any alumnus from Summer Bridge who have good communication and leadership skills, as well as interest in further experience (e.g. co-facilitating weekly small groups) in mental health field.

All presenters and most site visits are not funded by the grant. During summer 2013, the program enrolled a "pre-practicum volunteer" from CIIS as a co-counselor, to deepen our collaboration with CIIS. Summer Bridge intends to continue this partnership with CIIS, opening up a position for a pre-practicum student from the Graduate School of Psychology who have demonstrated interest in working with youth, and developing a better understanding of the tenets of MHSA.

Systems Transformation Methodology

- 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.

Summer Bridge alumni/Youth Council are involved in outreach/engagement and recruitment process – they review the applications before they are sent out; they support Summer Bridge staff in outreach at SFUSD high schools sites and other youth organizations; they participate in the application review panel.

Summer Bridge alumni/Youth Council provide feedback in program design – every year, at least two of the monthly meetings are dedicated to reviewing curriculum and community site visits, as well as program evaluation questions.

Summer Bridge participants participate in focus groups, pre and post-test, and evaluations – during summer program, participants are involved with mid-term and end of program focus groups, pre- and post-test and evaluations.

Summer Bridge Youth Mentors are part of Summer Bridge staff team – meeting weekly during program weeks, in addition to program planning weeks before, and informal evaluation with RAMS administrator after program.

- **MHSA Vision:** Collaboration with different systems increase opportunities for jobs, education, housing, etc.

RAMS collaborates and partners with various community based organizations, CBHS and higher education institutions as well as professionals from under-represented communities – Summer Bridge takes place at CIIS where participants experience being in a professional school and meet with faculty and students; community site visits include SFSU, RAMS programs, and other community organizations which expose participants higher education and community programs. Alumni have participated in RAMS CYF Youth Council, volunteered and hired at childcare and afterschool programs, enrolled in higher education institution including SFSU. RAMS Summer Bridge Coordinator and Counselors have supported participants and alumni in their college application and have written recommendation letters.

7. Objectives and Measurements

1. **MHSA GOAL:** Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based)
 - a. *Individualized Performance Objective:* By program completion, 75% of program participants will agree that they know how to refer friends or family for mental health services; this will indicate an increase in knowledge about available community resources related to enhancing one's health and well-being; this will be evidenced by post-program evaluations.
2. **MHSA GOAL:** Increased inter-dependence and social connections (within families and communities)
 - a. *Individualized Performance Objective:* By program completion, 75% will agree that "I have found role models in the health and human services field." And 75% will agree "I have people in my life that I can trust or confide in." This will indicate increase inter-dependence and social connections; this will be evidenced by post-program evaluations.
3. **MHSA GOAL:** Increased readiness for entry-level employment in the behavioral health system for targeted populations.
 - a. *Individualized Performance Objective:* For Summer Bridge 2013, 80% of program participants will complete the program thus increasing readiness for entry-level internship/apprenticeship/employment in the community services sector; this will be evidenced by program participant completion records.
4. **MHSA GOAL:** Program satisfaction.
 - a. *Individualized Performance Objective:* At program completion, 80% of program participants will express overall satisfaction with the program; this will be evidenced by the post-program evaluations.

8. Continuous Quality Improvement

Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance

Appendix B
Calculation of Charges

I. 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 5, COMPENSATION, of this Agreement.

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

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

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

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the **effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an **invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR

not to exceed twenty-five per cent (25%) of the General Fund and 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 & 1c CYF Outpatient
- Appendix B-1C CYF SBMHP Partnership
- Appendix B-2 Wellness Center Program
- Appendix B-3 Fu Yau Project
- Appendix B-4 Summer Bridge

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Million Eight Hundred Nineteen Thousand Six Hundred Twenty Seven Dollars (\$20,819,627) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,465,600 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, not withstanding 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, 2010 through December 31, 2010(BPHM04000063)	\$1,183,677
January 1, 2011 through June 30, 2011	\$1,881,595
July 1, 2011 through June 30, 2012	\$3,121,513
July 1, 2012 through June 30, 2013	\$3,396,939
July 1, 2013 through June 30, 2014	\$3,908,121
July 1, 2014 through June 30, 2015	\$3,908,121
June 30, 2015 through December 31, 2015	\$1,954,061
January 1, 2011 through December 31, 2015	\$19,354,027

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$1,183,677 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM04000063 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM04000063 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. 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.

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343 DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. Contract CMS # (CDTA use only): 7265		Prepared By/Phone #: Ken Choi / 415-800-0699 x205 Document Date: 5/5/2014		Fiscal Year: FY14-15		
Contract Appendix Number:	B-1a	B-1b	B-1c	B-2		
Appendix A/Program Name:	Children Outpatient	Children Outpatient SD	EPSDT	Children Managed Care Outpatient		
Provider Number:	3894	3894	3894	3894		
Program Code(s):	38947	3894SD	38945	3894MC		
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15		
					B1	B1 To B2
					SUBTOTAL	SUBTOTAL
FUNDING USES						
Salaries & Employee Benefits:	272,422	252,074	187,488	41,178	711,984	753,162
Operating Expenses:	25,976	24,036	17,878	12,394	67,890	80,284
Capital Expenses:	0			0	0	0
Subtotal Direct Expenses:	298,398	276,110	205,366	53,572	0	833,446
Indirect Expenses:	35,808	33,133	24,644	6,428	93,585	100,013
Indirect %:	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES	334,206	309,243	230,010	60,000	0	933,459
					Employee Fringe Benefits %:	27%
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	100,201	100,958	97,595	-	298,754	298,754
MH STATE - PSR EPSDT	13,500	-	87,835	-	101,335	101,335
MH STATE - MHSA (CSS)	-	51,765	-	-	51,765	51,765
MH STATE - MHSA (PEI)	-	-	-	-	-	0
MH STATE - MHSA (WET)	-	-	-	-	-	0
MH STATE - MH Realignment	85,201	100,308	-	-	185,509	185,509
MH COUNTY - General Fund	135,304	56,212	44,580	-	236,096	236,096
MH COUNTY - General Fund WO CODB	-	-	-	-	-	0
FPS Medi-Cal	-	-	-	4,200	-	4,200
MH STATE - PSR Managed Care	-	-	-	55,800	-	55,800
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	0
MH WORK ORDER - Human Services Agency	-	-	-	-	-	0
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	334,206	309,243	230,010	60,000	-	933,459
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	334,206	309,243	230,010	60,000	0	933,459
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	334,206	309,243	230,010	60,000	-	933,459

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Choi / 415-800-0699 x205		Fiscal Year: FY13-14		
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 2/25/2014				
Contract CMS # (CDTA use only): 7265						
Contract Appendix Number:	B-3a	B-3b	B-3c			
Appendix A/Program Name:	Children- Wellness Center Mental Health	Children- Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness			
Provider Number	3894	383800	3894			
Program Code(s)	38946	38946	3894			B-3
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15			TOTAL
FUNDING USES						
Salaries & Employee Benefits:	972,322	286,787	238,795			1,497,904
Operating Expenses:	69,445	23,619	6,561			99,625
Capital Expenses:	0	0	0			0
Subtotal Direct Expenses:	1,041,767	310,406	245,356	0	0	1,597,529
Indirect Expenses:	125,012	37,249	29,443			191,704
Indirect %:	12%	12%	12%			12%
TOTAL FUNDING USES	1,166,779	347,655	274,799	0	0	1,789,233
					Employee Fringe Benefits %:	28%
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	27,500	-	-			27,500
MH STATE - PSR EPSDT	24,750	-	-			24,750
MH STATE - MHSA (CSS)	-	-	-			0
MH STATE - MHSA (PEI)	138,000	-	274,799			412,799
MH STATE - MHSA (WET)	-	-	-			0
MH STATE - MH Realignment	-	-	-			0
MH COUNTY - General Fund	13,218	-	-			13,218
MH COUNTY - General Fund WO CODB	14,236	-	-			14,236
FFS Medi-Cal	-	-	-			0
MH STATE - PSR Managed Care	-	-	-			0
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-			0
MH WORK ORDER - Human Services Agency	-	-	-			0
MH WORK ORDER - Dept. Children, Youth & Families	949,075	-	-			949,075
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,166,779	-	274,799	-	-	1,441,578
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
SA WORK ORDER - DCYF Wellness Center	-	190,240	-			190,240
SA COUNTY - SA General Fund CODB WO	-	2,854	-			2,854
SA STATE - PSR Drug Court	-	154,561	-			154,561
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	347,655	-	-	-	347,655
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,166,779	347,655	274,799	0	0	1,789,233
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,166,779	347,655	274,799	-	-	1,789,233

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Choi / 415-800-0699 x205		Fiscal Year: FY13-14	
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 5/5/2014			
Contract CMS # (CDTA use only): 7265					
Contract Appendix Number:	B-4	B-5			
Appendix A/Program Name:	High Quality Childcare Initiative (Fu Yau)	MHSA WDET-Summer Bridge			
Provider Number	3894	3894			
Program Code(s)	389404	3894			
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15			
				B-4 To B-5	B-1 To B-5
				SUBTOTAL	TOTAL
FUNDING USES					
Salaries & Employee Benefits:	912,736	33,070		945,806	3,196,872
Operating Expenses:	83,750	28,863		112,613	292,522
Capital Expenses:	0	0		0	0
Subtotal Direct Expenses:	996,486	61,933	0	1,058,419	3,489,394
Indirect Expenses:	119,578	7,432		127,010	418,727
Indirect %:	12%	12%		12%	12%
TOTAL FUNDING USES	1,116,064	69,365	0	1,185,429	3,908,121
				Employee Fringe Benefits %:	28%
					27%
CBHS MENTAL HEALTH FUNDING SOURCES					
MH FED - SDMC Regular FFP (50%)	5,229	-		5,229	331,483
MH STATE - PSR EPSDT	4,706	-		4,706	130,791
MH STATE - MHSA (CSS)	-	-		0	51,765
MH STATE - MHSA (PEI)	42,947	-		42,947	455,746
MH STATE - MHSA (WET)	-	69,365		69,365	69,365
MH STATE - MH Realignment	-	-		0	185,509
MH COUNTY - General Fund	1,886	-		1,886	251,200
MH COUNTY - General Fund WO CODB	-	-		0	14,236
FFS Medi-Cal	-	-		0	4,200
MH STATE - PSR Managed Care	-	-		0	55,800
MH WORK ORDER - First Five (SF Children & Family Commission)	613,739	-		613,739	613,739
MH WORK ORDER - Human Services Agency	326,971	-		326,971	326,971
MH WORK ORDER - Dept. Children, Youth & Families	120,586	-		120,586	1,069,661
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,116,064	69,365	-	1,185,429	3,560,466
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
SA WORK ORDER - DCYF Wellness Center	-	-		-	190,240
SA COUNTY - SA General Fund	-	-		-	2,854
SA STATE - PSR Drug Court	-	-		-	154,561
SA MHSA	-	-		-	0
					0
					0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	347,655
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,116,064	69,365	0	1,185,429	3,908,121
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,116,064	69,365	-	1,185,429	3,908,121

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#1a, Page 1a	
Provider Name: RAMS					Document Date: 5/5/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	
Program Code (formerly Reporting Unit):	38947	38947	38947	38947	38947	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15	14-15	
FUNDING USES						
Salaries & Employee Benefits:	4,259	226,333	14,107	3,269	24,454	272,422
Operating Expenses:	406	21,581	1,345	312	2,332	25,976
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	4,665	247,914	15,452	3,581	26,786	298,398
Indirect Expenses:	560	29,750	1,854	430	3,214	35,808
TOTAL FUNDING USES:	5,225	277,664	17,306	4,011	30,000	334,206
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,721	91,458	5,700	1,322	100,201
MH STATE - PSR EPSDT	HMHMCP751594	232	12,322	768	178	13,500
MH STATE - MH Realignment	HMHMCP751594	1,463	77,767	4,847	1,124	85,201
MH COUNTY - General Fund	HMHMCP751594	1,809	96,117	5,991	1,387	135,304
					30,000	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		5,225	277,664	17,306	4,011	334,206
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		5,225	277,664	17,306	4,011	334,206
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,225	277,664	17,306	4,011	334,206
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	2,500	102,839	3,475	1,000	446	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01	67.25	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	67.25	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03	100.00	Total UDC:
Unduplicated Clients (UDC):	100	Included	Included	Included	Included	100

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.
 Provider Name: RAMS
 Provider Number: 3894

Appendix/Page #: B-#1c, Page 1c
 Document Date: 5/5/2014
 Fiscal Year: FY14-15

Program Name:	EPSDT	EPSDT	EPSDT	EPSDT		
Program Code (formerly Reporting Unit):	38945	38945	38945	38945		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15		
FUNDING USES						
Salaries & Employee Benefits:	2,555	174,131	10,148	654		187,488
Operating Expenses:	244	16,604	968	62		17,878
Capital Expenses (greater than \$5,000):	0	0	0	0		0
Subtotal Direct Expenses:	2,799	190,735	11,116	716	0	205,366
Indirect Expenses:	336	22,888	1,334	86		24,644
TOTAL FUNDING USES:	3,135	213,623	12,450	802	0	230,010
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,330	90,642	5,283	340	97,595
MH STATE - PSR EPSDT	HMHMCP751594	1,197	81,577	4,754	307	87,835
MH COUNTY - General Fund	HMHMCP751594	608	41,404	2,413	155	44,580
MH COUNTY - General Fund COOB	HMHMCP751594	0	0	0	0	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,135	213,623	12,450	802	230,010
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		3,135	213,623	12,450	802	230,010
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,135	213,623	12,450	802	230,010
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	1,500	79,120	2,500	200		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01		
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		
Unduplicated Clients (UDC):	75	Included	Included	Included		Total UDC: 75

DPH 3: Salaries & Benefits Detail

Program Code: 38947
 Program Name: Children Outpatient
 Document Date: 5/5/14

Position Title	TOTAL		General Fund (HMHMCP751594)		MHSA (CSS) (HMHMPROP63 PMHS63-1403)		Term:		Term:		Term:	
	Term: 07/01/14 - 06/30/15		Term: 07/01/14 - 06/30/15		Term: 07/01/14 - 06/30/15		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.60	\$ 49,200	0.56	46,284	0.04	2,916						
Clinical Supervisor/Manager of School-Based MH Partnership	0.45	\$ 32,341	0.42	30,424	0.03	1,917						
Child Psychiatrist/MD	0.20	\$ 39,520	0.19	37,178	0.01	2,342						
Behavioral Health Therapist/Counselor/Worker	9.27	\$ 386,032	8.72	363,154	0.55	22,878						
Intake Coordinator/Office Manager	0.30	\$ 12,504	0.28	11,763	0.02	741						
BIS Specialist /Admin Analyst/Assistant	0.98	\$ 34,156	0.93	32,132	0.06	2,024						
Housekeeper/Janitor	0.20	\$ 5,304	0.19	4,990	0.01	314						
Peer Counselor	0.05	\$ 1,560	0.05	1,468	0.00	92						
Totals:	12.05	\$560,617	11.34	\$527,393	0.71	\$33,224	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	27%	\$151,367	27%	\$142,396	27%	\$8,971	#DIV/0!	#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS: \$711,984 \$669,789 \$42,195 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

Program Code: 38947
 Program Name: Children Outpatient
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	MHSA (CSS) (HMHMPROP63 PMHS63-1403)			
	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 39,580	\$ 37,234	\$ 2,346			
Utilities (telephone, electricity, water, gas)	\$ 8,140	\$ 7,658	\$ 482			
Building Repair/Maintenance	\$ 2,300	\$ 2,164	\$ 136			
Materials & Supplies:						
Office Supplies	\$ 1,563	\$ 1,489	\$ 94			
Photocopying	\$ 700	\$ 659	\$ 41			
Printing	\$ 500	\$ 470	\$ 30			
Program Supplies	\$ 2,500	\$ 2,352	\$ 148			
Computer hardware/software	\$ 2,000	\$ 1,881	\$ 119			
General Operating:						
Training/Staff Development	\$ 2,500	\$ 2,352	\$ 148			
Insurance	\$ 4,140	\$ 3,895	\$ 245			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,800	\$ 2,634	\$ 166			
Staff Travel:						
Local Travel	\$ 400	\$ 376	\$ 24			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 747	\$ 703	\$ 44			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
TOTAL OPERATING EXPENSE	\$67,890	\$63,867	\$4,023	\$0	\$0	\$0

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#2, Page 1	
Provider Name: RAMS					Document Date: 5/5/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient			
Program Code (formerly Reporting Unit):	3894MC	3894MC	3894MC			
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79			
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		0	TOTAL
FUNDING TERM:	14-15	14-15	14-15			
FUNDING USES						
Salaries & Employee Benefits:	2,869	37,060	1,249	0	0	41,178
Operating Expenses:	863	11,155	376	0	0	12,394
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	3,732	48,215	1,625	0	0	53,572
Indirect Expenses:	448	5,786	194	0	0	6,428
TOTAL FUNDING USES:	4,180	54,001	1,819	0	0	60,000
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
FFS Medi-Cal	HMHMOPMGDCAR PHMGDC 14	293	3,780	127	0	4,200
MH STATE - PSR Managed Care	HMHMOPMGDCAR PHMGDC 14	3,887	50,221	1,692	0	55,800
						0
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		4,180	54,001	1,819	-	60,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		4,180	54,001	1,819	-	60,000
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		4,180	54,001	1,819	-	60,000
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	2,000	20,000	454	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.01	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.01	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	4.03	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	20	Included	Included	Included	Included	20

DPH 3: Salaries & Benefits Detail

Program Code: 3894MC
 Program Name: Children Managed Care Outpatient
 Document Date: 5/5/14

Appendix/Page #: B#2, Page 2

Position Title	TOTAL		General Fund		FFP Medi-Cal & Managed Care (HMHMOPMGDCAR PHMGDC 14)							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mental Health Counselor	0.67	\$ 32,170			0.67	32,170						
Totals:	0.67	\$32,170	0.00	\$0	0.67	\$32,170	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	28%	\$9,006			28%	\$9,006						
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TOTAL SALARIES & BENEFITS		\$41,178		\$0		\$41,178		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

Program Code: 3694MC
 Program Name: Children Managed Care Outpatient
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund	FFP Medi-Cal & Managed Care (HMHMOPMGDCAR PHMGDC 14)			
	07/01/14 - 06/30/15	Term: _____	07/01/14 - 06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 7,200		\$ 7,200			
Utilities (telephone, electricity, water, gas)	\$ 1,750		\$ 1,750			
Building Repair/Maintenance	\$ 200		\$ 200			
Materials & Supplies:						
Office Supplies	\$ 1,094		\$ 1,094			
Photocopying	\$ 200		\$ 200			
Printing	\$ 200		\$ 200			
Program Supplies	\$ 500		\$ 500			
Computer hardware/software	\$ -		\$ -			
General Operating:						
Training/Staff Development	\$ 500		\$ 500			
Insurance	\$ 300		\$ 300			
Professional License	\$ -		\$ -			
Permits	\$ -		\$ -			
Equipment Lease & Maintenance	\$ 100		\$ 100			
Staff Travel:						
Local Travel	\$ 50		\$ 50			
Out-of-Town Travel	\$ -		\$ -			
Field Expenses	\$ -		\$ -			
Consultant/Subcontractor:						
	\$ -		\$ -			
	\$ -		\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 300		\$ 300			
	\$ -		\$ -			
	\$ -		\$ -			

TOTAL OPERATING EXPENSE \$12,394 \$0 \$12,394 \$0 \$0 \$0

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#3a, Page 1a
Provider Name: RAMS						Document Date: 5/5/2014
Provider Number: 3894						Fiscal Year: FY14-15
Program Name:	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	
Program Code (formerly Reporting Unit):	38946	38946	38946	38946	38946	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15	14-15	
FUNDING USES						
Salaries & Employee Benefits:	2,909	46,969	2,997	1,843	104,523	159,241
Operating Expenses:	199	3,207	205	125	18,691	22,427
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	3,108	50,176	3,202	1,968	123,214	181,668
Indirect Expenses:	373	6,021	384	236	14,786	21,800
TOTAL FUNDING USES:	3,481	56,197	3,586	2,204	138,000	203,468
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,462	23,606	1,506	926	27,500
MH STATE - PSR EPSDT	HMHMCP751594	1,316	21,245	1,356	833	24,750
MH COUNTY - General Fund	HMHMCP751594	703	11,346	724	445	13,218
MH STATE - MHSA (PEI)	HMHMPROP63 PMHS63-1410	0	0	0	0	138,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,481	56,197	3,586	2,204	203,468
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		3,481	56,197	3,586	2,204	203,468
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,481	56,197	3,586	2,204	203,468
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Use Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	1,666	20,814	720	550	1,380	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.09	2.70	4.98	4.01	100.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.09	2.70	4.98	4.01	100.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		Total UDC:
Unduplicated Clients (UDC):	27	Included	Included	Included	Included	27

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.

Provider Name: RAMS

Provider Number: 3894

Appendix/Page #: B-#3a, Page 1b

Document Date: 5/5/2014

Fiscal Year: FY14-15

	Children- Wellness Center Mental Health	Children- Wellness Center Mental Health				
Program Name:	38946	38946				
Program Code (formerly Reporting Unit):	45/10-19	45/10-19				
Mode/SFC (MH) or Modality (SA)	MH Promotion	MH Promotion				
Service Description:						TOTAL
FUNDING TERM:	14-15	14-15				
FUNDING USES						
Salaries & Employee Benefits:	801,067	12,014				813,081
Operating Expenses:	46,321	697				47,018
Capital Expenses (greater than \$5,000):	0	0			0	0
Subtotal Direct Expenses:	847,388	12,711	0	0	0	860,099
Indirect Expenses:	101,687	1,525				103,212
TOTAL FUNDING USES:	949,075	14,236	0	0	0	963,311
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH WORK ORDER - Dept. Children, Youth & Families	HMHMSCHOOLWO	949,075				949,075
MH COUNTY - General Fund WO CODB	HMHMCP751594		14,236			14,236
					0	0
					0	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		949,075	14,236	-	-	963,311
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		949,075	14,236	-	-	963,311
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		949,075	14,236	-	-	963,311
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR				
DPH Units of Service:	9,086	136				
Unit Type:	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	104.46	104.46				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	104.46	104.46				
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):	1,200	Included				Total UDC: 1,200

DPH 3: Salaries & Benefits Detail

Program Code: 38946
 Program Name: Children Wellness Center Mental Health
 Document Date: 5/5/14

Appendix/Page #: B#3a, Page 2

Position Title	TOTAL		General Fund (HMHMCP751594)		MHSA-PEI (HMMPROP63 PMHS63-1410)		DCYF WO (HMMSCHOOLWO)		DCYF WO CODB (HMHMCP751594)		Term:	
	07/01/14 - 06/30/15		07/01/14 - 06/30/15		07/01/14 - 06/30/15		07/01/14 - 06/30/15		07/01/14 - 06/30/15		07/01/14 - 06/30/15	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.43	\$ 33,167	0.01	725	0.29	22,658	0.13	9,784	0.00	0		
Clinical Supervisor	0.78	\$ 49,266	0.05	3,399	0.00	0	0.73	45,867	0.00	0		
Child Psychiatrist/MD	0.04	\$ 7,226	0.00	430	0.00	0	0.03	6,796	0.00	0		
Behavioral Health Therapist/Counselor	11.46	\$ 550,582	0.79	37,991	0.00	0	10.47	503,168	0.20	9,423		
Senior Clinical Case Coordinator	1.00	\$ 56,650	0.00	0	0.00	0	1.00	56,650	0.00	0		
Clinical Case Manager	0.27	\$ 13,390	0.00	0	0.25	12,360	0.02	1,030	0.00	0		
SF-ACT Program Manger	0.61	\$ 46,961	0.00	0	0.61	46,961	0.00	0	0.00	0		
Office Manager	0.08	\$ 3,563	0.01	246	0.00	0	0.08	3,317	0.00	0		
BIS Specialist /Admin Analyst/Assistant	0.05	\$ 1,801	0.00	125	0.00	0	0.05	1,676	0.00	0		
Totals:	14.72	\$ 762,606	0.87	\$42,916	1.16	\$81,979	12.50	\$628,288	0.20	\$9,423	0.00	\$0

Employee Fringe Benefits:	27%	\$209,716	28%	\$11,802	27%	\$22,544	27%	\$172,779	27%	\$2,591		
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TOTAL SALARIES & BENEFITS

\$972,322

\$54,718

\$104,523

\$801,067

\$12,014

\$0

DPH 4: Operating Expenses Detail

Program Code: 38946
 Program Name: Children-Wellness Center Substance Abuse
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	MHSA-PEI (HMMPROP63 PMHS63-1410)	DCYF WO (HMHMSCHOOLWO)	DCYF WO CODB (HMHMCP751594)	Term:
	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	
Occupancy:						
Rent	\$ 12,808	\$ 689	\$ 3,448	\$ 8,671	\$ -	
Utilities(telephone, electricity, water, gas)	\$ 3,698	\$ 199	\$ 995	\$ 2,504	\$ -	
Building Repair/Maintenance	\$ 5,917	\$ 318	\$ 1,593	\$ 4,006	\$ -	
Materials & Supplies:						
Office Supplies	\$ 12,059	\$ 647	\$ 3,225	\$ 7,490	\$ 697.00	
Photocopying	\$ 1,260	\$ 70	\$ 360	\$ 830	\$ -	
Printing	\$ 1,896	\$ 102	\$ 510	\$ 1,284	\$ -	
Program Supplies	\$ 7,397	\$ 398	\$ 1,991	\$ 5,008	\$ -	
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 9,616	\$ 517	\$ 2,588	\$ 6,511	\$ -	
Insurance	\$ 5,547	\$ 298	\$ 1,493	\$ 3,756	\$ -	
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 740	\$ 40	\$ 199	\$ 501	\$ -	
Staff Travel:						
Local Travel	\$ 1,480	\$ 80	\$ 398	\$ 1,002	\$ -	
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
	\$ -					
	\$ -					
Other:						
Recruitment & Direct Staff Expenses	\$ 7,027	\$ 378	\$ 1,891	\$ 4,758	\$ 0	
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$69,445	\$3,736	\$18,691	\$46,321	\$697	\$0

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.				Appendix/Page #: B #3c, Page 1	
Provider Name: RAMS				Document Date: 5/5/2014	
Provider Number: 383800				Fiscal Year: FY14-15	
Program Name:	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse		
Program Code (formerly Reporting Unit):	38946	38946	38946		
Mode/SFC (MH) or Modality (SA):	SecPrev-19	SecPrev-19	SecPrev-19		
Service Description:	SA-Sec Prev Outreach	SA-Sec Prev Outreach	SA-Sec Prev Outreach		TOTAL
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15		
FUNDING USES					
Salaries & Employee Benefits:	2,414	161,219	123,154		286,787
Operating Expenses:	134	8,638	14,847		23,619
Capital Expenses (greater than \$5,000):	-	-	-		-
Subtotal Direct Expenses:	2,548	169,857	138,001		310,406
Indirect Expenses:	306	20,383	16,560		37,249
TOTAL FUNDING USES:	2,854	190,240	154,561		347,655
CBHS MENTAL HEALTH FUNDING SOURCES					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code				
SA WORK ORDER - DCYF Wellness Center	HMHSSCHOOLWO		190,240		190,240
SA COUNTY - SA General Fund CODB WO	HMHSCCRES227	2,854			2,854
SA STATE - PSR Drug Court	HMHSCCRES227			154,561	154,561
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		2,854	190,240	154,561	347,655
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		2,854	190,240	154,561	347,655
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,854	190,240	154,561	347,655
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
	CR	CR	CR		
DPH Units of Service:	11	765	1,546		
Unit Type:	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	248.83	248.83	100.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	248.83	248.83	100.00		
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	337	337	337		Total UDC: 337

DPH 3: Salaries & Benefits Detail

Program Code: 38946
 Program Name: Children-Welness Center Substance Abuse
 Document Date: 6/5/14

Position Title	TOTAL		General Fund DCYF WO CODB (HMHSCCRES227)		DCYF WO (HMHSSCHOOLWO)		State PSR Drug Court (HMHSCCRES227)		Term:		Term:	
	7/1/14-6/30/15		7/1/14-6/30/15		7/1/14-6/30/15		7/1/14-6/30/15					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.23	17,520	-	-	0.03	2,162	0.20	15,358				
Clinical Supervisor	0.16	10,133	-	-	0.16	10,133	-	-				
Child Psychiatrist/MD	0.01	1,644	-	-	0.01	1,644	-	-				
Behavioral Health Therapist/Counselor	2.36	113,247	0.04	1,893	2.32	111,354	-	-				
Clinical Case Manager	1.00	49,399	-	-	-	-	1.00	49,399				
SF-ACT Program Manger	0.42	31,834	-	-	-	-	0.42	31,834				
Office Manager	0.02	783	-	-	0.02	783	-	-				
BIS Specialist /Admin Analyst/Assistant	0.01	370	-	-	0.01	370	-	-				
Totals:	4.20	224,930	0.04	1,893	2.54	126,446	1.61	96,591	-	-	-	-

Employee Fringe Benefits:	27.50%	61,857	27.52%	521	27.50%	34,773	27.50%	26,563				
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TOTAL SALARIES & BENEFITS 286,787 2,414 161,219 123,154 - -

DPH 4: Operating Expenses Detail

Program Code: 38946
 Program Name: Children-Wellness Center Substance Abuse
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund DCYF WO CODB (HMHSCCRES227)	DCYF WO (HMHSSCHOOLWO)	State PSR Drug Court (HMHSCCRES227)		
	Term: 7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
Occupancy:						
Rent	3,992	-	1,483	2,509		
Utilities(telephone, electricity, water, gas)	1,109	-	412	697		
Building Repair/Maintenance	2,218	-	824	1,394		
Materials & Supplies:						
Office Supplies	4,407	134	1,505	2,768		
Photocopying	473	-	173	300		
Printing	665	-	247	418		
Program Supplies	2,661	-	988	1,673		
Computer hardware/software	-					
General Operating:						
Training/Staff Development	2,882	-	1,070	1,812		
Insurance	1,885	-	700	1,185		
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	222	-	83	139		
Staff Travel:						
Local Travel	444	-	165	279		
Out-of-Town Travel	-					
Field Expenses	-					
Consultant/Subcontractor:						
	-					
	-					
Other:						
Recruitment & Direct Staff Expenses	2,661	-	988	1,673		
	-					
TOTAL OPERATING EXPENSE	23,619	134	8,638	14,847	-	-

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.

Provider Name: RAMS

Provider Number: 3894

Appendix/Page #: B-#3c, Page 1

Document Date: 5/5/2014

Fiscal Year: FY14-15

Program Name:	MHSA PEI - School-Based Wellness						
Program Code (formerly Reporting Unit):	3894						
Mode/SFC (MH) or Modality (SA):	45/10-19						
Service Description:	MH Promotion						TOTAL
FUNDING TERM:	14-15						
FUNDING USES							
Salaries & Employee Benefits:	238,795						238,795
Operating Expenses:	6,561						6,561
Capital Expenses (greater than \$5,000):	0						0
Subtotal Direct Expenses:	245,356	0	0	0	0	0	245,356
Indirect Expenses:	29,443						29,443
TOTAL FUNDING USES:	274,799	0	0	0	0	0	274,799
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code						
MH STATE - MHSA (PEI)	HMHMPPROP63/ PMHS63-1410	274,799					274,799
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		274,799	-	-	-	-	274,799
CBHS SUBSTANCE ABUSE FUNDING SOURCES							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		274,799	-	-	-	-	274,799
NON-DPH FUNDING SOURCES							0
							0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		274,799	-	-	-	-	274,799
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS						
DPH Units of Service:	1,991						
Unit Type:	Staff Hour	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	138.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	138.00	0.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):							
Unduplicated Clients (UDC):	275						Total UDC: 275

DPH 3: Salaries & Benefits Detail

Program Code: 3894
 Program Name: MHSA PEI - School-Based Wellness
 Document Date: 5/5/14

Position Title	TOTAL		General Fund		MHSA - WDET (HMHMPROP63 PMHS63-1410)							
	7/1/14-6/30/15		Term:		7/1/14-6/30/15		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.25	\$ 19,426			0.25	19,426						
Clinical Supervisor	0.13	\$ 7,891			0.13	7,891						
Child Psychiatrist/MD	0.03	\$ 5,434			0.03	5,434						
Behavioral Health Therapist/Counselor	1.00	\$ 48,062			1.00	48,062						
Clinical Case Manager	1.00	\$ 50,988			1.00	50,988						
Trauma/Grief & Loss Group Therapist/Counselor	1.00	\$ 51,183			1.00	51,183						
Office Manager	0.06	\$ 2,648			0.06	2,648						
BiS Specialist /Admin Analyst/Assistant	0.05	\$ 1,658			0.05	1,658						
	0.00	\$ -										
	0.00	\$ -										
		\$ -										
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Totals:	3.51	\$187,290	0.00	\$0	3.51	\$187,290	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	28%	\$51,505			28%	\$51,505						
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TOTAL SALARIES & BENEFITS	\$238,795	\$0	\$238,795	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

Program Code: 3894
 Program Name: MHSa PEI - School-Based Wellness
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund	MHSA - WDET (HMHMPROP63/PMHS63-1410)			
	7/1/14-6/30/15	Term: _____	7/1/14-6/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 400		\$ 400			
Utilities(telephone, electricity, water, gas)	\$ 2,000		\$ 2,000			
Building Repair/Maintenance	\$ 100		\$ 100			
Materials & Supplies:						
Office Supplies	\$ 200		\$ 200			
Photocopying	\$ 100		\$ 100			
Printing	\$ -					
Program Supplies	\$ 1,042		\$ 1,042			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,000		\$ 1,000			
Insurance	\$ 1,100		\$ 1,100			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 19		\$ 19			
Staff Travel:						
Local Travel	\$ 500		\$ 500			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
	\$ -					
	\$ -					
Other:						
Recruitment & Direct Staff Expenses	\$ 100		\$ 100			
	\$ -					
TOTAL OPERATING EXPENSE	\$6,561	\$0	\$6,561	\$0	\$0	\$0

Position Title	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries	07/01/14 - 08/31/15 FTE	Salaries
Chief Administrator	0.95	\$ 82,650	0.01	\$ 854	0.04	\$ 3,181	0.07	\$ 5,738	0.36	\$ 31,738	0.08	\$ 7,980	0.26	\$ 24,217	0.10	\$ 8,932		
Chief Supervisor	0.13	\$ 2,470	0.00	\$ 26	0.00	\$ 95	0.01	\$ 171	0.05	\$ 949	0.01	\$ 236	0.04	\$ 724	0.01	\$ 267		
Medical Health Consultant	0.15	\$ 13,585	0.00	\$ 142	0.01	\$ 593	0.01	\$ 943	0.07	\$ 5,218	0.02	\$ 1,312	0.06	\$ 3,981	0.02	\$ 1,469		
Administrative Assistant	12.01	\$ 577,913	0.13	\$ 6,044	0.46	\$ 22,242	0.83	\$ 40,120	4.61	\$ 221,924	1.16	\$ 55,801	3.52	\$ 168,333	1.30	\$ 62,449		
	1.15	\$ 98,250	0.01	\$ 410	0.04	\$ 1,511	0.08	\$ 2,725	0.44	\$ 18,072	0.11	\$ 3,790	0.34	\$ 11,501	0.12	\$ 4,241		
TOTALS:	14.41	\$715,871	0.15	\$7,486	0.55	\$27,552	1.00	\$49,697	5.53	\$274,901	1.39	\$89,121	4.22	\$209,756	1.58	\$77,358		
Employee Fringe Benefits:	28%	\$166,865	28%	\$2,089	28%	\$7,577	28%	\$13,667	28%	\$75,599	27%	\$19,008	28%	\$57,693	27%	\$21,273		
TOTAL SALARIES & BENEFITS		\$812,736		\$9,575		\$35,129		\$63,364		\$350,499		\$108,129		\$267,439		\$98,631		

DPH 4: Operating Expenses Detail

Program Code: 389404
 Program Name: High Quality Childcare Initiative (Fu Yau)
 Document Date: 5/5/14

Expenditure Category	TOTAL	General Fund (HMMHCP751594)	MHSA - PEI (HMMHPROP63/PMHS63-1410)	SFCFC - HQCC (HMMHPROP10WO)	SFCFC - PFA (HMMHCHPFAPWO)	SFCFC - SRI (HMMHCHSRIPWO)	HSA (HMMHCHCDHSWO)	DCYF - HQCC (HMMHCHDCYFWO)
	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15
Occupancy:								
Rent	\$ 24,000	\$ 251	\$ 924	\$ 1,666	\$ 9,216	\$ 2,317	\$ 7,032	\$ 2,594
Utilities (telephone, electricity, water, gas)	\$ 13,000	\$ 136	\$ 500	\$ 902	\$ 4,992	\$ 1,255	\$ 3,809	\$ 1,406
Building Repair/Maintenance	\$ 2,000	\$ 21	\$ 77	\$ 139	\$ 768	\$ 193	\$ 586	\$ 216
Materials & Supplies:								
Office Supplies	\$ 1,250	\$ 13	\$ 48	\$ 87	\$ 480	\$ 121	\$ 366	\$ 135
Photocopying	\$ 1,000	\$ 10	\$ 38	\$ 69	\$ 384	\$ 97	\$ 293	\$ 109
Printing	\$ 1,000	\$ 10	\$ 38	\$ 69	\$ 384	\$ 97	\$ 293	\$ 109
Program Supplies	\$ 6,000	\$ 196	\$ 226	\$ 407	\$ 2,252	\$ 566	\$ 1,719	\$ 634
Computer hardware/software	\$ 2,000	\$ 21	\$ 77	\$ 139	\$ 768	\$ 193	\$ 586	\$ 216
General Operating:								
Training/Staff Development	\$ 5,000	\$ 52	\$ 192	\$ 347	\$ 1,920	\$ 483	\$ 1,465	\$ 541
Insurance	\$ 4,500	\$ 47	\$ 173	\$ 312	\$ 1,728	\$ 435	\$ 1,319	\$ 486
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel:								
Local Travel	\$ 13,000	\$ 136	\$ 500	\$ 902	\$ 4,992	\$ 1,255	\$ 3,809	\$ 1,406
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor:								
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:								
Recruitment & Direct Staff Expenses	\$ 11,000	\$ 116	\$ 425	\$ 766	\$ 4,226	\$ 1,061	\$ 3,222	\$ 1,184
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$83,750	\$1,009	\$3,218	\$5,805	\$32,110	\$8,073	\$24,499	\$9,036

DPH 3: Salaries & Benefits Detail

Program Code: 3894
 Program Name: MHSA WDET-Summer Bridge
 Document Date: 5/5/14

Position Title	TOTAL		General Fund		MHSA - WDET (MHMMPROP63 PMHS63-1408)							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Summer Bridge Supervisor/Director	0.06	\$ 5,232			0.06	5,232						
Summer Bridge Coordinator	0.22	\$ 11,067			0.22	11,067						
Summer Bridge Counselor	0.20	\$ 9,337			0.20	9,337						
Totals:	0.48	\$25,636	0.00	\$0	0.48	\$25,636	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	29%	\$7,434	#DIV/0!	\$0	29%	\$7,434						
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TOTAL SALARIES & BENEFITS	\$33,070	\$0	\$33,070	\$0	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

Program Code: 3894
 Program Name: MHSA WDET-Summer Bridge
 Document Date: 5/5/14

Appendix/Page #: B#5, Page 3

Expenditure Category	TOTAL	General Fund	MHSA - WDET (HMHMPROP63 PMHS63-1408)			
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ 700		\$ 700			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 800		\$ 800			
Photocopying	\$ 130		\$ 130			
Printing	\$ -					
Program Supplies	\$ 7,763		\$ 7,763			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ 170		\$ 170			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 100		\$ 100			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
	\$ -					
	\$ -					
Other:						
Recruitment & Direct Staff Expenses	\$ 200		\$ 200			
Stipends	\$ 19,000		\$ 19,000			
	\$ -					
TOTAL OPERATING EXPENSE	\$28,863	\$0	\$28,863	\$0	\$0	\$0

DPH 7: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc.

Document Date: 05/05/14

Fiscal Year: FY14-15

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.27	\$ 44,417
Chief Financial Officer	0.27	\$ 41,037
Deputy Chief	0.26	\$ 30,163
Director of Operations	0.27	\$ 21,098
Director of Information Technologies	0.27	\$ 19,432
Director of Human Resources	0.27	\$ 20,820
Accounting Specialist/Assistant	1.08	\$ 50,148
Program Consultant	0.01	\$ 2,165
HR Specialist	0.54	\$ 23,163
Director of Training	0.22	\$ 17,754
Office Manager/Admin Assistant	0.02	\$ 683
Janitor	0.01	\$ 368
Driver	0.08	\$ 1,911
EMPLOYEE FRINGE BENEFITS	26%	\$ 71,021
TOTAL SALARIES & BENEFITS		\$ 344,180

2. OPERATING COSTS

Expenditure Category	Amount
Occupancy	\$ 27,704
Office Supplies	\$ 13,213
Insurance	\$ 11,116
Audit/Legal/Recruit/Payroll Fees	\$ 14,417
Staff Training/Meeting/Mileage	\$ 8,097
TOTAL OPERATING COSTS	\$ 74,547

TOTAL INDIRECT COSTS \$ 418,727

(Salaries & Benefits + Operating Costs)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

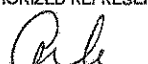
PRODUCER Chapman a Division of Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. PO Box 5455 Pasadena, CA 91117-0455	CONTACT NAME: PHONE (A/C, No., Ext): 1 (626) 405-8031 FAX (A/C, No): 1 (626) 405-0585 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Riverport Insurance Company</td> <td>36684</td> </tr> <tr> <td>INSURER C : New York Marine and General Insurance Company</td> <td>16608</td> </tr> <tr> <td>INSURER D : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Scottsdale Insurance Company		INSURER B : Riverport Insurance Company	36684	INSURER C : New York Marine and General Insurance Company	16608	INSURER D : Zurich American Insurance Company	16535	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER D : Zurich American Insurance Company	16535													
INSURER E :														
INSURER F :														
INSURED Richmond Area Multi Services 3626 Balboa St. San Francisco, CA 94121														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		OPS0062221	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 3,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	X CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	X Prof Liab \$3mm/\$4mm						PERSONAL & ADV INJURY \$ 3,000,000
	X Abuse Liab \$250k/\$1m						GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			RIC0013128	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC201300001911	7/1/2013	7/1/2014	X WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime			MPL676139700	7/1/2013	7/1/2016	Limit \$ 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDER City & County of San Francisco Dept of Public Health Comm. Behavioral Health Svcs. 1380 Howard Street San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

City & County of San Francisco,
Dept. of Public Health
101 Grove Street
San Francisco, CA 94102

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations;
or
- B. In connection with your premises owned by or rented to you.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 07 04:

City and County of San Francisco
Dept. of Public Health, Comm. MH Services (CMHS)
1380 Howard St., 4th Floor
San Francisco, CA 94103

State Department of Rehabilitation/State of CA
its Officers, Employees, Agents & Servants
721 Capital Mall
Sacramento, CA 95814

The San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

**San Francisco Unified School District
135 Van Ness Ave., Room #118
San Francisco, CA 94102
** San Francisco Unified School District, its Board, Officers and Employees are named as Additional Insureds, but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insured available to the Additional Insureds with respects to any claims arising out of the agreement. Insurance applies separate to each insured.

Department of Human Services
1235 Mission St.
San Francisco, CA 94103

Urban Services YMCA Potrero Hill FRC Program
1805 25th St.
San Francisco, CA 94107

RE: Early Childhood Mental Health Consultation at Potrero Hill FRC



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 07 04:

San Francisco Community College District
 Its Officers, Agents and Employees
 33 Gough Street
 San Francisco, CA 94103

State of California, its Officers, agents, employees
 and servants
 State Dept. of Vocational Rehab. Attn: Darlene
 Rutowski
 301 Howard Street 7th Floor
 San Francisco, CA 94105

The State of California, its officers, agents, employees
 and servants are named as Additional Insureds, but
 only with respect to work performed under the
 Agreement.

City and County of San Francisco
 DPH Contract Management & Compliance Attn: Judith
 Matranga
 101 Grove Street, #307
 San Francisco, CA 94102

City and County of San Francisco
 San Francisco Recreation and Parks
 501 Stanyan Street
 San Francisco, CA 94117

Dept. of Children, Youth and their Families
 1390 Market Street, Suite 900
 San Francisco, CA 94102



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person or Organization:

City & County of San Francisco,
Dept. of Public Health
101 Grove Street
San Francisco, CA 94102

In consideration of the premium charged, the coverage afforded under the Coverage Part/Form is extended to the Person or Organization designated above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured. There is no coverage for the Person or Organization listed above for its sole negligence or any other negligence unless it is the negligence of the Named Insured and such negligence arises directly from the Named Insured's activities performed for the Additional Insured.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-59s (4-10):

City and County of San Francisco
 Dept. of Public Health, Comm. MH Services (CMHS)
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

State Department of Rehabilitation/State of CA
 its Officers, Employees, Agents & Servants
 721 Capital Mall
 Sacramento, CA 95814

The San Francisco Children & Families Commission
 1390 Market Street, Suite 318
 San Francisco, CA 94102

**San Francisco Unified School District
 135 Van Ness Ave., Room #118
 San Francisco, CA 94102
 ** San Francisco Unified School District, its Board,
 Officers and Employees are named as Additional
 Insureds, but only insofar as the operations under
 contract are concerned. Such policies are primary
 insurance to any other insured available to the
 Additional Insureds with respects to any claims arising
 out of the agreement. Insurance applies separate to
 each insured.

Department of Human Services
 1235 Mission St.
 San Francisco, CA 94103

San Francisco Community College District
 Its Officers, Agents and Employees
 33 Gough Street
 San Francisco, CA 94103



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-59s (4-10):

City and County of San Francisco
 DPH Contract Management & Compliance Attn: Judith
 Matranga
 101 Grove Street, #307
 San Francisco, CA 94102

City and County of San Francisco
 San Francisco Recreation and Parks
 501 Stanyan Street
 San Francisco, CA 94117

Dept. of Children, Youth and their Families
 1390 Market Street, Suite 900
 San Francisco, CA 94102

rams

Richmond area multi Services, Inc.

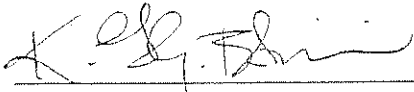
Community mental health

AUTOMOBILE LIABILITY COVERAGE WAIVER

A) I declare under penalty of perjury that there will be no automobile used by any employee, agent, representative or volunteer of Richmond Area Multi-Services (RAMS) in the execution of this contract between Richmond Area Multi-Services (RAMS) and San Francisco Unified School District. If any auto is used for any reason, RAMS will ensure Automobile Liability coverage is in place in conformance with the requirements of SFUSD and in advance of such use.

B) I certify that RAMS owns no motor vehicles and therefore does not carry automobile liability insurance. I certify that commercial general liability policy # RIC0010294 contains a non-owned auto coverage provision that will remain in effect during the term of the contract.

Service Provider shall indemnify and hold harmless the District, its Board, officers, employees and agents from, and if requested, shall defend them against all liabilities, obligations, losses, damages, judgments, costs or expenses (including legal fees and costs of investigation) (collectively "Losses") arising from, in connection with or caused by:
(a) personal injury or property damage caused, directly or indirectly out of the use of an automobile.



Signature

7/6/09

Date

3626 balboa street san francisco, california 94121 (415) 668-5955

~~a non-profit corporation~~



May 19, 2004

To: Office of Contracts & Compliance
San Francisco, Dept. of Public Health

From: Kavous Ghane Bassiri, LMFT, CGP. ~~Wendy G. Bassiri~~
Chief Executive Officer

Re: Waiver for Auto Liability insurance

This memo is to inform your office of the cancellation of our automobile insurance in regards to the RAMS-Bridge To Wellness contract. At this time and until further notice, we have eliminated our van transportation service and will not be utilizing a van. Therefore, we do not plan to obtain an automobile insurance. No other vehicles and/or assistance from any RAMS' employee will be utilized to transport clients/patients of this agency.

Waiver granted based on the above information.

*Nancy G. Barton - Bellini
Deputy Risk Manager
5-21-04*

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11)
- Item 3.B. Limits (WC 89 06 12)
- Item 3.C. States (WC 89 06 13)
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4.* Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk ID Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)

is changed to read:

A Waiver of Subrogation is hereby added to the policy.

See Form WC 04 03 06.

* Item 4. Change To:

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$ 109,974

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

New Estimated Premium	109,974.00	New Estimated Tax	4,675.00
Less Previously Billed	109,974.00	Less Previously Billed	4,675.00
Additional Due	0.00	Additional Due	0.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 07/01/2012 Policy No. WC201200001911 Endorsement No. 1

Policy Effective Date: 07/01/2012 to 07/01/2013 Premium \$ 0.00

Insured: Richmond Area Multi Services, Inc.

DBA:

Carrier Name / Code: New York Marine and General Insurance Company

NCCI Carrier Code No. 28746

Countersigned by _____

WC 89 06 00 A

Ed. 7-87

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 0.000% of the California workers' compensation premium otherwise due on such remuneration.

Schedule**Person or Organization**

City and County of San Francisco
Department of Public Health
1380 Howard Street
San Francisco, CA 94103

Job Description

All Operations of the Named Insured

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 07/01/2012 Policy No. WC201200001911 Endorsement No. 1
Policy Effective Date: 07/01/2012 to 07/01/2013 Premium \$ 0.00
Insured: Richmond Area Multi Services, Inc.

DBA:

Carrier Name/Code: New York Marine and General Insurance Company

Countersigned by _____

