

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of **November 1, 2023**, in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Qualifications (“RFQ”), RFQ 21-2020, dated December 7, 2020 and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained on May 18, 2021 from the Civil Service Commission under PSC number 41068-14/15 in the amount of \$58,650,000 for the period commencing November 1, 2015 and ending December 31, 2027; and

WHEREAS, approval for this Amendment was obtained on from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 41068-14/15 in the amount of \$68,640,469 for the period commencing November 1, 2015 and ending June 30, 2028; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by Resolution number 590-23 on December 19, 2023.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated May 1, 2022 between Contractor and City.

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 Term of the Agreement. Section 2.1 Term of the Agreement of the Agreement currently reads as follows:

2.1 The term of this Agreement shall commence on May 1, 2022 and expire on December 31, 2023, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on May 1, 2022 and expire on December 31, 2024, unless earlier terminated as otherwise provided herein.

2.2 Calculation of Charges. Section 3.3.1 Calculation of Charges of the Agreement currently reads as follows:

3.3.1 **Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Nine Million Five Hundred Sixty-Eight Thousand Seven Hundred Ninety-Five Dollars (\$9,568,795)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

3.3.1 **Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Sixteen Million Forty Three Thousand Seven Hundred Seventy Five Dollars (\$16,043,775)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

2.3 **Appendices A, A-1, A-2, A-3, A-4, and A-5.** Appendices A, A-1, A-2, A-3, A-4, and A-5 are hereby replaced in its entirety by Appendices A, A-1, A-2, A-3, A-4, and A-5 attached to this Amendment and fully incorporated within the Agreement.

2.4 **Appendices B, B-1, B-2, B-3, B-4, and B-5.** Appendices B, B-1, B-2, B-3, B-4, and B-5 are hereby added to this Amendment and fully incorporated within the Agreement.

2.5 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D Dated DAA 7-2021 DPH, attached to this Amendment and incorporated within the Agreement.

2.6 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v8/3/2022 and Attestation forms 06-07-2017, attached to this Amendment and incorporated within the Agreement.

2.7 **Appendix F.** Appendix F is hereby replaced in its entirety by Appendix F Dated: November 1, 2023, attached to this Amendment and incorporated within the Agreement.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 **Contractor Vaccination Policy.** *The following section is hereby deleted in its entirety and removed from the Agreement:*

4.2.2 Contractor Vaccination Policy.

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

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

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

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

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

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

3.2 **California Attorney General’s Registry of Charitable Trusts.** *The following section is hereby added and incorporated in Article 11 of the Agreement:*

11.15 **California Attorney General’s Registry of Charitable Trusts.** If a Contractor is a non-profit entity, the Contractor represents that it is in good standing with the California Attorney General’s Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General’s Registry of Charitable Trusts at the time of contract execution and for the duration of the agreement. Any

failure by Contractor or any subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

3.3 **Applicable Law.** *The following section is hereby added and incorporated in Article 11 of the Agreement:*

11.16 **Applicable Law.** This Agreement will be governed by, construed, and enforced in accordance with the laws of the State of California and City’s Charter. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the Superior Court for the City and County of San Francisco, and each party agrees to the exclusive jurisdiction of such court in any such suit, action, or proceeding (excluding bankruptcy matters). The parties irrevocably and unconditionally waive any objection to the laying of venue of any suit, action, or proceeding in such court and irrevocably waive and agree not to plead or claim that any suit, action, or proceeding brought in San Francisco Superior Court relating to this Agreement has been brought in an inconvenient forum. The Parties also unconditionally and irrevocably waive any right to remove any such suit, action, or proceeding to Federal Court.

3.4 **Business Associate Agreement.** *The following is hereby added to Article 13 of the Agreement, replacing the previous Section 13.3 in its entirety:*

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

The parties acknowledge that CONTRACTOR will:

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

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

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (v8/3/2022)
 - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

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

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

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY

Recommended by:

DocuSigned by:

Naveena Bobba

4/12/2024 | 3:20 PM PDT

Grant Colfax, MD

Director of Health

Department of Public Health

CONTRACTOR

Richmond Area Multi Services, Inc.

DocuSigned by:

Angela Tang

4/12/2024 | 12:44 PM PDT

Angela Tang, LCSW

President & CEO

City Supplier number: 0000012195

Approved as to Form:

David Chiu

City Attorney

By: *Charles Bruce* ^{DS}
Deputy City Attorney

Approved:

Sailaja Kurella

Director of the Office of Contract
Administration and Purchaser

By: *Taraneh Moayed* 4/12/2024 | 4:34 PM PDT
Taraneh Moayed

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third-Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

- 1) Staff evaluations completed on an annual basis.

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

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

Appendix A-1 – Hire - Ability Janitorial Services

Appendix A-2 – Hire - Ability Clerical & Mailroom Services

Appendix A-3 – Information Technology

Appendix A-4 – TAY Vocational Services

Appendix A-5 – Employee Development

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

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-1 |
| Program Name: Janitorial Services | Funding Term: 07/01/2023 – 06/30/2024 |
| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

1. Identifiers:

Program Name: Hire-Ability Janitorial Services
Program Address: 1234 Indiana Street
City, State, ZIP: San Francisco, CA 94107
Telephone/FAX: (415) 282-9675 (415) 920-6877
Website Address: www.ramsinc.org / www.hire-ability.org

Contractor Address (if different from above): RAMS Administration, 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118
Person Completing this Narrative: Angela Tang
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org
Program Code(s) (if applicable): N/A

2. Nature of Document:

Original Contract Amendment Revision to Program Budget (RPB)

3. Goal Statement:

To provide employment and internship opportunities within the janitorial field for qualified and work ready San Francisco residents. Work sites include various BHS clinics and programs.

4. Priority Population:

All ethnicities and populations within San Francisco are welcomed and will be served with focused expertise to meet the unique needs of the target population which are SF residents aged 18 and over with a primary mental health diagnosis who are receiving mental health services. Outreach will be made to underserved populations and those interested in the janitorial industry.

5. Modality(s)/Intervention(s):

See BHS Appendix B, CRDC pages.

6. Methodology:

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving about 17,000 adults, children, youth & families at over 130 sites, citywide.

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Specifically, for Hire-Ability Janitorial Services, the program promotes open janitorial positions within the system of care by outreach and recruitment activities through linkages with BHS community agencies, Department of Rehabilitation (DOR), Co-Operative partners within the BHS Vocational Services system, and to other employment linkages that directly outreach to consumers within BHS. Priority recruitment for employment also includes participants who have completed the Hire-Ability Vocational Services 4-month long Occupational Skills Training Certificate program in janitorial, funded by Department of Rehabilitation which prepares graduates for competitive employment within the janitorial field. Outreach and recruitment for this program includes community outreach presentations at BHS (and contract) clinics, participating in group presentations with the DOR/BHS vocational co-op, and announcements (emails, flyers) through the DOR/BHS vocational co-op partners. Hire-Ability also holds an open house orientation once per month to introduce services to potential applicants. Graduates of this program are provided employment services assistance, working directly with employment consultants to prepare for competitive employment through a variety of activities such as interview preparation, resume development, and job development and coaching assistance. The employment services program follows the *Individual Placement & Support* Model, which is strengths- and evidenced-based supported employment model that has been successful for individuals with chronic mental health issues. Graduates of this program and applicants that meet qualifications for janitorial positions are provided opportunities and assistance to apply and interview for open positions.

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

Employment:

The employment portion of Hire-Ability Janitorial Services works in conjunction with the Janitorial Services internship program, Department of Rehabilitation, BHS clinics, and Employment Services partners and linkages to refer qualified participants to open employment positions within this program. The process is equivalent to other competitive employment positions within RAMS which include screening of applicants which may result in face-to-face interviews and potential employment offers.

Internship:

The internship portion of Hire-Ability Janitorial Services accommodates referrals from BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who then provides the individual with the necessary information to apply to the program. The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets include basic demographic information (name, contact information), reference contact information, referral form, and resume. Individuals who qualify under the initial screening (a coordinated effort of review by staff including the Vocational Case Manager, Janitorial Manager, and the Training Manager and/or Associate Director of Vocational Services) are invited for an interview. These initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g., residential). If an individual is not accepted into the program based on suitability for these program services, the Associate Director of Vocational Services makes a referral to one of Hire-Ability Programs or to another service provider.

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-1 |
| Program Name: Janitorial Services | Funding Term: 07/01/2023 – 06/30/2024 |
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- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

Hire-Ability program hours are Monday to Friday (9:00 a.m. – 5:00 p.m.); however, on-the-job hours may vary, depending on the job site's needs.

Employment:

Janitorial Services employment program provides on-the-job training and supervision to employees within this program. RAMS Management also coordinates coverage for vacancies or absences. Employees are provided with a robust and comprehensive job retention support system with close coordination of supervision and support between the RAMS Janitorial Manager, Administrative Manager, Associate Director, and BHS site managers. All employees receive an initial orientation by RAMS human resources department upon hire. The employee is then oriented to their individual position through on-site supervision and time limited job coaching for employees receiving employment services. Employees participate in regular, interactive individual and group supervision meetings. In addition, there are regular quarterly trainings in various areas such as health and safety, ergonomics, blood borne pathogen, and other pertinent trainings such as communication and professionalism, boundaries, and other pertinent work-related trainings as well as RAMS sponsored health and wellness retreats. Site specific trainings usually take place monthly or as needed. Employees may also access and/or be linked to the Employee Assistance Program (EAP) to assist with a variety of life building resources.

To gather information and feedback on janitorial services, RAMS continuously engages BHS site managers in various methods such as in-person meetings and telephone calls, at least quarterly. The Hire-Ability Janitorial Services fosters a work environment that promotes healthy behaviors, a sense of hope and belonging, responsibility and strengthens roles of consumers through employment and professional development activities.

Internship:

The Janitorial Services internship program design includes providing culturally competent, consumer-driven, strengths-based workforce development activities and vocational services including but not limited to vocational assessments, job skills training, on-site work experience, vocational counseling, and job coaching. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

The internship duration is six months with each intern receiving 10-20 hours per week of paid, on-the-job training with work hours varying, depending on the position, and the individual's availability & support needs. Internship components include general office cleaning; floor & carpet care; and restroom cleaning. Each intern is assigned a Vocational Rehabilitation Case Manager, and our Program Assistant provides job coaching as needed; the intern also works with the Janitorial Manager and/or Site Supervisor for orientation to the tasks. The Vocational Rehabilitation Case Manager conducts vocational assessments, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and provides job counseling & guidance. The Program Assistant and Janitorial Manager and/or Site Supervisor provides job training and coaching, coordinate training and support needs with

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the Vocational Rehabilitation Case Manager and BHS site manager, and provide feedback and vocational support to the intern.

At the start of services and at regular intervals, a vocational assessment is completed with each intern. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the intern in the identification of goals leading towards vocational development. These areas, as they relate to employment, include work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the Vocational Rehabilitation Case Manager and intern discuss how strengths can be utilized to make changes on their current conditions, to promote & sustain healthy mental health, and obtain and retain employment. The Vocational Rehabilitation Case Manager also gathers relevant information from the intern and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation and on a quarterly basis thereafter, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. The assessment/evaluation and plan development include the intern's input through self-evaluation sections as well as the Vocational Rehabilitation Case Manager's appraisal and feedback from the Program Assistant and BHS site manager. RAMS engages BHS site managers in various methods including in-person meetings and telephone calls, at least quarterly. The comprehensive vocational plan also considers the intern's environment and entire support structure as well as specific employment goals, and considers collateral information (e.g., behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the intern's therapist, implements the appropriate interventions. Together, the Vocational Rehabilitation Case Manager and intern set goals and identify strategies that are attainable & measureable. RAMS also facilitates linkages for support services (e.g. transportation, child care).

Vocational training and skills building is provided through various capacities. The Janitorial Manager and/or Site Supervisor serves as the primary trainer. The Program Assistant provides additional assistance as needed and in coordination with the Vocational Rehabilitation Case Manager maintains written evaluations and progress reports on interns' skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, and work endurance. As the primary trainer, the Program Assistant is thoroughly familiar with the intern's daily progress and can provide consistent feedback and support. The Vocational Rehabilitation Case Manager meets with the intern at the internship site weekly and obtains feedback from the Program Assistant and BHS site manager to provide consistent feedback and support to the intern.

RAMS is committed to client involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and ensures cultural competency. The best informant for the culturally relevant curriculum and program development is the target population, themselves.

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Throughout the internship period, the Vocational Rehabilitation Case Manager meets individually with the intern to discuss progress and solicit feedback regarding their experience, and at the end of the internship period interns are given anonymous written satisfaction surveys regarding the intake & admission process, internship structure & activities, support services, and professional development. A focus group is also conducted to solicit similar feedback regarding the structure of the program, recruitment process, accessibility, and effectiveness. All feedback is compiled and reviewed (by Hire-Ability management and RAMS executive management), informs the program design (development & adjustments, implementation), and is incorporated, as appropriate.

RAMS recruits and employs staff with relevant educational & employment history and cultural competence for the target population we work with through thorough interviews and reference checks. The process of on-going education and training to ensure staff are providing the standard of services required by RAMS are generally through regular attendance of staff meetings, individual supervisor-supervisee meetings, monthly internal/external trainings, annual cultural competency trainings, and other activities that are program specific. RAMS maintains a philosophy as well as a policy regarding creating a welcoming environment to all, which in turn is displayed through positive and healthy attitudes among staff. Measurement of how effective staff is in providing a high level of service is through client satisfaction surveys, client advisory councils, and feedback from other providers.

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: BHS and BHS clinics (as these are the primary internship host sites); engaging in the Job Developers Huddle – One Stop Western Addition; Potrero /Dogpatch Merchants Association and ongoing relationship/ collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the BHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the Vocational Rehabilitation Case Manager provides support and coaching into the workforce and connects participants to additional resources (e.g., Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

- 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.

Employment:

For consumers who are employees within this program, employment is at-will and on-going based on employee performance. If an employee resigns or is terminated for any reason, RAMS will take every effort, if applicable, to engage in a process of linkage to Employee Assistance or other helpful resources to ensure the employee is able transition appropriately from their position at RAMS.

Internship:

Janitorial Services interns successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, interns will have more competitive skills for today's job market, and referral can be to competitive employment, volunteer internships, additional training, education, college enrollment, or salaried employment. In this pursuit, the Vocational Rehabilitation Case Manager may assist with linkage assistance to job placement

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programs, employment counseling and guidance, and coordination with other support services to ensure effective transition, as part of post internship case management support. As HireAbility offers a full spectrum of vocational services, interns may transition into the Employment Services Program, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment.

- 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.

7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives FY 2023 – 2024.

8. Continuous Quality Improvement:

- A. Achievement of contract performance objectives and productivity.

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community & Workforce Empowerment). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. The Program Director and Associate Director work directly with human resources to address employee performance needs as well as work collaboratively with BHS operations team to coordinate workflow and operational duties related to our janitorial services employees. Hire-Ability management team and BHS operations teams meet monthly.

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

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

The Program Director and other members of the Hire-Ability management team meet regularly with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is

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noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys from service sites are also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. Within the first 30 days of admission and after every re-assessment period thereafter, the client's chart is reviewed by the Vocational Rehabilitation Case Manager, Training Manager or Associate Director / Program Director, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

In addition to the program's documentation review, the RAMS quality improvement staff formally conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback is provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services.

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness, and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service 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.

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- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management to continuously monitor and identify any enhancements needed
- Development of objectives based on cultural competency principles; progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Satisfaction with services);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, executive leadership meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered, and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services.

Employment:

RAMS disseminates an employee satisfaction survey. RAMS further solicits feedback from other stakeholders including contracted service sites, business customers, and funders through satisfaction surveys as well as face to face meetings. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation.

Internship:

For the Janitorial Service internship program, RAMS adheres to the BHS satisfaction survey protocols which may include dissemination annually or biannually. In addition, Hire-Ability administers its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post-program evaluations, client focus groups, client advisory council meetings, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive management. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation.

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

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Not Applicable.

9. Required Language:

N/A

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| Program Name: Hire-Ability Clerical & Mailroom Services | Funding Term: 07/01/23 – 06/30/2024 |
| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

1. Identifiers:

Program Name: Hire-Ability Clerical & Mailroom Services
Program Address: 1234 Indiana Street
City, State, ZIP: San Francisco, CA 94107
Telephone: (415) 282-9675
Fax: (415) 920-6877

Website Address: www.ramsinc.org / www.hire-ability.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118
Person Completing this Narrative: Angela Tang
Telephone: (415) 800-0699
Fax: (415) 751-7336
Email Address: angelatang@ramsinc.org

Program Code(s): N/A

2. Nature of Document:

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement:

To provide employment and internship opportunities in the areas of business operations support – such as clerical, mailroom, reception, messenger and driving positions – for qualified and work ready San Francisco residents.

4. Priority Population:

All ethnicities and populations within San Francisco are welcomed and will be served with focused expertise to meet the unique needs of the target population which are SF residents aged 18 and over with a primary mental health diagnosis who are currently receiving mental health services. Particular outreach will be extended to underserved populations and those interested in an administrative field. Whenever it is assessed that this program cannot adequately meet the service needs of a particular client, staff will make a client referral that better meets the services needs of the client, either internally or to a co-service provider in San Francisco.

5. Modality(s)/Intervention(s):

See BHS Appendix B, CRDC pages.

6. Methodology:

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the

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agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS meets significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

Specifically, for Hire-Ability Clerical & Mailroom Services, the program promotes open positions within the system of care by outreach and recruitment activities through linkages with BHS community agencies, Department of Rehabilitation (DOR), Co-Operative partners within the BHS Vocational Services system, and to other employment linkages that directly outreach to consumers within BHS. Targeted recruitment for employment also includes participants who have completed the Clerical & Mailroom Services internship in clerical/administrative support positions. Graduates of this program and applicants that meet qualifications for positions (DOR, Co-Op partners) are provided opportunities and assistance to apply and interview for open positions.

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

Employment:

The employment portion of Hire-Ability Clerical & Mailroom Services works in conjunction with the Clerical & Mailroom Services internship program, and referrals for employment opportunities are through RAMS Employment Services Program, BHS clinics, Department of Rehabilitation, and our Co-Operative contract partners. Positions are competitive in nature and follows RAMS protocol for internal job announcements, recruitment, and hiring.

Internship:

The internship portion of Hire-Ability Clerical & Mailroom Services accommodates referrals from BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who then provides the individual with the necessary information to apply to the program. The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets include basic demographic information (name, contact information), reference contact information, referral form, and resume. Individuals who qualify under the initial screening (a coordinated effort of review by staff including the Vocational Rehabilitation Case Manager, Program Assistant, Associate Director of Vocational Services, and internship site manager) are invited for an interview with the Vocational Case Manager, Program Assistant, and Associate Director of Vocational Services. These initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g., residential). A secondary assessment interview is held with the internship site to determine appropriate match for the site needs. If an individual is not accepted into the program based on suitability for these program services, the Associate Director of Vocational Services makes a referral to one of Hire-Ability Programs or to another service provider.

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.

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Hire-Ability program hours are Monday to Friday (9:00 am – 5:00 pm); however, on-the-job hours may vary, depending on the job site's needs.

Employment:

Clerical & Mailroom Services employment program provides on-site training and supervision to employees within this program. RAMS management also coordinates coverage for vacancies or absences. Employees are provided with a robust and comprehensive job retention support system with close coordination of supervision and support between the RAMS Vocational Rehabilitation Manager, Associate Director, and with BHS site managers. All employees receive an initial orientation by RAMS human resources department upon hire. The employee is then oriented to their individual position through on-site supervision and time limited job coaching for employees receiving employment services. Regular group and individual supervision meetings are an integral part of the Clerical & Mailroom Services program, continuous engagement as well as professional development activities are provided in a structured manner. Monthly staff meetings as well as quarterly trainings address critical areas needed for successful and meaningful employment which can include topics such as professional communication and boundaries, ergonomics at the workplace, handling stress on the job and work life balance, as well as RAMS sponsored health and wellness retreats. Employees may also access and/or be linked to the Employee Assistance Program (EAP) to assist with a variety of life building resources.

To gather information and feedback on Clerical & Mailroom Services, RAMS continuously engages BHS site managers in various methods such as in-person meetings and telephone calls, at least quarterly. The Hire-Ability Clerical & Mailroom Services fosters a work environment that promotes healthy behaviors, a sense of hope and belonging, responsibility and strengthens roles of consumers through employment and professional development activities.

Internship:

Clerical & Mailroom Services internship program design includes providing culturally competent, consumer-driven, strengths-based workforce development activities and vocational services including but not limited to vocational assessments, job skills training, on-site work experience, vocational counseling, and job coaching. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

The internship duration is nine months with each intern receiving 10-20 hours per week of paid, on-the-job training with work hours varying, depending on the individual's availability and support needs. Internship components include general office support; customer service; mailroom & mail distribution; reception functions (answering phones, greeting, and assisting visitors); filing, copying/faxing; and light data entry (depending on internship site). Each intern is assigned a Vocational Rehabilitation Case Manager, and our Program Assistant provides job coaching as needed. The Vocational Rehabilitation Case Manager conducts vocational assessments, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports, and identifies strengths & areas of employment interest, and provides job counseling & guidance. The Program Assistant provides job training and coaching, coordinates training and support needs with the Vocational Case Manager and BHS site manager and provides feedback and vocational support to the intern.

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At the start of services and at regular intervals, a vocational assessment is completed with each intern. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the intern in the identification of goals leading towards vocational development. These areas, as they relate to employment, include work needs (e.g., reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the Vocational Rehabilitation Case Manager and intern discuss how strengths can be utilized to make changes on their current conditions, to promote & sustain healthy mental health, and obtain and retain employment. The Vocational Rehabilitation Case Manager also gathers relevant information from the intern and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first two months of participation and on a quarterly basis thereafter, with ongoing monitoring of progress at each meeting/vocational activity and is formally reviewed at the third month. The assessment/evaluation and plan development include the intern's input through self-evaluation sections as well as the Vocational Rehabilitation Case Manager's appraisal and feedback from the Program Assistant and BHS site manager. RAMS engages BHS site managers in various methods including in-person meetings and telephone calls, at least quarterly. The comprehensive vocational plan also considers the intern's environment and entire support structure as well as specific employment goals, and considers collateral information (e.g., behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the intern's therapist, implements the appropriate interventions. Together, the Vocational Rehabilitation Case Manager and intern set goals and identify strategies that are attainable & measurable. RAMS also facilitates linkages for support services (e.g., transportation, childcare).

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RAMS is committed to client involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and ensures cultural competency. The best informant for the culturally relevant curriculum and program development is the target population, themselves. Throughout the internship period, the Vocational Rehabilitation Case Manager meets individually with the intern to discuss progress and solicit feedback regarding their experience, and at the end of the internship period interns are given anonymous written satisfaction surveys regarding the intake & admission process, internship structure & activities, support services, and professional development.

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A focus group is also conducted to solicit similar feedback regarding the structure of the program, recruitment process, accessibility, and effectiveness. All feedback is compiled and reviewed (by Hire-Ability management and RAMS executive management), informs the program design (development & adjustments, implementation), and is incorporated, as appropriate.

RAMS recruits and employs staff with relevant educational & employment history and cultural competence for the target population we work with through thorough interviews and reference checks. The process of on-going education and training to ensure staff are providing the standard of services required by RAMS are generally through regular attendance of staff meetings, individual supervisor- supervisee meetings, monthly internal/external trainings, cultural competency trainings, and other activities that are program specific. RAMS maintains a philosophy as well as a policy regarding creating a welcoming environment to all, which in turn is displayed through positive and healthy attitudes among staff. Measurement of how effective staff is in providing a high level of service is through client satisfaction surveys, client advisory councils, and feedback from other providers.

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: BHS and BHS clinics (as these are the primary internship host sites); engaging in Job Developers Huddle – One Stop Western Addition; Potrero/Dogpatch Merchants Association and ongoing relationship/collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the BHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the Vocational Rehabilitation Case Manager provides support and coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

- 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.

As the Clerical & Mailroom Services employment program operates to train, support, and retain employment for consumer-filled positions in Clerical & Mailroom Services, there is not any exit criteria. If an employee resigns or is terminated for any reason, RAMS will take every effort, if applicable, to engage in a process of linkage to Employee Assistance or other helpful resources to ensure the employee is able transition appropriately from their position at RAMS.

Clerical & Mailroom Services interns successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, interns will have more competitive skills for today's job market, and referral can be to competitive employment, volunteer internships, additional training, education, college enrollment, or salaried employment. In this pursuit, the Vocational Rehabilitation Case Manager may assist with linkage assistance to job placement programs, employment counseling and guidance, and coordination with other support services to ensure effective transition, as part of post internship case management support. As Hire-Ability offers a full spectrum of vocational services, interns may transition into the Employment Services Program, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation

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using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment. Interns may also enter other vocational trainings available through the system of care.

- 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.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives FY 2023 - 2024.

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- A. Achievement of contract performance objectives and productivity.

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community & Workforce Empowerment). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. The Program Director and Associate Director work directly with human resources to address employee performance needs as well as work collaboratively with BHS operations team to coordinate workflow and operational duties related to our Clerical & Mailroom Services employees. Hire-Ability management team and BHS operations teams meet monthly.

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

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

The Program Director and other members of the Hire-Ability management team meet regularly with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys from service sites are also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

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| Program Name: Hire-Ability Clerical & Mailroom Services | Funding Term: 07/01/23 – 06/30/2024 |
| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. Within the first 30 days of admission and after every re-assessment period thereafter, the client's chart is reviewed by the Vocational Rehabilitation Case Manager or Associate Director/Program Director, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

In addition to the program's documentation review, the RAMS Quality Improvement formally conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback is provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services.

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness, and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly), supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management to continuously monitor and identify any enhancements needed.
- Development of objectives based on cultural competency principles; as applicable, progress towards objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. Strengthening and empowering the roles of

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-2 |
| Program Name: Hire-Ability Clerical & Mailroom Services | Funding Term: 07/01/23 – 06/30/2024 |
| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Satisfaction with services).

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

D. Satisfaction with services.

Employment:

RAMS disseminates an employee satisfaction survey. RAMS further solicits feedback from other stakeholders including contracted service sites, business customers, and funders through satisfaction surveys as well as face to face meetings. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation.

Internship:

For the internship program, RAMS adheres to the BHS satisfaction survey protocols which may include dissemination annually or biannually. In addition, Hire-Ability administers its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post-program evaluations, client focus groups, client advisory council meetings, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive management. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation.

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

Not Applicable.

9. Required Language:

N/A

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program Name: Information Technology

Funding Term: 07/01/23 – 06/30/2024

Funding Source: MH Adult State 1991 MH Realignment,
MH Adult County GF

1. Identifiers:

Program Name: Information Technology
Program Address: 1234 Indiana Street
City, State, Zip Code: San Francisco, CA 94107
Telephone/Fax: (415) 282-9675 / (415) 920-6877
Website Address: www.ramsinc.org / www.hire-ability.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118
Person Completing this Narrative: Angela Tang
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

Program Code(s) (if applicable): Not Applicable

2. Nature of Document (check one)

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To (1) provide high quality designated IT support services to BHS (Avatar Helpdesk; Desktop; Advanced Avatar Helpdesk; Advanced Desktop; Consumer Portal) and (2) engage San Francisco resident consumers for improved emotional/physical well-being and quality of life, positive engagement in the community, increase self-sufficiency, and obtain & retain competitive employment.

4. Target Population

All ethnicities and populations within San Francisco are welcomed and will be served with focused expertise to meet the unique needs of the target population which are SF residents aged 18 and over with a primary mental health diagnosis who are currently receiving mental health services. Particular outreach is to consumers who have interest in computer technical support services but minimal work skills and/or work exposure and may benefit from a structured vocational training program. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

This fiscal year represents the operations of i-Ability components:

- (a) Avatar Helpdesk (entry)
- (b) Desktop (entry)
- (c) Advanced Avatar Helpdesk

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Funding Source: MH Adult State 1991 MH Realignment,
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- (d) Advanced Desktop
- (e) Consumer Portal Help Desk
- (f) MyChart Help Desk

Workforce Development (MHSA Modality)

- For the Avatar Helpdesk (entry), a full fiscal year includes two cohorts with each cohort enrolling about seven trainees after the two-week visitation period
- For the Desktop Training (entry), a full fiscal year includes two cohorts with each cohort enrolling about five trainees after the two-week visitation period
- For the Advanced Avatar Helpdesk Training, a full fiscal year includes two cohorts with each enrolling about four trainees after the two-week visitation period
- For the Advanced Desktop, a full fiscal year includes two cohorts with about two trainees
- For Avatar Helpdesk, Desktop, and Advanced Avatar Helpdesk components, a full cohort's training duration is nine months
- Trainees/interns engage in workforce development activities (classroom and on-the-job training) intended to develop a diverse and competent workforce; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the healthcare information technology workforce.
- Each Avatar Helpdesk, Desktop & Advanced Avatar Helpdesk trainee/intern receives at least 7-16 hours/week of paid, on-the-job workforce development training; work hours vary, according to the individual's availability & support needs.
- There are additional activity hours for program planning, providing individualized and/or group trainee support (Vocational Rehabilitation Counselor and/or IT Trainer), preparing & reviewing/adjusting training materials (per Avatar system updates), etc.

The Consumer Portal provides clients of SFDPH-BHS access to selected portions of their clinical record. This help desk specifically supports end users of the Consumer Portal and provides outreach at clinics and other contractors to BHS, in an effort to increase the usage of the consumer portal by BHS consumers. The Consumer Portal Staff took over the Stoltenberg Contract (effective 4/24/2023), by managing the MyChart Help Desk for SFDPH.

The MyChart Help Desk will become the training component for the Vocational Information Technology training component to replace the Avatar Help Desk (entry and advanced levels) training once Avatar is replaced by EPIC. During Q1, Q2 and Q3 of FY 23-24, curriculum will be developed, with detailed documentation, to be launched in Q4 of FY 23-24. Workforce Development guidelines will be developed based on needs.

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6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond our own walls to reach people of all ages and backgrounds in our community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Hire-Ability 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 approximately 17,000 adults, children, youth & families at over 130 sites, citywide. Hire-Ability's primary referral sources are SFDPH outpatient behavioral health services; as such, the program's staff regularly performs outreach activities and coordinates within RAMS programs and other agencies' management.

Hire-Ability also operates Employee Development which primarily includes Production & Fulfillment Services, a workshop setting and on-the-job training in the fulfillment services industry with paid work experience. HireAbility is also a partnering program with the State Department of Rehabilitation to provide Employment Services (employment preparation, placement and retention services) to individuals with mental illnesses. Outreach and promotion is routinely conducted to these groups. The program also performs monthly outreach activities independently as well as in coordination with the BHS Vocational Coordinator, to various SFDPH BHS providers (e.g. outpatient clinics & residential facilities within the system-of-care). Outreach is also conducted at system of care provider meetings, Avatar bulletins, BHS Vocational Summit, etc.

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

The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets are distributed to the community, along with informational flyers about the program curriculum and content. Application packets include basic demographic information (name, address, and contact information), reference contact information, and a personal statement. Program orientations/Information Sessions are also held, prior to application deadlines and serve as an opportunity for interested individuals and/or community organizations to obtain assistance with application completion and/or inquire more about the program. All completed applications are reviewed by an admission review committee, with all applicants receiving notification about the decision/outcome. Interviews may also be scheduled, as part of the admission review process. Once the cohort begins, there is a more detailed orientation to the program such as completion/graduation guidelines, discussion of expectations (by trainees and program), etc.

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

The i-Ability, Vocational IT program has the following components:

- 1) Avatar Helpdesk, a single point of contact for end users of the -BHS electronic health record system (“Avatar”) to receive support. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where they gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 2) Desktop, a single point of contact for end users of BHS computers/hardware to receive support and maintenance within BHS computing environment. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where trainees gain skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months.
- 3) Advanced Avatar Helpdesk, a single point of contact for end users of the BHS electronic health record system (“Avatar”) to receive support. Additionally, interns will provide additional support to the Avatar Super User Community. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where interns increase their skills regarding troubleshooting basic and super user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. The interns will assist with mentoring the Helpdesk trainees by shadowing frontline activities and providing structured peer support as facilitated by the trainer of the program. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 4) Advanced Desktop, a single point of contact for end users of BHS computers/hardware to receive support and maintenance within BHS computing environment. Trainees engage in paid, on-the-job training to gain advanced skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months.
- 5) MyChart Helpdesk is EPIC's patient portal. MyChart is a secure means for patients to access parts of their health records through a web browser and cell-phone apps. Staff resolve end user issues. Once launched as our training program, trainees will engage in paid, on-the-job training where trainees gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging issues that are more complicated, healthcare confidentiality policies & practices, etc. Each cohort cycle will be nine months.

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Program operation hours are Monday to Friday (8:00 am – 5:00 pm). Classroom and on-the-job training is primarily provided on-site at BHS (1380 Howard Street, SF, CA 94103) and/or RAMS Hire-Ability Vocational Services (94107).

The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, on-site work experience, vocational counseling & job coaching, and classes/workshops aimed at skills development and building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

The IT Trainers (Avatar Helpdesk, Desktop/Advanced Desktop, Advanced Avatar Helpdesk) are the primary staff persons responsible for classroom and on-the-job training, providing direct support and supervision (individual, group) to trainees/interns. The classroom training is primarily provided during the first two to four weeks of the cohort; thereafter, training and support is provided on a regular, ongoing basis (weekly). The IT Trainers may also serve as additional frontline coverage; the IT Manager, along with the Director of Vocational Services/Program Director, provides as needed coverage and oversees quality control & management for the i-Ability program. Furthermore, all trainees/interns are assigned a Vocational Rehabilitation Counselor. The Counselor conducts a comprehensive vocational assessment (job readiness/interest, skills development, other work-related issues), vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, job searches, and placement assistance, as well as job coaching, counseling & guidance.

Within the first three months of participation, an integrated vocational plan with specific goals is collaboratively (counselor, trainers, and trainees/interns) and formally developed. There is ongoing monitoring of progress (by trainers and counselor), in relation to the goals; the vocational plan is formally reviewed at the third month of participation. Areas of vocational assessment include, but are not limited to: productivity, work quality, attendance, punctuality, dress & grooming, communication with others, group participation, and work endurance. The comprehensive vocational plan considers the client's environment and entire support structure and takes into account collateral information (e.g. behavioral health plan of care incorporates vocational goals). The plan development and reassessment periods include trainee input through self-evaluation sections as well as the counselor's appraisal. RAMS also facilitates linkages for support services (e.g. childcare, transportation), as needed.

i-Ability also offers structured training/groups (e.g. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by the IT Trainers and/or Vocational Rehabilitation Counselors, the trainings/groups provide positive peer support, focus on interpersonal relationships, support network for specific challenges, and can assist individuals to learn about themselves and relate better with other people. Trainings/groups can be jointly run with collaborative partners (e.g. behavioral health counselors, BHS), taking place at RAMS

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and/or the vendor (BHS, if possible) or partner's site, depending on feedback and offered at various days and times.

i-Ability provides staffing of the Consumer Portal Help Desk and the MyChart Help Desk. The Consumer Portal provides clients of SFDPH-BHS access to selected portions of their clinical records. This help desk specifically supports end users of the Consumer Portal. The MyChart Help Desk is a secure means for clients to access parts of their health records through a web browser and cell-phone apps. The two Help Desks staff one supervisor and frontline staff, all of which are employee positions.

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

Trainees successfully complete the program when: (1) 85% attendance rate, (2) Vocational Development Plan goals are achieved, and score of 75% or higher on the certificated exams is accomplished or early completion/discharge of the program (at least three months after program start due to gaining employment related to participating in the program). Upon successful completion/discharge, referral can be to competitive employment, volunteer internships, education, college enrollment, or salaried employment including higher wage and skilled jobs in industries which are experiencing shortages such as the healthcare field. In this pursuit, the Vocational Rehabilitation Counselor may assist with job search & placement assistance and provide job coaching, counseling, and guidance. i-Ability is a program of RAMS Hire-Ability Vocational Services which offers a full spectrum of vocational services; as such, trainee graduates may also transition into the Employment Services, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment.

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 BHS Appendix B.

F. Mental Health Services Act Programs

a. One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or 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 ensure culturally competency. The best informant for

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the culturally relevant curriculum & program development is the target population, themselves. Potential applicants/trainees and interested organizations are invited to the program Orientations/Open Houses as well as contact the i-Ability Vocational IT Manager directly. As the cohort is in operation, the IT Trainer regularly meets (approximately weekly) with trainees to solicit feedback; the i-Ability Manager and Vocational Rehabilitation Counselor also regularly solicit feedback from trainees. Furthermore, at the end of each cohort, trainees are given anonymous written program evaluations and satisfaction surveys regarding curriculum, course structure & activities, support services, and professional development. A post-cohort focus group is also conducted to solicit similar feedback regarding the curriculum of the program, recruitment process, accessibility, and effectiveness. All feedback is compiled and reviewed (by Hire-Ability management and RAMS executive management), informs the program design (development & adjustments, implementation), and is incorporated, as appropriate.

During the cohort on-the-job training, all trainees are paid. Furthermore, i-Ability Vocational IT maintains an advisory committee that is multi-disciplinary and reflects the diversity of the community. Membership includes consumer representation, BHS, and RAMS with involvement from program participants (graduates). This committee schedules to meet quarterly and evaluates program components while advising on its further development and implementation.

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

RAMS recruits and employs staff with relevant educational, employment history and cultural competence for the target population we work with through thorough interviews and reference checks. Furthermore, RAMS believes in the principles of Wellness and Recovery in which promotes the engagement of peers through various activities which include employment of peers at all levels of positions. The process of on-going education and training to ensure staff are providing the standard of services required by RAMS are generally through regular attendance of staff meetings, individual supervisor supervisee meetings, monthly internal/external trainings, cultural competency trainings, and other activities that are program specific. RAMS maintains a philosophy as well as a policy regarding creating a welcoming environment to all, which in turn is displayed through positive and healthy attitudes among staff. Measurement of how effective staff is in providing a high level of service is through client satisfaction surveys, client advisory councils, and feedback from other providers.

- c. MHS Vision: Collaboration with different systems increases opportunities for jobs, education, housing, etc.

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that HireAbility specifically works with includes, but is not limited to: BHS (as the program is primarily providing classroom and on-the-job training, on-site at BHS' location using the BHS system); engaging in the San Francisco's Mayor's Committee on Disabilities (monthly meeting that involves various systems serving/providing vocational services); Job

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Developers Huddle-One Stop Western Addition, Potrero /Dogpatch Merchants Association and ongoing relationship/collaboration with California State Department of Rehabilitation (for which HireAbility maintains a separate contract); and involvement in the CBHS Co-Operative group (streamlined referral system amongst RAMS HireAbility, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the i-Ability Vocational Rehabilitation Counselor provides support & coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives FY 2023 – 2024.

8. Continuous Quality Improvement

1. Achievement of contract performance objectives and productivity

RAMS monitors contract performance objectives through several methods such as daily data analysis and monthly review of consumer individual vocational goals/objectives, regular weekly meetings between the program participant and Vocational Rehabilitation Counselor and/or trainer, regular individual supervision between supervisors and supervisee's to discuss consumer caseload with regard to intervention strategies, vocational plans & progress, documentation, productivity and overall contract objectives. Other significant activities to ensure achievement of contract performance objectives include regular weekly program staff meetings and program management meetings where issues related to overcoming any barriers to achieving performance objectives are discussed.

Monthly reports from each program coordinator to the program director and in turn to the Deputy Chief of RAMS address the ongoing progress and/or barriers towards contract objectives. Corrective action activities are documented which includes the identification of the issue, plan of action and steps and timelines for completion of the plan. RAMS Quality Improvement which represents a small group of RAMS supervisors, supervisees, consumers and executive leadership staff meet quarterly, is designed to advise on program quality assurance and improvement activities.

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff are informed about objectives and the required documentation related to the activities and program outcomes; majority of program objectives are measured by participant scores, program evaluations, and/or post-program surveys. With regards to management monitoring, the Program Director reports progress/ status towards each contract objective to executive management (Director of Community & Workforce Empowerment) in a written monthly report. If the projected progress has not been achieved for the month, the Program Director identifies barriers and

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develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of accomplishing program goals/objectives), program exit reasons, and service/resource utilization. RAMS also conducts various random file/chart reviews to review adherence to objectives as well as service documentation requirements.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits

The program utilizes various mechanisms to review documentation quality. Chart review by supervisors, at the very minimal, is reviewed after the 10-day visitation period and, if enrollment continues, a minimum of every 30 days thereafter and within a week of case closure. Active charts are reviewed quarterly after the vocational re-assessments and plans are conducted. Based on their review, determinations/recommendations are provided relating to service authorizations including frequency and modality/type of services, and the match to client's progress & vocational/clinical needs; feedback is provided to direct staff members. Furthermore, clinical supervisors monitor the service documentation of their supervisees; staffs meet weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director or Manager/Coordinator conducts a review of randomly selected charts (up to 10 charts, program-wide) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually.

In addition to the program's documentation review, the agency's Quality Improvement conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols.

3. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics

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

- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed
- Development of objectives based on cultural competency principles; 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, executive leadership 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.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

4. Satisfaction of services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the Hire-Ability administered its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post-program evaluations, quarterly client advisory council meetings, daily community meetings at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive

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management. Furthermore, the program facilitates focus groups with clients. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation. Clients may also attend RAMS Board of Directors meetings to share their experiences and provide feedback.

5. Timely completion and use of outcome data
N/A

9. Required Language

N/A

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| Program Name: TAY Vocational Services | funding Term: 07/01/23 – 06/30/24 |
| | Funding Source (non-BHS only): MH Adult State 1991 MH Realignment, MH Adult County GF |

1. Identifiers:

Program Name: TAY Vocational Services
 Program Address: 1234 Indiana Street
 City, State, ZIP: San Francisco, CA 94107
 Telephone/FAX: Tel: (415) 282-9675 Fax: (415) 920-6877
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
 City, State, ZIP: San Francisco, CA 94118
 Person Completing this Narrative: Angela Tang
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org
 Program Code(s) (if applicable): Not Applicable

2. Nature of Document:

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement:

To provide vocational/occupational assessment, time-limited paid internships to provide healthy activities, provide entry-level work exploration and experience, and support San Francisco Transitional Aged Youth (ages 15 – 25) residents of care achieve resiliency and maximize recovery.

4. Target Population:

All ethnicities and populations within San Francisco are welcomed and will be served with focused expertise to meet the unique needs of the target population which are SF residents aged 15 – 25 years with a primary mental health diagnosis who are currently receiving mental health services. Outreach will be made to underserved populations and those who are involved in multiple systems including behavioral health, juvenile justice, human services, and the educational system. Particular outreach will be made to all BHS Adult Providers, CYF SOC Providers, organizations that serve transitional aged youth which may include Larkin Street, Huckleberry House, SFUSD Wellness Center, etc. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(s)/Intervention(s)

See BHS Appendix B, CRDC pages.

6. Methodology:

The Hire-Ability TAY Vocational Services Program contains four main components:

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| Program Name: TAY Vocational Services | funding Term: 07/01/23 – 06/30/24 |
| | Funding Source (non-BHS only): MH Adult State 1991 MH Realignment, MH Adult County GF |

- Assessment – Vocational/occupational and interest assessment. The program will provide a developmentally appropriate interactive assessment to engage youth in full participation.
- Case Management – The program will provide ongoing case management, including linkage and referral when needed, to support participants in minimizing barriers and maximizing participation and recovery.
- Group Training – Three-month initial group training which may include soft skills, fieldtrip to potential internship sites, inspirational and career related speakers, group cohesion and learning, etc., and ongoing group learning activities throughout the program year for each cohort.
- Internship/Work Experience – Each participant will be placed at an internship site that best fits his/her interest, ability, availability, and experience, for about six months. Site may be within RAMS and in the community. Internship may range from 4-20 hours/week depending on site availability, participant’s school and other schedule, and program design.

All participants will be paid at the Minimum Compensation Ordinance (MCO)/stipend during program duration.

This is a 9-month program with an additional 2-month retention follow-up, which rolls over to the following fiscal year. There are two cohorts staggered to allow smaller cohorts as well as the ability to serve more youth, and flexibility for youth to start at two different time spans.

A mid- and end-program survey will be administered. The mid-program survey is an opportunity to provide more timely feedback to be considered for program improvement.

7. Objectives and Measurements:

A. Standardized Objectives

Any applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives FY 2023 - 2024.

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity.

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff are informed about objectives and the required documentation related to the activities and program outcomes; majority of program objectives are measured by participant scores, program evaluations, and/or post-program surveys. With regards to management monitoring, the Program Director reports progress/status towards each contract objective to executive management (Director of Community & Workforce Empowerment) in a written monthly report. If the projected progress has not been achieved for the month, the Program Director identifies barriers and develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of accomplishing program goals/objectives),

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program exit reasons, and service/resource utilization. RAMS also conducts various random file/chart reviews to review adherence to objectives as well as service documentation requirements.

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

The program director and other members of the Hire-Ability Vocational Services management team meet regular with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys is also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload about service strategies, vocational plans & progress, documentation, productivity, etc. Charts are reviewed at regular intervals, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

In addition to the program's documentation review, the RAMS Quality Improvement formally conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback is provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services.

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness, and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics

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| Program Name: TAY Vocational Services | funding Term: 07/01/23 – 06/30/24 |
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are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management to continuously monitor and identify any enhancements needed
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Satisfaction with services);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, executive leadership meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered, and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services.

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually, as applicable. In addition, the Hire-Ability administered its program-developed client satisfaction surveys. Furthermore, client feedback is obtained during post-program evaluations, client advisory council meetings, community meetings at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Improvement, and reported to executive management. Furthermore, the program facilitates focus groups with clients. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion

Program Name: TAY Vocational Services**funding Term:** 07/01/23 – 06/30/24**Funding Source (non-BHS only):** MH Adult State
1991 MH Realignment, MH Adult County GF

implementation. Clients may also attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

9. Required Language: N/A

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
| Program Name: Employee Development | Funding Term: 07/01/2023 – 06/30/2024 |
| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

1. Identifiers:

Program Name: Employee Development
Program Address: 1234 Indiana Street
City, State, ZIP: San Francisco, CA 94107
Telephone/FAX: 415-282-9675/415-920-6877
Website Address: www.ramsinc.org / www.hire-ability.org
Contractor Address (**if different from above**): 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang
Telephone: 415-800-0699
Email Address: angelatang@ramsinc.org
Program Code(s) (**if applicable**): 3894 (38B62)

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To improve emotional/physical well-being and quality of life of adults, promote positive community engagement and increased self-sufficiency, and to help adults obtain & retain employment.

4. Target Population:

All ethnicities and populations within San Francisco are welcomed and will be served with focused expertise to meet the unique needs of the target population which are SF residents aged 18 and over with a primary mental health diagnosis who are currently receiving mental health services. Particular outreach is to consumers who have interest and/or work exposure, and may benefit from a structured vocational training program

5. Modality(s)/Intervention(s)

See Appendix B CRDC

6. Methodology:

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

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

RAMS accommodates referrals from the BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who schedules and conducts integrated assessments/intakes and processes the documentation, thus supporting streamlined coordination; staff (including Employee Development Coordinator/Manager and Director of Vocational Services/Program Director) works closely with the referring party. The initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g. residential). The Intake Coordinator makes a referral to one of Hire-Ability programs, including Employee Development. As RAMS have unique expertise in providing services to the APIA-speaking communities, Hire-Ability can provide services in Cantonese, Mandarin, Toisanese, and Tagalog. Upon referral to Employee Development, clients may "visit" and participate in the program, on a trial basis, for the first two weeks where they will participate in paid work site experience as well as unpaid classroom training. This supports overall retention and program completion goals, as consumers are fully aware of the program structure and expectations.

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.

Hire-Ability Vocational Services program hours are Monday to Friday (9:00 a.m. – 5:00 p.m.). The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, paid on-site work experience as well as unpaid classroom and group training sessions, vocational counseling & job coaching, and classes/workshops aimed at building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries. Employee Development's main component is *Production & Fulfillment Services*, a workshop setting and on-the-job training in the fulfillment services

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
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industry (packaging, assembling, labeling, sorting, mailing) with paid work experience. Services are primarily provided on-site and/or in least restrictive environment in the field including: clients' employment site, community center, home, etc. Hire-Ability features a structured program in which clients participate at least three days a week (Monday to Friday) from 9:30 a.m. to 12:30 p.m.

Each consumer is assigned a Vocational Rehabilitation Counselor/Trainer who conducts a vocational assessment, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and also provides job training, job search and placement assistance, and job coaching, counseling & guidance. Having a single provider for these services streamlines and enhances care coordination. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the consumer in the identification of goals leading towards vocational development. These areas, as they relate to employment, include: work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), collateral information (therapists/case managers), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the counselor and consumer discuss how strengths can be utilized to make changes of their current conditions, to promote & sustain healthy mental health, and obtain & retain employment. The counselor also gathers relevant information from the client and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. This comprehensive plan considers the client's environment and entire support structure as well as specific employment goals, and takes into account collateral information (e.g. behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the client's therapist, implements the appropriate interventions. Together, the counselor & client set goals and identify strategies that are attainable & measurable. The plan includes consumer's input through self-evaluation & rating as well as the counselor's appraisal. RAMS also facilitates linkages for support services (e.g. transportation, child care).

Vocational training and skills building is provided through various capacities. The Vocational Rehabilitation Counselors serve as the primary trainers and maintain written evaluations & progress reports on client skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, group participation, and work endurance. As the primary trainer, Counselors are thoroughly familiar with each individual's daily progress and can provide consistent feedback and support. Training is offered in specific industries, further supporting consumer choice & empowerment and likelihood of transferable skills for gaining competitive employment.

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For all Employee Development Program participants, RAMS Hire-Ability offers structured groups (i.e. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by Vocational Rehabilitation Counselor, the groups provide positive peer support and pressure, focus on interpersonal relationships, a support network for specific problems or challenges, and can assist individuals to learn about themselves and relate better with other people. Groups can be jointly run with collaborative partners (e.g. behavioral health counselors), taking place at RAMS and/or the partner's site, depending on client feedback & indicated preference, and offered at various hours of the day throughout the week.

- 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.

Clients successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, referral can be to competitive employment, volunteer internships, education, college enrollment, or salaried employment including higher wage and skilled jobs in industries which are experiencing shortages such as the healthcare field. In this pursuit, the Vocational Rehabilitation Counselor may assist with job search & placement assistance and provide job coaching, counseling, and guidance. As Hire-Ability offers a full spectrum of vocational services, consumers may transition into Employment Services, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment. Consumers may also enter the RAMS Peer Specialist Mental Health Certificate Program (funded by SFDPH-BHS-MHSA), which offers entry and advanced level courses in peer counseling as well as a monthly training series.

E. Program staffing.

Program Director and/or Administrative/Operations Manager – oversee the operations, contracts of the program, oversee operations of shelter workshop, supervise Vocational Rehabilitation Counselors, and support clients in problem solving and other issues

Vocational Rehabilitation Counselor – supervise clients in shelter workshop and other real work situations, help problem solving skills, teach other vocational skills, provide case management and linkage services as needed and appropriate, which may include case conferencing with other service providers (therapist, benefit counselor, etc.)

Administrative Assistant/Office Manager – provide administrative support to the program

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7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives FY 2023 - 2024.

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community & Workforce Empowerment). 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 vocational service progress (level of engagement after intake, level of accomplishing vocational goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Quality of documentation, including frequency and scope of chart audits.

The program utilizes various mechanisms to review documentation quality. Chart review by supervisors, at the very minimum, is reviewed during the first 30 days of a case opening, every 30 days thereafter, and within a week of case closure. Based on their review, determinations/recommendations are provided relating to service authorizations including frequency and modality/type of services, and the match to client's progress & vocational/clinical needs; feedback is provided to direct staff members. Furthermore, clinical supervisors monitor the service documentation of their supervisees; staff meet weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director or Manager/Coordinator conducts a review of randomly selected charts (up to 10 charts, program-wide) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually.

In addition to the program's documentation review, the RAMS quality improvement staff formally conducts a review of randomly selected charts to monitor adherence to documentation standards and protocols. Feedback is provided directly to staff as well as general summaries at staff meetings.

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C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational 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 vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service 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; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural,

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
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| | Funding Source: MH Adult State 1991 MH Realignment, MH Adult County GF |

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

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

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the Hire-Ability administered its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post- program evaluations, quarterly client advisory council meetings, daily community meetings at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, and reported to executive management. Furthermore, the program facilitates focus groups with clients. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation. On an annual to bi-annual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

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

9. Required Language:

N/A

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

B. Final Closing Invoice

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

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

(2) For contracted services reimbursable by Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Appendix B-1 – Hire - Ability Janitorial Services

Appendix B-2 – Hire - Ability Clerical & Mailroom Services

Appendix B-3 –Information Technology

Appendix B-4 – TAY Vocational Services

Appendix B-5 – Employee Development

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,358,153** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

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

(1). Estimated Funding Allocations

| Contract Term | Estimated Funding Allocation |
|---|-------------------------------------|
| May 1, 2022 to June 30, 2022 | \$733,056 |
| July 1, 2022 to June 30, 2023 | \$5,194,525 |
| July 1, 2023 to June 30, 2024 | \$5,754,770 |
| July 1, 2024 – December 31, 2024 | \$3,003,271 |
| Subtotal | \$14,685,622 |
| Contingency @ 12% (July 1, 2023 to December 31, 2024) | \$1,358,153 |
| Total Revised Not-to-Exceed Amount | \$16,043,775 |

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may

withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

| | | | | | | |
|--|---------------------|------------------------------|------------------------|-------------------------|------------------------------|------------------------------------|
| DHCS Legal Entity Number 00343 | | | | | | Appendix B, Page 1 |
| Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc. | | | | | | Fiscal Year 2023-2024 |
| Contract ID Number 1000024553 | | | | | | Funding Notification Date 08/01/23 |
| Appendix Number | B-1 | B-2 | B-3 | B-4 | B-5 | |
| Provider Number | 3894 | 3894 | 3894 | 3894 | 3894 | |
| Program Name | Janitorial Services | Clerical & Mailroom Services | Information Technology | TAY Vocational Services | Employee Development Program | |
| Program Code | N/A | N/A | N/A | N/A | 38B62 | |
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | |
| FUNDING USES | | | | | | TOTAL |
| Salaries | \$ 1,240,871 | \$ 898,859 | \$ 995,790 | \$ 99,733 | \$ 279,579 | \$ 3,514,832 |
| Employee Benefits | \$ 434,305 | \$ 287,635 | \$ 298,438 | \$ 30,758 | \$ 100,649 | \$ 1,151,785 |
| Subtotal Salaries & Employee Benefits | \$ 1,675,176 | \$ 1,186,494 | \$ 1,294,228 | \$ 130,491 | \$ 380,228 | \$ 4,666,617 |
| Operating Expenses | \$ 168,782 | \$ 71,047 | \$ 51,646 | \$ 75,503 | \$ 14,489 | \$ 381,467 |
| Capital Expenses | | | | | | \$ - |
| Subtotal Direct Expenses | \$ 1,843,958 | \$ 1,257,541 | \$ 1,345,874 | \$ 205,994 | \$ 394,717 | \$ 5,048,084 |
| Indirect Expenses | \$ 258,152 | \$ 176,055 | \$ 188,374 | \$ 28,844 | \$ 55,261 | \$ 706,686 |
| Indirect % | 14.0% | 14.0% | 14.0% | 14.0% | 14.0% | 14.0% |
| TOTAL FUNDING USES | \$ 2,102,110 | \$ 1,433,596 | \$ 1,534,248 | \$ 234,838 | \$ 449,978 | \$ 5,754,770 |
| | | | | Employee Benefits Rate | | 31.9% |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| MH Adult County General Fund | \$ 1,140,914 | \$ 763,952 | | | \$ 92,666 | \$ 1,997,532 |
| MH CYF County General Fund | \$ 7,169 | \$ 10,322 | | | | \$ 17,491 |
| MH Adult State 1991 MH Realignment | \$ 121,669 | \$ 344,570 | | | \$ 49,778 | \$ 516,017 |
| MH CYF State 1991 Realignment | \$ 3,653 | \$ 10,347 | | | | \$ 14,000 |
| MH CYF Wellness Center | \$ 8,000 | | | | | \$ 8,000 |
| MH MHSA (Adult) | \$ 820,705 | \$ 304,405 | | | \$ 307,534 | \$ 1,432,644 |
| MH MHSA (IT) | | | \$ 1,534,248 | | | \$ 1,534,248 |
| MH MHSA (TAY) | | | | \$ 234,838 | | \$ 234,838 |
| | | | | | | \$ - |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | \$ 2,102,110 | \$ 1,433,596 | \$ 1,534,248 | \$ 234,838 | \$ 449,978 | \$ 5,754,770 |
| BHS SUD FUNDING SOURCES | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| TOTAL BHS SUD FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| OTHER DPH FUNDING SOURCES | | | | | | |
| 0 | | \$ - | | | | \$ - |
| | | | | | | \$ - |
| | | | | | | \$ - |
| TOTAL OTHER DPH FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL DPH FUNDING SOURCES | \$ 2,102,110 | \$ 1,433,596 | \$ 1,534,248 | \$ 234,838 | \$ 449,978 | \$ 5,754,770 |
| NON-DPH FUNDING SOURCES | | | | | | |
| | | | | | | \$ - |
| | | | | | | \$ - |
| TOTAL NON-DPH FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | \$ 2,102,110 | \$ 1,433,596 | \$ 1,534,248 | \$ 234,838 | \$ 449,978 | \$ 5,754,770 |
| Prepared By | Eduard Agajanian | | | 408-394-8778 | | |

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

| | | | |
|---|--------------------------------|------------------------------------|---------------------|
| DHCS Legal Entity Number 00343 | | Appendix Number B-1 | |
| Provider Name <u>Richmond Area Multi-Services, Inc.</u> | | Page Number P 2 | |
| Provider Number 3894 | | Fiscal Year 2023-2024 | |
| Contract ID Number 1000024553 | | Funding Notification Date 08/01/23 | |
| Program Name Janitorial Services | | | |
| Program Code N/A | | N/A | |
| Mode/SFC (MH) or Modality (SUD) 10/30-39 | | 10/30-39 | |
| Service Description DS-Vocational | | DS-Vocational | |
| Funding Term (mm/dd/yy-mm/dd/yy): 07/01/23-06/30/24 | | 07/01/23-06/30/24 | |
| FUNDING USES | | | TOTAL |
| Salaries & Employee Benefits | \$ 1,021,187 | \$ 653,989 | \$ 1,675,176 |
| Operating Expenses | \$ 102,889 | \$ 65,893 | \$ 168,782 |
| Capital Expenses | | | \$ - |
| Subtotal Direct Expenses | \$ 1,124,076 | \$ 719,882 | \$ 1,843,958 |
| Indirect Expenses | \$ 157,329 | \$ 100,823 | \$ 258,152 |
| Indirect % | 14.0% | 14.0% | 14.0% |
| TOTAL FUNDING USES | \$ 1,281,405 | \$ 820,705 | \$ 2,102,110 |
| BHS MENTAL HEALTH FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| MH Adult County General Fund | 251984-10000-10001792-0001 | \$ 1,140,914 | \$ 1,140,914 |
| MH CYF County General Fund | 251962-10000-10001670-0001 | \$ 7,169 | \$ 7,169 |
| MH Adult State 1991 MH Realignment | 251984-10000-10001792-0001 | \$ 121,669 | \$ 121,669 |
| MH CYF State 1991 Realignment | 251962-10000-10001670-0001 | \$ 3,653 | \$ 3,653 |
| MH CYF Wellness Center | 251962-10000-10001795-0001 | \$ 8,000 | \$ 8,000 |
| MH MHA (Adult) | 251984-17156-10031199-0087 | \$ 820,705 | \$ 820,705 |
| This row left blank for funding sources not in drop-down list | | | \$ - |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | \$ 1,281,405 | \$ 820,705 | \$ 2,102,110 |
| BHS SUD FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| This row left blank for funding sources not in drop-down list | | | \$ - |
| TOTAL BHS SUD FUNDING SOURCES | \$ - | \$ - | \$ - |
| OTHER DPH FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| This row left blank for funding sources not in drop-down list | | | \$ - |
| TOTAL OTHER DPH FUNDING SOURCES | \$ - | \$ - | \$ - |
| TOTAL DPH FUNDING SOURCES | \$ 1,281,405 | \$ 820,705 | \$ 2,102,110 |
| NON-DPH FUNDING SOURCES | | | |
| This row left blank for funding sources not in drop-down list | | | \$ - |
| TOTAL NON-DPH FUNDING SOURCES | \$ - | \$ - | \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 1,281,405 | 820,705 | 2,102,110 |
| BHS UNITS OF SERVICE AND UNIT COST | | | |
| Number of Beds Purchased | | | |
| SUD Only - Number of Outpatient Group Counseling Sessions | | | |
| SUD Only - Licensed Capacity for Narcotic Treatment Programs | | | |
| Payment Method | Cost Reimbursement (CR) | Cost Reimbursement (CR) | |
| DPH Units of Service/Hours to Bill (LOF) | 2,416 | 1,547 | |
| Unit Type | Client Full Day | Client Full Day | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 530.38 | \$ 530.51 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 530.38 | \$ 530.51 | |
| Published Rate (Medi-Cal Providers Only) | | | Total UDC |
| Unduplicated Clients (UDC) | n/a | n/a | n/a |

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000024553
 Program Name Janitorial Services
 Program Code N/A

Appendix Number B-1
 Page Number P 3
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Funding Term | TOTAL | | General Fund (251984-10000-10001792-0001; 251962-10000-10001670-0001; 251962-10000-10001795-0001) | | MH MSA (Adult) (251984-17156-10031199-0087) | | Dept-Auth-Proj-Activity | | Dept-Auth-Proj-Activity | |
|--------------------------------------|---------------|---------------------|---|---------------------|---|-------------------|-------------------------|----------------------|-------------------------|----------------------|
| | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| 07/01/23-06/30/24 | | | 07/01/23-06/30/24 | | (mm/dd/yy-mm/dd/yy): | | | (mm/dd/yy-mm/dd/yy): | | (mm/dd/yy-mm/dd/yy): |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Program Director | 0.300 | \$ 46,568 | 0.183 | \$ 28,388 | 0.117 | \$ 18,180 | | | | |
| Associate Director | 0.330 | \$ 38,140 | 0.201 | \$ 23,250 | 0.129 | \$ 14,890 | | | | |
| Environmental Services Manager | 1.000 | \$ 91,928 | 0.610 | \$ 56,039 | 0.390 | \$ 35,889 | | | | |
| Training Manager | 0.300 | \$ 27,810 | 0.183 | \$ 16,953 | 0.117 | \$ 10,857 | | | | |
| Administrative Manager | 0.200 | \$ 18,540 | 0.122 | \$ 11,302 | 0.078 | \$ 7,238 | | | | |
| Janitorial Business Services Manager | 1.000 | \$ 96,425 | 0.610 | \$ 58,781 | 0.390 | \$ 37,644 | | | | |
| Vocational Case Manager | 0.200 | \$ 15,347 | 0.122 | \$ 9,356 | 0.078 | \$ 5,991 | | | | |
| Site Supervisor | 3.640 | \$ 213,704 | 2.219 | \$ 130,274 | 1.421 | \$ 83,430 | | | | |
| Program Assistant | 0.500 | \$ 35,329 | 0.305 | \$ 21,537 | 0.195 | \$ 13,792 | | | | |
| Janitorial Specialist | 0.530 | \$ 31,662 | 0.323 | \$ 19,301 | 0.207 | \$ 12,361 | | | | |
| Janitor | 8.000 | \$ 383,160 | 4.877 | \$ 233,574 | 3.123 | \$ 149,586 | | | | |
| Interns | 6.130 | \$ 242,258 | 3.737 | \$ 147,680 | 2.393 | \$ 94,578 | | | | |
| Totals: | 22.13 | \$ 1,240,871 | 13.49 | \$ 756,435 | 8.64 | \$ 484,436 | 0.00 | \$ - | 0.00 | \$ - |
| Employee Benefits: | 35.00% | \$ 434,305 | 35.00% | \$ 264,752 | 35.00% | \$ 169,553 | 0.00% | | 0.00% | |
| TOTAL SALARIES & BENEFITS | | \$ 1,675,176 | | \$ 1,021,187 | | \$ 653,989 | | \$ - | | \$ - |

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000024553
 Program Name Janitorial Services
 Program Code N/A

Appendix Number B-1
 Page Number 4
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Expense Categories & Line Items | TOTAL | General Fund | | | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|--|---|---------------------|-------------------------|-------------------------|
| | | (251984-10000-10001792-0001; 251962-10000-10001670-0001; 251962-10000-10001795-0001) | MH MSA (Adult) (251984-17156-10031199-0087) | | | |
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | (mm/dd/yy-mm/dd/yy) | (mm/dd/yy-mm/dd/yy) | |
| Rent | \$ - | \$ - | \$ - | | | |
| Utilities (telephone, electricity, water, gas) | \$ 1,560 | \$ 951 | \$ 609 | | | |
| Building Repair/Maintenance | \$ 780 | \$ 475 | \$ 305 | | | |
| Occupancy Total: | \$ 2,340 | \$ 1,426 | \$ 914 | \$ - | \$ - | |
| Office Supplies | \$ 3,600 | \$ 2,195 | \$ 1,405 | | | |
| Photocopying | \$ - | \$ - | \$ - | | | |
| Program Janitorial Supplies | \$ 130,292 | \$ 79,426 | \$ 50,866 | | | |
| Computer Hardware/Software | \$ - | \$ - | \$ - | | | |
| Materials & Supplies Total: | \$ 133,892 | \$ 81,621 | \$ 52,271 | \$ - | \$ - | |
| Training/Staff Development | \$ 2,000 | \$ 1,219 | \$ 781 | | | |
| Insurance | \$ 13,500 | \$ 8,230 | \$ 5,270 | | | |
| Membership Fee | \$ 300 | \$ 183 | \$ 117 | | | |
| Licenses Fee | \$ 250 | \$ 152 | \$ 98 | | | |
| Software Subscription | \$ - | \$ - | \$ - | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | | | |
| General Operating Total: | \$ 16,050 | \$ 9,784 | \$ 6,266 | \$ - | \$ - | |
| Local Travel | \$ 3,000 | \$ 1,829 | \$ 1,171 | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | | | |
| Field Expenses | \$ - | \$ - | \$ - | | | |
| Staff Travel Total: | \$ 3,000 | \$ 1,829 | \$ 1,171 | \$ - | \$ - | |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | | | | | | |
| | \$ - | \$ - | \$ - | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Other (provide detail): | | | | | | |
| Recruitment | \$ 1,500 | \$ 914 | \$ 586 | | | |
| Client Related Expenses | \$ 12,000 | \$ 7,315 | \$ 4,685 | | | |
| Other Total: | \$ 13,500 | \$ 8,229 | \$ 5,271 | \$ - | \$ - | |
| TOTAL OPERATING EXPENSE | \$ 168,782 | \$ 102,889 | \$ 65,893 | \$ - | \$ - | |

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

| | | | |
|---|--------------------------------|------------------------------------|-------------------------------------|
| DHCS Legal Entity Number 00343 | | Appendix Number B-2 | |
| Provider Name Richmond Area Multi-Services, Inc. | | Page Number P 5 | |
| Provider Number 3894 | | Fiscal Year 2023-2024 | |
| Contract ID Number 1000024553 | | Funding Notification Date 08/01/23 | |
| Program Name | Clerical & Mailroom Services | | |
| Program Code | N/A | N/A | |
| Mode/SFC (MH) or Modality (SUD) | 10/30-39 | 10/30-39 | |
| Service Description | DS-Vocational | DS-Vocational | |
| Funding Term (mm/dd/yy-mm/dd/yy): | 07/01/23-06/30/24 | 07/01/23-06/30/24 | |
| FUNDING USES | TOTAL | | |
| Salaries & Employee Benefits | \$ 934,600 | \$ 251,894 | \$ 1,186,494 |
| Operating Expenses | \$ 55,962 | \$ 15,085 | \$ 71,047 |
| Capital Expenses | | | \$ - |
| Subtotal Direct Expenses | \$ 990,562 | \$ 266,979 | \$ - \$ 1,257,541 |
| Indirect Expenses | \$ 138,629 | \$ 37,426 | \$ 176,055 |
| Indirect % | 14.0% | 14.0% | 0.0% 14.0% |
| TOTAL FUNDING USES | \$ 1,129,191 | \$ 304,405 | \$ - \$ 1,433,596 |
| BHS MENTAL HEALTH FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| MH Adult County General Fund | 251984-10000-10001792-0001 | \$ 763,952 | \$ 763,952 |
| MH CYF County General Fund | 251962-10000-10001670-0001 | \$ 10,322 | \$ 10,322 |
| MH Adult State 1991 MH Realignment | 251984-10000-10001792-0001 | \$ 344,570 | \$ 344,570 |
| MH CYF State 1991 Realignment | 251962-10000-10001670-0001 | \$ 10,347 | \$ 10,347 |
| MH MHSA (Adult) | 251984-17156-10031199-0087 | \$ 304,405 | \$ 304,405 |
| This row left blank for funding sources not in drop-down list | | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | \$ 1,129,191 | \$ 304,405 \$ - \$ 1,433,596 |
| BHS SUD FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| This row left blank for funding sources not in drop-down list | | | |
| TOTAL BHS SUD FUNDING SOURCES | | \$ - | \$ - \$ - \$ - |
| OTHER DPH FUNDING SOURCES | Dept-Auth-Proj-Activity | | |
| This row left blank for funding sources not in drop-down list | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | \$ - | \$ - \$ - \$ - |
| TOTAL DPH FUNDING SOURCES | | \$ 1,129,191 | \$ 304,405 \$ - \$ 1,433,596 |
| NON-DPH FUNDING SOURCES | | | |
| This row left blank for funding sources not in drop-down list | | | |
| TOTAL NON-DPH FUNDING SOURCES | | \$ - | \$ - \$ - \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,129,191 | 304,405 - 1,433,596 |
| BHS UNITS OF SERVICE AND UNIT COST | | | |
| Number of Beds Purchased | | | |
| SUD Only - Number of Outpatient Group Counseling Sessions | | | |
| SUD Only - Licensed Capacity for Narcotic Treatment Programs | | | |
| Payment Method | Cost Reimbursement (CR) | Cost Reimbursement (CR) | |
| DPH Units of Service/Hours to Bill (LOF) | 2,653 | 715 | |
| Unit Type | Client Full Day | Client Full Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 425.63 | \$ 425.74 | \$ - |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 425.63 | \$ 425.74 | \$ - |
| Published Rate (Medi-Cal Providers Only) | | | Total UDC |
| Unduplicated Clients (UDC) | n/a | n/a | n/a |

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000024553
 Program Name Clerical & Mailroom Services
 Program Code N/A

Appendix Number B-2
 Page Number P 6
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| | TOTAL | | General Fund (251984-10000-10001792-0001; 251962-10000-10001670-0001) | | MH MSA (Adult) (251984-17156-10031199-0087) | | Dept-Auth-Proj-Activity | | Dept-Auth-Proj-Activity | |
|---------------------------------------|-------------------|---------------------|---|-------------------|--|-------------------|-------------------------|-----------------|-------------------------|-----------------|
| | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Funding Term | 07/01/23-06/30/24 | | 07/01/23-06/30/24 | | 07/01/23-06/30/24 | | (mm/dd/yy-mm/dd/yy): | | (mm/dd/yy-mm/dd/yy): | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Divisional Director | 0.180 | \$ 27,941 | 0.142 | \$ 22,009 | 0.038 | \$ 5,932 | | | | |
| Associate Director | 0.180 | \$ 20,804 | 0.142 | \$ 16,387 | 0.038 | \$ 4,417 | | | | |
| Training Manager | 0.700 | \$ 64,890 | 0.551 | \$ 51,114 | 0.149 | \$ 13,776 | | | | |
| VR Case Manager | 0.800 | \$ 61,388 | 0.630 | \$ 48,355 | 0.170 | \$ 13,033 | | | | |
| Interns | 5.500 | \$ 217,343 | 4.332 | \$ 171,201 | 1.168 | \$ 46,142 | | | | |
| Messenger/Driver | 1.850 | \$ 87,875 | 1.457 | \$ 69,219 | 0.393 | \$ 18,656 | | | | |
| Project Team Leader | 1.000 | \$ 62,109 | 0.788 | \$ 48,923 | 0.212 | \$ 13,186 | | | | |
| Administrative Assistant/Receptionist | 5.140 | \$ 266,509 | 4.049 | \$ 209,929 | 1.091 | \$ 56,580 | | | | |
| VRS Program Manager (Mynor) | 1.000 | \$ 90,000 | 0.788 | \$ 70,893 | 0.212 | \$ 19,107 | | | | |
| Totals: | 16.35 | \$ 898,859 | 12.88 | \$ 708,030 | 3.47 | \$ 190,829 | 0.00 | \$ - | 0.00 | \$ - |
| Employee Benefits: | 32.00% | \$ 287,635 | 32.00% | \$ 226,570 | 32.00% | \$ 61,065 | 0.00% | | 0.00% | |
| TOTAL SALARIES & BENEFITS | | \$ 1,186,494 | | \$ 934,600 | | \$ 251,894 | | \$ - | | \$ - |

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000024553
 Program Name Clerical & Mailroom Services
 Program Code N/A

Appendix Number B-2
 Page Number 7
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Expense Categories & Line Items | TOTAL | General Fund (251984 10000-10001792- 0001; 251962-10000- 10001670-0001) | MH MSA (Adult) (251984-17156- 10031199-0087) | Dept-Auth-Proj- Activity | Dept-Auth-Proj- Activity |
|--|-------------------|--|--|-----------------------------|-----------------------------|
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | (mm/dd/yy-mm/dd/yy) | (mm/dd/yy-mm/dd/yy) |
| Rent | \$ 12,000 | \$ 9,452 | \$ 2,548 | | |
| Utilities (telephone, electricity, water, gas) | \$ 15,020 | \$ 11,831 | \$ 3,189 | | |
| Building Repair/Maintenance | \$ 3,000 | \$ 2,363 | \$ 637 | | |
| Occupancy Total: | \$ 30,020 | \$ 23,646 | \$ 6,374 | \$ - | \$ - |
| Office Supplies | \$ 2,100 | \$ 1,654 | \$ 446 | | |
| Mailing Expenses | \$ 120 | \$ 95 | \$ 25 | | |
| Photocopying | \$ - | \$ - | \$ - | | |
| Program Supplies | \$ 600 | \$ 473 | \$ 127 | | |
| Computer Hardware/Software | \$ 1,000 | \$ 788 | \$ 212 | | |
| Materials & Supplies Total: | \$ 3,820 | \$ 3,010 | \$ 810 | \$ - | \$ - |
| Training/Staff Development | \$ 2,000 | \$ 1,575 | \$ 425 | | |
| Insurance | \$ 13,536 | \$ 10,662 | \$ 2,874 | | |
| Software Subscription | \$ 1,200 | \$ 945 | \$ 255 | | |
| License Fee | \$ 750 | \$ 591 | \$ 159 | | |
| Vehicle Lease & Maintenance | \$ 4,200 | \$ 3,308 | \$ 892 | | |
| Equipment Lease & Maintenance | \$ 3,000 | \$ 2,363 | \$ 637 | | |
| General Operating Total: | \$ 24,686 | \$ 19,444 | \$ 5,242 | \$ - | \$ - |
| Local Travel | \$ 5,490 | \$ 4,324 | \$ 1,166 | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | | |
| Field Expenses | \$ - | \$ - | \$ - | | |
| Staff Travel Total: | \$ 5,490 | \$ 4,324 | \$ 1,166 | \$ - | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | | | | | |
| | \$ - | \$ - | \$ - | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | |
| Recruitment | \$ 1,200 | \$ 945 | \$ 255 | | |
| Client Related Expenses | \$ 5,831 | \$ 4,593 | \$ 1,238 | | |
| Other Total: | \$ 7,031 | \$ 5,538 | \$ 1,493 | \$ - | \$ - |
| TOTAL OPERATING EXPENSE | \$ 71,047 | \$ 55,962 | \$ 15,085 | \$ - | \$ - |

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000024553
 Program Name Information Technology
 Program Code N/A

Appendix Number B-3
 Page Number P 11
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Funding Term | TOTAL | | Helpdesk MH MHA (IT) (251984- 17156-10031199- 0093) | | Desktop MH MHA (IT) (251984- 17156-10031199- 0093) | | Consumer Portal MH MHA (IT) (251984-17156- 10031199-0093) | | Dept-Auth-Proj- Activity | |
|---|-------|---------------------|--|-------------------|---|-------------------|--|-------------------|-----------------------------|-------------|
| | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| 07/01/23-06/30/24 | | | | | | | | | | |
| Divisional Director | 0.050 | \$ 7,761 | 0.031 | \$ 4,778 | 0.009 | \$ 1,371 | 0.01 | \$ 1,612 | | |
| Associate Director | 0.050 | \$ 5,779 | 0.031 | \$ 3,557 | 0.009 | \$ 1,021 | 0.01 | \$ 1,201 | | |
| Program Manager | 1.000 | \$ 100,500 | 0.616 | \$ 61,868 | 0.177 | \$ 17,748 | 0.21 | \$ 20,884 | | |
| IT Trainer | 3.000 | \$ 218,618 | 2.000 | \$ 145,745 | 1.000 | \$ 72,873 | | | | |
| Application/Desktop Support/Admin Assistant | 5.000 | \$ 290,975 | 5.000 | \$ 290,975 | | | | | | |
| Consumer Portal IT Supervisor | 1.000 | \$ 77,250 | | | | | 1.00 | \$ 77,250 | | |
| Consumer Portal IT Technician | 1.750 | \$ 105,627 | | | | | 1.75 | \$ 105,627 | | |
| VR Counselor | 1.000 | \$ 70,720 | 0.777 | \$ 54,949 | 0.223 | \$ 15,771 | | | | |
| Interns | 3.000 | \$ 118,560 | 1.000 | \$ 39,520 | 2.000 | \$ 79,040 | | | | |
| Totals: | 15.85 | \$ 995,790 | 9.46 | \$ 601,393 | 3.42 | \$ 187,823 | 2.98 | \$ 206,574 | 0.00 | \$ - |
| Employee Benefits: | 30% | \$ 298,438 | 30% | \$ 180,237 | 30% | \$ 56,291 | 30% | \$ 61,910 | 0.00% | |
| TOTAL SALARIES & BENEFITS | | \$ 1,294,228 | | \$ 781,630 | | \$ 244,114 | | \$ 268,484 | | \$ - |

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000024553
 Program Name Information Technology
 Program Code N/A

Appendix Number B-3
 Page Number 45,139
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Expense Categories & Line Items | TOTAL | Helpdesk MH MHA (IT) (251984-17156- 10031199-0093) | Desktop MH MHA (IT) (251984-17156- 10031199-0093) | Consumer Portal MH MHA (IT) (251984-17156- 10031199-0093) | Dept-Auth-Proj- Activity |
|--|-------------------|--|---|--|-----------------------------|
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | 07/01/23-06/30/24 | (mm/dd/yy-mm/dd/yy) | (mm/dd/yy-mm/dd/yy) |
| Rent | \$ 9,347 | \$ 5,645 | \$ 1,763 | \$ 1,939 | |
| Utilities (telephone, electricity, water, gas) | \$ 9,060 | \$ 5,472 | \$ 1,709 | \$ 1,879 | |
| Building Repair/Maintenance | \$ 1,800 | \$ 1,087 | \$ 340 | \$ 373 | |
| Occupancy Total: | \$ 20,207 | \$ 12,204 | \$ 3,812 | \$ 4,191 | \$ - |
| Office Supplies | \$ 3,120 | \$ 1,884 | \$ 588 | \$ 648 | |
| Mailing Expenses | \$ 120 | \$ 72 | \$ 23 | \$ 25 | |
| Photocopying | \$ - | \$ - | \$ - | \$ - | |
| Program Supplies | \$ - | \$ - | \$ - | \$ - | |
| Computer Hardware/Software | \$ 1,500 | \$ 906 | \$ 283 | \$ 311 | |
| Materials & Supplies Total: | \$ 4,740 | \$ 2,862 | \$ 894 | \$ 984 | \$ - |
| Training/Staff Development | \$ 2,500 | \$ 1,510 | \$ 472 | \$ 518 | |
| Insurance | \$ 11,496 | \$ 6,943 | \$ 2,168 | \$ 2,385 | |
| Software Subscription | \$ 2,400 | \$ 1,449 | \$ 453 | \$ 498 | |
| License Fee | \$ - | \$ - | \$ - | \$ - | |
| Vehicle Lease & Maintenance | \$ - | \$ - | \$ - | \$ - | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | \$ - | |
| General Operating Total: | \$ 16,396 | \$ 9,902 | \$ 3,093 | \$ 3,401 | \$ - |
| Local Travel | \$ 1,800 | \$ 1,087 | \$ 340 | \$ 373 | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | \$ - | |
| Field Expenses | \$ - | \$ - | \$ - | \$ - | |
| Staff Travel Total: | \$ 1,800 | \$ 1,087 | \$ 340 | \$ 373 | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | | | | | |
| | \$ - | \$ - | \$ - | \$ - | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | |
| Recruitment | \$ 1,945 | \$ 1,175 | \$ 367 | \$ 403 | |
| Client Related Expenses | \$ 6,558 | \$ 3,961 | \$ 1,237 | \$ 1,360 | |
| Other Total: | \$ 8,503 | \$ 5,136 | \$ 1,604 | \$ 1,763 | \$ - |
| TOTAL OPERATING EXPENSE | \$ 51,646 | \$ 31,191 | \$ 9,743 | \$ 10,712 | \$ - |

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

| | | | | |
|---|---|------------------------------------|-------------------------|-------------------------|
| DHCS Legal Entity Number 00343 | | Appendix Number B-4 | | |
| Provider Name Richmond Area Multi-Services, Inc. | | Page Number P 14 | | |
| Provider Number 3894 | | Fiscal Year 2023-2024 | | |
| Contract ID Number 1000024553 | | Funding Notification Date 08/01/23 | | |
| Program Name | TAY Vocational Services | | | |
| Program Code | N/A | | | |
| Mode/SFC (MH) or Modality (SUD) | 10/30-39 | | | |
| Service Description | DS-Vocational | | | |
| Funding Term (mm/dd/yy-mm/dd/yy) | 07/01/23-06/30/24 | | | |
| FUNDING USES | | | | TOTAL |
| Salaries & Employee Benefits | \$ 130,491 | | | \$ 130,491 |
| Operating Expenses | \$ 75,503 | | | \$ 75,503 |
| Capital Expenses | | | | \$ - |
| Subtotal Direct Expenses | \$ 205,994 | \$ - | \$ - | \$ 205,994 |
| Indirect Expenses | \$ 28,844 | | | \$ 28,844 |
| Indirect % | 14.0% | 0.0% | 0.0% | 14.0% |
| TOTAL FUNDING USES | \$ 234,838 | \$ - | \$ - | \$ 234,838 |
| BHS MENTAL HEALTH FUNDING SOURCES | Dept-Auth-Proj-Activity | | | |
| MH MSA (TAY) | 251984-17156-10031199-0086 | \$ 234,838 | | \$ 234,838 |
| | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | \$ - |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | \$ 234,838 | \$ - | \$ 234,838 |
| BHS SUD FUNDING SOURCES | Dept-Auth-Proj-Activity | | | |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | \$ - |
| TOTAL BHS SUD FUNDING SOURCES | | \$ - | \$ - | \$ - |
| OTHER DPH FUNDING SOURCES | Dept-Auth-Proj-Activity | | | |
| | | | | \$ - |
| | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | \$ - |
| TOTAL OTHER DPH FUNDING SOURCES | | \$ - | \$ - | \$ - |
| TOTAL DPH FUNDING SOURCES | | \$ 234,838 | \$ - | \$ 234,838 |
| NON-DPH FUNDING SOURCES | | | | |
| | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | \$ - |
| TOTAL NON-DPH FUNDING SOURCES | | \$ - | \$ - | \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 234,838 | - | 234,838 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | |
| | Number of Beds Purchased | | | |
| | SUD Only - Number of Outpatient Group Counseling Sessions | | | |
| | SUD Only - Licensed Capacity for Narcotic Treatment Programs | | | |
| | Payment Method | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |
| | DPH Units of Service/Hours to Bill (LOF) | 390 | | |
| | Unit Type | Client Full Day | 0 | 0 |
| | Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | \$ 602.15 | \$ - | \$ - |
| | Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 602.15 | \$ - | \$ - |
| | Published Rate (Medi-Cal Providers Only) | | | Total UDC |
| | Unduplicated Clients (UDC) | n/a | n/a | n/a |

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

FORMULA: DPH UNITS

| | | | |
|--------|---|---|---|
| 0 | 0 | 0 | 0 |
| 602.15 | - | - | - |

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000024553
 Program Name TAY Vocational Services
 Program Code N/A

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2023-2024
08/01/23

| | TOTAL | | MH MSA TAY (251984-17156-10031199-0086) | | Dept-Auth-Proj-Activity | |
|--------------------------------------|-------------------|-------------------|--|-------------------|-------------------------|-------------|
| Funding Term | 07/01/23-06/30/24 | | 07/01/23-06/30/24 | | (mm/dd/yy-mm/dd/yy): | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Divisional Director | 0.060 | \$ 9,314 | 0.060 | \$ 9,314 | | |
| Associate Director | 0.030 | \$ 3,467 | 0.030 | \$ 3,467 | | |
| Program Manager | 0.200 | \$ 21,640 | 0.200 | \$ 21,640 | | |
| Program Coordinator | 0.500 | \$ 38,789 | 0.500 | \$ 38,789 | | |
| Program Assistant | 0.500 | \$ 26,523 | 0.500 | \$ 26,523 | | |
| Totals: | 1.290 | \$ 99,733 | 1.290 | \$ 99,733 | 0.00 | \$ - |
| Employee Benefits: | 31% | \$ 30,758 | 31% | \$ 30,758 | 0% | |
| TOTAL SALARIES & BENEFITS | | \$ 130,491 | | \$ 130,491 | | \$ - |

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000024553
 Program Name TAY Vocational Services
 Program Code N/A

Appendix Number B-4
 Page Number P 17
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Expense Categories & Line Items | TOTAL | MH MSA TAY (251984-17156- 10031199-0086) | Dept-Auth-Proj- Activity |
|--|-------------------|--|-----------------------------|
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | (mm/dd/yy-mm/dd/yy): |
| Rent | \$ 6,000 | \$ 6,000 | |
| Utilities (telephone, electricity, water, gas) | \$ 6,360 | \$ 6,360 | |
| Building Repair/Maintenance | \$ 1,200 | \$ 1,200 | |
| Occupancy Total: | \$ 13,560 | \$ 13,560 | \$ - |
| Office Supplies | \$ 1,250 | \$ 1,250 | |
| Photocopying | \$ - | | |
| Program Supplies | \$ 3,590 | \$ 3,590 | |
| | \$ - | | |
| Materials & Supplies Total: | \$ 4,840 | \$ 4,840 | \$ - |
| Training/Staff Development | \$ 3,500 | \$ 3,500 | |
| Insurance | \$ 1,397 | \$ 1,397 | |
| Professional License | \$ - | | |
| Permits | \$ - | | |
| Software Subscription | \$ 1,000 | \$ 1,000 | |
| Equipment Lease & Maintenance | \$ 360 | \$ 360 | |
| General Operating Total: | \$ 6,257 | \$ 6,257 | \$ - |
| Local Travel | \$ - | | |
| Out-of-Town Travel | \$ - | | |
| Field Expenses | \$ - | | |
| Staff Travel Total: | \$ - | \$ - | \$ - |
| Consultant/Subcontractor (Provide | \$ - | \$ - | |
| | \$ - | \$ - | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - |
| Other (provide detail): | \$ - | \$ - | |
| Recruitment (Job Postings, etc.) | \$ 750 | \$ 750 | |
| Client Stipends (internship to provide entry-level work exploration and experience. Calculated at the rate of \$19.00 for approximately 26 hrs/mos for 7 clients: \$19.00/hr x 26 hrs/mos x 12 mos x 7 clients = \$41,496) | \$ 41,496 | \$ 41,496 | |
| Client Related Expenses | \$ 8,600 | \$ 8,600 | |
| Other Total: | \$ 50,846 | \$ 50,846 | \$ - |
| | \$ - | | |
| TOTAL OPERATING EXPENSE | \$ 75,503 | \$ 75,503 | \$ - |

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

| | | | | | |
|---|--------------------------------|-------------------------|-------------------------|---------------------------|------------------|
| DHCS Legal Entity Number 00343 | | | | Appendix Number | B-5 |
| Provider Name Richmond Area Multi-Services, Inc. | | | | Page Number | P 18 |
| Provider Number 3894 | | | | Fiscal Year | 2023-2024 |
| Contract ID Number 1000024553 | | | | Funding Notification Date | 08/01/23 |
| Program Name | Employee Development Program | | | | |
| Program Code | 38B62 | 38B62 | | | |
| Mode/SFC (MH) or Modality (SUD) | 10/30-39 | 10/30-39 | | | |
| Service Description | DS-Vocational | DS-Vocational | | | |
| Funding Term (mm/dd/yy-mm/dd/yy): | 07/01/23-06/30/24 | 1/0/1900 | | | |
| FUNDING USES | | | | | TOTAL |
| Salaries & Employee Benefits | \$ 120,363 | \$ 259,865 | | | \$ 380,228 |
| Operating Expenses | \$ 4,587 | \$ 9,902 | | | \$ 14,489 |
| Capital Expenses | | | | | \$ - |
| Subtotal Direct Expenses | \$ 124,950 | \$ 269,767 | \$ - | | \$ 394,717 |
| Indirect Expenses | \$ 17,494 | \$ 37,767 | | | \$ 55,261 |
| Indirect % | 14.0% | 14.0% | 0.0% | | 14.0% |
| TOTAL FUNDING USES | \$ 142,444 | \$ 307,534 | \$ - | | \$ 449,978 |
| BHS MENTAL HEALTH FUNDING SOURCES | Dept-Auth-Proj-Activity | 0.316558 | 0.683442 | | |
| MH Adult State 1991 MH Realignment | 251984-10000-10001792-0001 | 49,778 | | | \$ 49,778 |
| MH Adult County General Fund | 251984-10000-10001792-0001 | 92,666 | | | \$ 92,666 |
| MH MHSA (Adult) | 251984-17156-10031199-0087 | | 307,534 | | \$ 307,534 |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | \$ 142,444 | \$ 307,534 | \$ - | \$ 449,978 |
| BHS SUD FUNDING SOURCES | Dept-Auth-Proj-Activity | | | | |
| | | | | | \$ - |
| | | | | | \$ - |
| | | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL BHS SUD FUNDING SOURCES | | \$ - | \$ - | \$ - | \$ - |
| OTHER DPH FUNDING SOURCES | Dept-Auth-Proj-Activity | | | | |
| | | | | | \$ - |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | \$ - | \$ - | \$ - | \$ - |
| TOTAL DPH FUNDING SOURCES | | \$ 142,444 | \$ 307,534 | \$ - | \$ 449,978 |
| NON-DPH FUNDING SOURCES | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | \$ - | \$ - | \$ - | \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 142,444 | 307,534 | - | 449,978 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased | | | | | |
| SUD Only - Number of Outpatient Group Counseling Sessions | | | | | |
| SUD Only - Licensed Capacity for Narcotic Treatment Programs | | | | | |
| Payment Method | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | | |
| DPH Units of Service/Hours to Bill (LOF) | 788 | 1700 | | | |
| Unit Type | Client Full Day | Client Full Day | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 180.77 | \$ 180.90 | \$ - | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 180.77 | \$ 180.90 | \$ - | | |
| Published Rate (Medi-Cal Providers Only) | | | | | Total UDC |
| Unduplicated Clients (UDC) | n/a | n/a | n/a | | n/a |

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO) 0 0 0 0
 FORMULA: DPH UNITS 180.77 180.90 -

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000024553

Program Name Employee Development Program

45,139

Program Code 38B62

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 2023-2024
 08/01/23

| | TOTAL | | General Fund (251984-10000-10001792-0001) | | MH MSA (Adult) (251984-17156-10031199-0087) | | Dept-Auth-Proj-Activity | |
|--------------------------------------|-------------------|-------------------|--|-------------------|--|-------------------|-------------------------|-------------|
| Funding Term | 07/01/23-06/30/24 | | 07/01/23-06/30/24 | | 07/01/23-06/30/24 | | (mm/dd/yy-mm/dd/yy): | |
| Position Title | FTE | Salaries | FTE | Salaries | FTE | Salaries | FTE | Salaries |
| Divisional Director | 0.125 | \$ 19,403 | 0.040 | \$ 6,142 | 0.085 | \$ 13,261 | | |
| Associate Director | 0.125 | \$ 14,447 | 0.040 | \$ 4,573 | 0.085 | \$ 9,874 | | |
| Administrative Manager | 0.200 | \$ 18,540 | 0.063 | \$ 5,869 | 0.137 | \$ 12,671 | | |
| Vocational Rehabilitation Counselor | 1.000 | \$ 70,349 | 0.317 | \$ 22,270 | 0.683 | \$ 48,079 | | |
| Program Assistant | 0.500 | \$ 23,567 | 0.158 | \$ 7,460 | 0.342 | \$ 16,107 | | |
| Program Assistant | 0.060 | \$ 2,828 | 0.019 | \$ 895 | 0.041 | \$ 1,933 | | |
| Interns | 3.280 | \$ 130,445 | 1.038 | \$ 41,293 | 2.242 | \$ 89,152 | | |
| Totals: | 5.290 | \$ 279,579 | 1.675 | \$ 88,502 | 3.615 | \$ 191,077 | | |
| Employee Benefits: | 36.00% | \$ 100,649 | 36.00% | \$ 31,861 | 36.00% | \$ 68,788 | 0.00% | |
| TOTAL SALARIES & BENEFITS | | \$ 380,228 | | \$ 120,363 | | \$ 259,865 | | \$ - |

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000024553
 Program Name Employee Development Program
 Program Code 38B62

Appendix Number B-5
 Page Number P 21
 Fiscal Year 2023-2024
 Funding Notification Date 08/01/23

| Expense Categories & Line Items | TOTAL | General Fund (251984-10000- 10001792-0001) | MH MSA (Adult) (251984-17156- 10031199-0087) |
|--|-------------------|--|--|
| Funding Term | 07/01/23-06/30/24 | 07/01/23-06/30/24 | (mm/dd/yy-mm/dd/yy): |
| Rent | \$ 2,160 | \$ 684 | \$ 1,476.00 |
| Utilities (telephone, electricity, water, gas) | \$ 1,572 | \$ 498 | \$ 1,074.00 |
| Building Repair/Maintenance | \$ 360 | \$ 114 | \$ 246.00 |
| Occupancy Total: | \$ 4,092 | \$ 1,296 | \$ 2,796.00 |
| Office Supplies | \$ 2,280 | \$ 722 | \$ 1,558.00 |
| Photocopying | \$ 75 | \$ 24 | \$ 51.00 |
| IT Supplies | \$ 500 | \$ 158 | \$ 342.00 |
| Equipment Lease & Maintenance | \$ 840 | \$ 266 | \$ 574.00 |
| Materials & Supplies Total: | \$ 3,695 | \$ 1,170 | \$ 2,525.00 |
| Training/Staff Development | \$ 2,000 | \$ 633 | \$ 1,367.00 |
| Insurance | \$ 2,252 | \$ 713 | \$ 1,539.00 |
| Professional License | \$ - | \$ - | \$ - |
| Permits | \$ - | \$ - | \$ - |
| Software Subscription | \$ 750 | \$ 237 | \$ 513.00 |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - |
| General Operating Total: | \$ 5,002 | \$ 1,583 | \$ 3,419.00 |
| Local Travel | \$ 250 | \$ 79 | \$ 171.00 |
| Out-of-Town Travel | \$ - | \$ - | \$ - |
| Field Expenses | \$ - | \$ - | \$ - |
| Staff Travel Total: | \$ 250 | \$ 79 | \$ 171.00 |
| Consultant/Subcontractor (Provide | | | |
| | \$ - | \$ - | \$ - |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - |
| Other (provide detail): | | | |
| Recruitment (Job Postings, etc.) | \$ - | \$ - | \$ - |
| Client Related Expenses | \$ 1,450 | \$ 459 | \$ 991.00 |
| Other Total: | \$ 1,450 | \$ 459 | \$ 991.00 |
| | \$ - | | |
| TOTAL OPERATING EXPENSE | \$ 14,489 | \$ 4,587 | \$ 9,902.00 |

Appendix B - DPH 6: Contract-Wide Indirect DetailContractor Name Richmond Area Multi-Services, Inc.Page Number P 22Contract ID Number 1000024553Fiscal Year 2023-2024Funding Notification Date 08/01/23**1. SALARIES & EMPLOYEE BENEFITS**

| Position Title | FTE | Amount |
|---|-------|-----------|
| Chief Executive Officer | 0.148 | \$ 36,396 |
| Chief Financial Officer | 0.148 | \$ 33,225 |
| Deputy Chief | 0.148 | \$ 27,542 |
| COO / Dir. Of Ops | 0.119 | \$ 21,182 |
| Director of Community & Workforce Empowerment | 0.148 | \$ 25,567 |
| Director of Community & Government Affairs | 0.148 | \$ 23,717 |
| Director of Human Resources | 0.148 | \$ 24,581 |
| Director of Training | 0.260 | \$ 37,608 |
| Accounting Staff | 0.595 | \$ 56,400 |
| HR Staff | 0.743 | \$ 66,570 |
| Communication Manager | 0.074 | \$ 10,328 |
| Grants Manager | 0.111 | \$ 10,047 |
| QI Manager | 0.238 | \$ 28,309 |
| IT Manager/Support | 0.357 | \$ 35,892 |
| Executive/Admin Assistant | 0.148 | \$ 14,500 |
| Janitor/Lead Facilities Tech | 0.074 | \$ 6,304 |
| | | |
| | | |

Subtotal: 3.61 \$ 458,168

Employee Benefits: 25.0% \$ 114,542

Total Salaries and Employee Benefits: \$ 572,710**2. OPERATING COSTS**

| Expenses (Use expense account name in the ledger.) | Amount |
|--|-------------------|
| Mortgage Interest | \$ 5,030 |
| Depreciation | \$ 6,362 |
| Rental | \$ 802 |
| Utilities | \$ 2,952 |
| Building Repair/Maintenance | \$ 2,719 |
| Office Supplies | \$ 16,356 |
| Training/Staff Development | \$ 1,560 |
| Insurance | \$ 19,413 |
| Equipment Rental | \$ 1,871 |
| Local Travel | \$ 802 |
| Audit Fees | \$ 8,913 |
| Payroll Fees | \$ 27,290 |
| Recruitment | \$ 9,953 |
| Meetings and Conferences | \$ 8,617 |
| Professional Fees | \$ 19,553 |
| Bank Fees | \$ 1,783 |
| Total Operating Costs | \$ 133,976 |

Total Indirect Costs \$ **706,686**

APPENDIX D

Data Access Agreement

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D
System Specific Requirements**

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

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

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

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

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

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000024553**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated May 1, 2022 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

- A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

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c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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San Francisco Department of Public Health
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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

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

APPENDIX E



San Francisco Department of Public Health
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o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

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

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

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

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

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

| | | | |
|------------------|--|---------------------------|--|
| Contractor Name: | | Contractor City Vendor ID | |
|------------------|--|---------------------------|--|

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

| DOES YOUR ORGANIZATION... | | | | | | | Yes | No* |
|---------------------------|---|---------------|--|---------|--|--------|--------------------------|--------------------------|
| A | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| B | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes: | Name & Title: | | Phone # | | Email: | | |
| C | Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.] | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.] | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| E | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| F | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.

| If Applicable: DOES YOUR ORGANIZATION... | | | | | | | Yes | No* |
|--|---|--|--|--|--|--|--------------------------|--------------------------|
| G | Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| H | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| I | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| J | Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| K | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

| | | | | | | |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer or designated person | Name: (print) | | Signature | | Date | |
|--|---------------|--|-----------|--|------|--|

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

| | | | | | | |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) | | Signature | | Date | |
|-------------------------------|--------------|--|-----------|--|------|--|

| | | | |
|------------------|--|---------------------------|--|
| Contractor Name: | | Contractor City Vendor ID | |
|------------------|--|---------------------------|--|

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

| DOES YOUR ORGANIZATION... | | | | | | Yes | No* |
|---------------------------|--|---------------|---------|--------|--|-----|-----|
| A | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years] | | | | | | |
| B | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans? | | | | | | |
| | Date of last Data Security Risk Assessment/Audit: | | | | | | |
| | Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report: | | | | | | |
| C | Have a formal Data Security Awareness Program? | | | | | | |
| D | Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)? | | | | | | |
| E | Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information? | | | | | | |
| | If yes: | Name & Title: | Phone # | Email: | | | |
| F | Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.] | | | | | | |
| G | Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.] | | | | | | |
| H | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information? | | | | | | |
| I | Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)? | | | | | | |

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

| | | | | | | |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer or designated person | Name: (print) | | Signature | | Date | |
|--|---------------|--|-----------|--|------|--|

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

| | | | | | | |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) | | Signature | | Date | |
|-------------------------------|--------------|--|-----------|--|------|--|

Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.