

File No. 151048

Committee Item No. 18

Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
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| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
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| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
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| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
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Completed by: Victor Young Date November 23, 2015  
Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 [Contract Amendment - Richmond Area Multi-Services, Inc. (RAMS - Adult) - Behavioral  
2 Health Services - Not to Exceed \$33,591,586]

3 **Resolution approving amendment three to the Department of Public Health contract for**  
4 **behavioral health services with Richmond Area Multi-Services, Inc. (RAMS - Adult) to**  
5 **extend the contract by two years, from July 1, 2010, through December 31, 2015, to July**  
6 **1, 2010, through December 31, 2017, with a corresponding increase of \$10,989,524 for a**  
7 **total amount not to exceed \$33,591,586.**

8  
9 WHEREAS, The mission of the Department of Public Health is to protect and promote  
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health  
12 services through a wide network of approximately 300 Community-Based Organizations and  
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Richmond Area Multi-  
15 Services Inc. (RAMS - Adult) through a Request For Proposals process to provide behavioral  
16 health services for the period of July 1, 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these  
18 services under Resolution No. 563-10; and

19 WHEREAS, The Board of Supervisors has previously approved amendments to this  
20 contract under Resolution No. 301-14; and

21 WHEREAS, The Department of Public Health wishes to extend the term of that  
22 contract in order to allow the continuation of services while Requests For Proposals are  
23 administered to take into account the changes to behavioral health services business needs  
24 related to the Affordable Care Act and the State Department of Health Care Services' 1115  
25

1 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded  
2 services; and

3 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered  
4 into by a department or commission having a term in excess of ten years, or requiring  
5 anticipated expenditures by the City and County of ten million dollars, to be approved by the  
6 Board of Supervisors; and

7 WHEREAS, The Department of Public Health requests approval of an amendment to  
8 the Department of Public Health contract for behavioral health services with Richmond Area  
9 Multi-Services Inc. (RAMS - Adult) to extend the contract by two years, from July 1, 2010,  
10 through December 31, 2015, to July 1, 2010, through December 31, 2017, with a  
11 corresponding increase of \$10,989,524 for a total not-to-exceed amount of \$33,591,586; now,  
12 therefore, be it

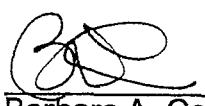
13 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
14 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and  
15 County of San Francisco to amend the contract with Richmond Area Multi-Services Inc.  
16 (RAMS - Adult), extending the term of the contract by two years, through December 31, 2017,  
17 and increasing the total, not-to-exceed amount of the contract by \$22,602,062, to  
18 \$33,591,586; and, be it

19 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
20 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract  
21 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board  
22 for inclusion into the official file (File No. 151048).

23  
24  
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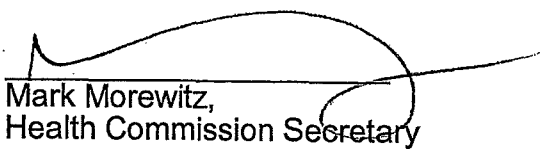
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RECOMMENDED:



Barbara A. Garcia,  
Director of Health

APPROVED:



Mark Morewitz,  
Health Commission Secretary



City and County of San Francisco

# San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 ([Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org)).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale  
Director  
DPH Office of Contracts Management and Compliance

RECEIVED  
 OFFICE OF SUPERVISORS  
 SAN FRANCISCO, CA  
 OCT 5 11:17 AM

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

**Third Amendment**

THIS AMENDMENT (this "Amendment") is made as of **July 1, 2015**, 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;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4156-09/10 on June 21, 2010;

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated [insert date of Agreement] between Contractor and City, as amended by the:

|                  |   |
|------------------|---|
| First Amendment  | dated October 4, 2011 Contract Number BPHM11000027 and  |
| Second Amendment | dated February 4, 2014 Contract Number BPHM11000027 and |
| Third Amendment  | this amendment.   |

**1b. Contract Monitoring Division. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

**1c. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

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

**2a. Section 2.** of the Agreement currently reads as follows:

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

**2b. Section 5.** of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Two Million Six Hundred Two Thousand Sixty Two Dollars (\$22,602,062)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Three Million Five Hundred Ninety One Thousand Five Hundred Eighty Six Dollars (\$33,591,586)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has



failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

**2c. Insurance.** Section 15 is hereby replaced in its entirety to read as follows:

**15. Insurance.**

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

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

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage, and

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

a. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

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

b. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."

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

d. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the

lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

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

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

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

h. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

**2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section.** Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

**32. Consideration of Criminal History in Hiring and Employment Decisions.**

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

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

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's

failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

**2e. Protection of Private Information.** Section 63 is hereby replaced in its entirety, as follows:

**64. Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any

failure of Contactor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

**2f. Delete Appendices A-1 through A-4 and replace in its entirety with Appendices A-1 through A-7 dated 7/1/15, to Agreement as amended.**

**2g. Delete Appendices B (Calculation of Charges) and B-1 through B-4 and replace in its entirety with Appendices B (Calculation of Charges) and B-1 through B-7, to Agreement as amended.**

**2h. Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14, to Agreement as amended.**

**2i. Appendix J is hereby added.**

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

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

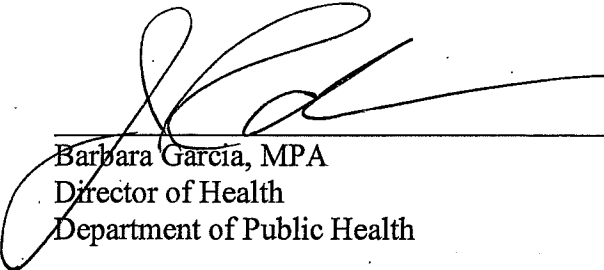
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

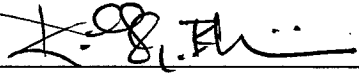
**CITY**

**CONTRACTOR**

Recommended by:

Richmond Area Multi-Services, Inc.

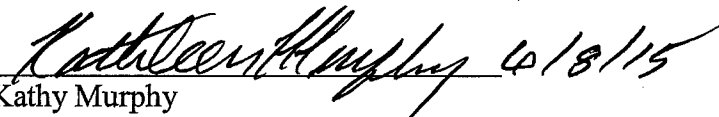
  
\_\_\_\_\_  
Barbara Garcia, MPA  
Director of Health  
Department of Public Health

  
\_\_\_\_\_  
Kavooos Ghane Bassiri, LMFT, CGP  
Chief Executive Office  
639 14<sup>th</sup> Avenue  
San Francisco, CA 94118

City vendor number: 15706

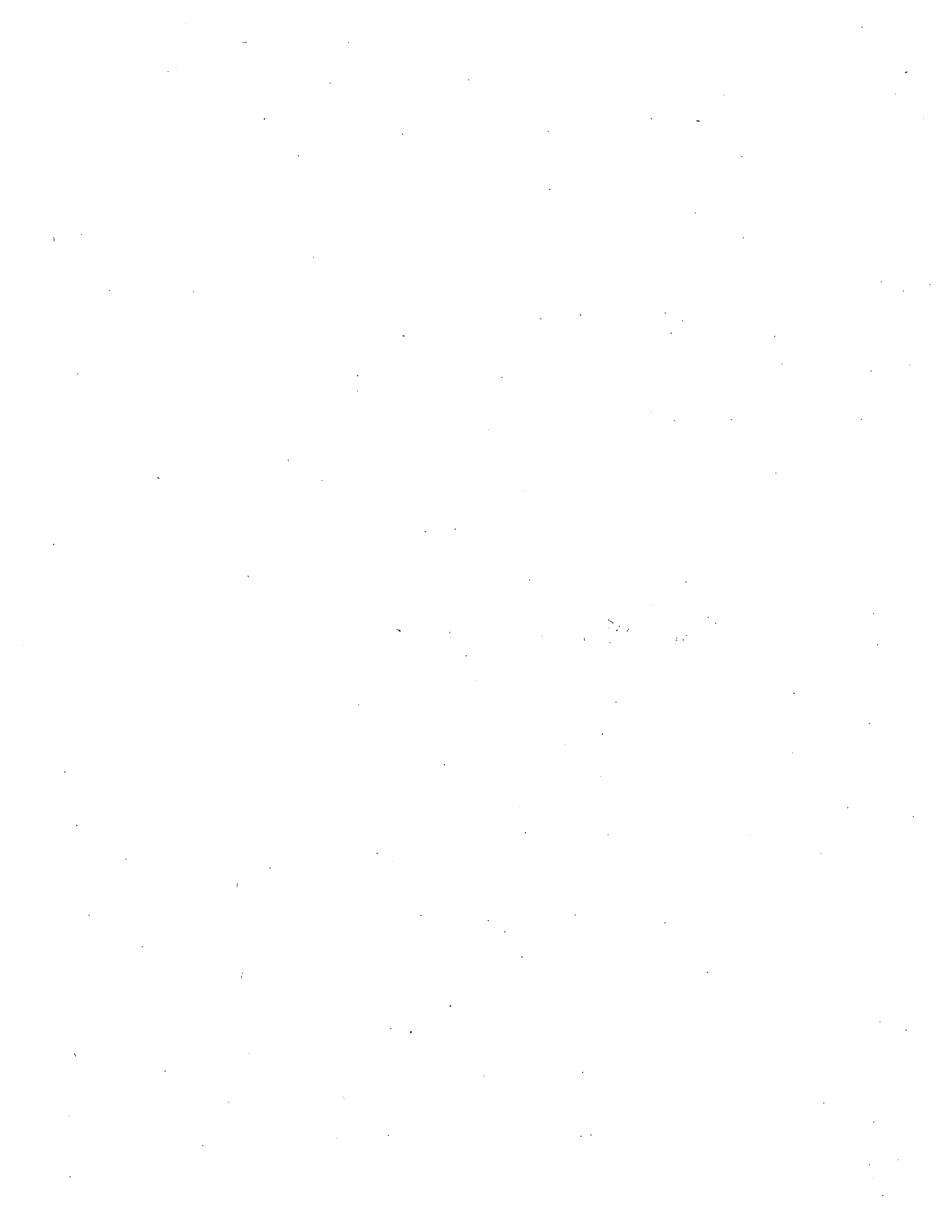
Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  6/18/15  
Kathy Murphy  
Deputy City Attorney

Approved:

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



## Appendix A

### COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Andrew Williams, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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. 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, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and

State statutes and regulations: CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.

(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. 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."



K. 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, 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.

(3) 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.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. 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.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, 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.

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.

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Adult & Older Adult Outpatient

Appendix A-2 HireAbility

Appendix A-3 Broderick Residential CBHS

Appendix A-4 Broderick Residential HUH

Appendix A-5 Peer Certificate

Appendix A-6 Vocational IT

Appendix A-7 APIHPC

**1. Identifiers:**

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

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

Program Code: 3894-3

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

New     Renewal     Modification

**3. Goal Statement**

Program (long-term) goals are adults/older adults with improved emotional/physical well-being and quality of life, positive engagement in the community, and awareness & appropriate use of resources. Short-term outcomes are adults/older adults with increased level of self-sufficiency, achieving individualized plan of care goals, and reduced level of care.

For those with dual-diagnosis/co-occurring conditions, outcomes also include transitioning to the next stage of recovery and minimizing harm and/or establishing supportive networks to sustain recovery.

**4. Target Population**

RAMS Adult/Older Adult Outpatient Services Program serves San Francisco adult and older adult residents in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. There is a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and US-born – a group that is traditionally underserved; the diverse client population presents with various issues including behavioral health conditions, homelessness, engagement issues, substance use/abuse, dual diagnosis, and vocational concerns.

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

See CBHS 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 Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 18,000 adults, children, youth & families at over 90 sites, citywide.

The RAMS Outpatient Services Program conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the Behavioral Health Therapists/Counselors (including psychologists, social workers, marriage & family therapists, etc.) and Psychiatrists. The varying activities, topic foci, and location also engage those who may not necessarily self-initiate counseling services. The Program's workshops may use alternative references to behavioral health topics such as having workshops titled *Wellness and Recovery* and *Meaning of Life* instead of using "loaded" words and language. There are also targeted outreach activities to ethnic groups including Chinese, Korean, Japanese, Cambodian, and Vietnamese. The Outpatient Program also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. For instance, as requested by the community, RAMS conducts outreach at a Buddhist temple for Cambodians and has also invited a Buddhist monk to RAMS in order to promote resiliency and spirituality. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

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

RAMS accommodates referrals from the CBHS Behavioral Health Access Center. As RAMS provides services in over 30 languages and, in order to support "advanced access," the agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff. The Outpatient Program maintains a multilingual Intake/Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who consult with the community and conducts intake assessments (with linguistic match). The intake/initial risk assessments are aimed to determine medical necessity for services and assess strengths & existing resources, co-occurring issues/dual diagnosis conditions, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated intake coordinator for scheduling assessments and maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) works closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices ("advanced access") and managing the demand for services, which is a consistent challenge for other clinics.

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

To further support accessibility of services, the Outpatient Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond "normal" business hours. The Program hours are: Monday (9:00 am – 7:00 pm); Tuesday to Thursday (9:00 am to 7:00 pm); Friday (9:00 am to 5:00 pm).

The Outpatient Program's design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices, wellness recovery groups/workshops, and psychotropic medication and effects. Services are primarily provided on-site and/or in least restrictive environment including: clients' home, hospital, another community center, and/or primary care clinic. The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS.

The Behavioral Health Therapists/Counselors provide clients with on-going individual integrated behavioral health counseling, case management services, and as needed, conduct crisis intervention and collateral meetings. Having counseling and clinical case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. An integrated plan of care with goals (includes stability in community goal) is formally developed and updated at least annually. It is a collaborative process (between counselor & client) in setting goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Behavioral Health Therapist/Counselor. RAMS conducts home visits and linkages for client support services (e.g. senior day program, childcare, transportation) to other community agencies and government offices. Throughout the counseling process, staff continuously assesses the client's interest/readiness to engage in vocational, trade schools, and/or other educational activities (e.g. RAMS Hire-Ability Vocational Services, volunteerism, RAMS Peer Specialist Mental Health Certificate). Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

The RAMS Outpatient Program offers structured groups (i.e. therapy, support, and psycho-education) as a component of treatment services to clients. Facilitated (or co-facilitated) by Behavioral Health Therapists/Counselors and/or Psychiatrists/Nurses, the groups provide positive peer support and pressure, focus on interpersonal relationships, provide a support network for specific problems or challenges, and assist individuals in learning about themselves and how they can relate better with other people. Groups are offered in languages besides English. Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during program hours of operation, in order to increase accessibility.

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

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS. Because of limited behavioral/mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance, progress and status of Care Plan objectives, and the client's overall environment such as culturally and linguistically

appropriate services, to determine which clients can be discharged from Behavioral Health/Case Management Brokerage level of services into medication-only, or be referred to Private Provider Network/Primary Care Physician.

- 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.

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

## 7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Adult & Older Adult Performance Objectives FY 14-15.

## 8. Continuous Quality Improvement

- A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

The program utilizes various mechanisms to review documentation quality. At least every other week (may be weekly), clinical documentation is reviewed by the PURQC committee which is comprised of the Chair (a licensed psychologist who is a clinical supervisor and direct service practitioner) and Training Director. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Because the Program Director is involved in the PURQC review, general feedback and summaries on documentation and quality of care topics can be effectively integrated throughout staff meetings and other clinical discussions. Furthermore, clinical supervisors monitor the treatment documentation of their

supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. The program also conducts an annual self-audit in which all direct service providers review all their own charts to ensure documentation standards compliance. For all case reviews, a checklist is utilized. Psychiatry staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback. In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

### C. Measurement of cultural competency of staff and services

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

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

interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Measurement of client satisfaction

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Furthermore, the program facilitates discussions/focus groups with clients. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client wait areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

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

#### 9. Required Language:

N/A



**1. Identifiers:**

Program Name: Employee Development (Hire-Ability Vocational 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, 639 14th Avenue  
City, State, Zip: San Francisco, CA 94118  
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations  
Telephone: (415) 800-0699  
Email Address: angelatang@ramsinc.org

Program Code: 3894 (38B62)

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

New     Renewal     Modification

**3. Goal Statement**

Program outcomes (long-term) are adults with improved emotional/physical well-being and quality of life, positive community engagement, increased self-sufficiency, and obtain & retain employment. Short-term outcomes are adults with: increased work skills and knowledge and obtaining employment. For those with dual-diagnosis/co-occurring conditions, outcomes include transitioning to the next recovery stage.

**4. Target Population**

The target populations are San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who are receiving behavioral health services through CBHS. Particular outreach is to consumers who have minimal interest and/or work exposure, and may benefit from a structured vocational training program. There is a special focus on serving the Asian & Pacific Islander American (APIA), e.g., Chinese, Tagalog & Vietnamese communities, both immigrants and US-born, a group that is traditionally underserved. Hire-Ability clientele are those residing in the program's district (zip code 94107) as well as citywide (e.g. 94103, 94108, 94121, etc.) including any individual within the SFDPH-CBHS Systems of Care who indicates an APIA dialect as the primary language.

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

See CBHS 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 approximately 18,000 adults, children, youth & families at over 90 sites, citywide.

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

RAMS accommodates referrals from the CBHS 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. 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.

Program hours are Monday to Friday (9:00 am – 5:00 pm). 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 (may be paid), 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 industry 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 structure program in which clients participate at least three days a week (Monday to Friday) from 9:30 am to 3:00 pm (includes lunch break).

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 & measureable. 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.

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 Peer Specialist Mental Health Certificate Program (funded by SFDPH-CBHS-MHSA) to RAMS; a 12-week course program, in collaboration with SF State University, Department of Counseling.

E. Program staffing.

See CBHS Appendix B.

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

No indirect services are provided.

## 7. Objectives and Measurements

### A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY14-15.

### B. Individualized Program Objectives

To further support outcomes, RAMS has established the following objectives for FY 2014-2015:

1. 75% of clients will receive paid, on-the-job training and work experience, as evidenced by program records and timesheets which are reviewed and approved by the program coordinator and director.
2. 80% of clients will express satisfaction with program services, as evidenced by program satisfaction surveys which are analysed by individual program coordinators and reviewed by program director.
3. 65% of clients who complete the visitation period will successfully complete the program, as evidenced by program case closure records and reasons for discharge. The Vocational Rehabilitation Counselors' records termination documents and is reviewed and approved by the program coordinator.
4. 80% of clients who complete the program will be engaged in vocational/educational-related activities, e.g. obtain employment, referral to Hire-Ability Employment Services, volunteerism, or educational programs. This will be evidenced by program reports and records. The Vocational Rehabilitation counselor in conjunction with the consumer will report post program activities in closing chart summary.

## 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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors 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 internal 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 Assurance Council formally conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback is provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services,

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). 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, 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 annually disseminates a staff satisfaction survey and Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Satisfaction with services

RAMS adheres to the CBHS 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 Assurance Council, 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 biennial 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





**1. Identifiers:**

Program Name: Broderick Street Adult Residential Facility  
Program Address: 1421 Broderick Street  
City, State, Zip: San Francisco, CA 94115  
Telephone: (415) 292-1760  
Fax: (415) 292-1636  
Website Address: www.ramsinc.org

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

Program Code: 3894-8

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

New     Renewal     Modification

**3. Goal Statement**

The primary program goal is to support clients' ability to maintain stability and live in the community and/or reduce the level of care and services. Also, the services outcomes (long-term) include adults/older adults with improved emotional/physical well-being and quality of life, positive engagement in the community, awareness and appropriate use of resources. Short-term outcomes are adults/older adults with increased level of self-sufficiency and achieving individualized plan of care goals. For those with dual-diagnosis/co-occurring conditions, outcomes also include transitioning to the next stage of recovery and minimizing harm and/or establishing supportive networks to sustain recovery.

**4. Target Population**

RAMS Broderick Residential Program serves the 33 adults residing at the Broderick Street Adult Residential Facility (BSARF), an adult residential facility offering permanent housing, funded through the SFDPH Housing and Urban Health (HUH) section. The facility is located at 1421 Broderick Street, SF, 94115. As BSARF residents are also considered clients of CBHS, RAMS adheres to the CBHS System of Care admission criteria; therefore, all residents/clients of the program are adults (ages 18 and over), with chronic/persistent mental illness, psychiatric disorders, and clinical concerns; at the Broderick Program, clients/residents also have a medical condition. There is a special focus on serving the Asian and Pacific Islander American (APIA) communities, both immigrants and US-born – a group that is traditionally underserved.

The individual is also assessed on the ability to benefit from outpatient services at this level of care, a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF). RAMS is the current contract provider for residential services (through SFDPH HUH).

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

See CBHS Appendix B, CRDC pages.

## 6. Methodology

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

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team. 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 services and 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 and families, annually serving approximately 18,000 adults, children, youth and families at over 90 sites, citywide.

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

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team, in collaboration with RAMS. Most frequently, the referrals come directly from case managers/social workers from acute care or hospital settings or other community residential programs where the client has had difficulty remaining stable do to the lack of either clinical or medical support at San Francisco General Hospital, Laguna Honda Hospital, and San Francisco Behavioral Health Center, who complete and submit an Intake Packet to the team. In cooperation with the SFDPH Placement team, the BSARF intake team (consists of BSARF Administrator/Program Director and the Broderick Program Nurse Manager and Clinical Manager) reviews the Intake Packet to initially determine eligibility and if s/he potentially matches the level-of-functioning of the facility's current residents. Once the referral seems appropriate, a site visit is scheduled so that the potential resident/client can see the program, have a meal, and meet other staff and residents. At this time, the Administrator answers any questions the client may have and also reviews the program structure (e.g. weekly activities schedule, house rules). This "getting to know each other" process is valuable in addressing any fears, anxieties, and misconceptions and contributes to a smoother transition and increases likelihood of retention. For clients who have physical limitations or are non-ambulatory, the site visit is an opportunity to assess the building's assistive mobility structures such as: hand and guard rails in bathrooms, special shower chairs, elevator, entrance ramp, etc. Oftentimes, once a client realizes the high level of mobility and supported independence, the client often is more open to moving into the facility.

Once clients enter BSARF, they are assigned a Behavioral Health Therapist/Counselor who provides an orientation to the program structure (e.g. building/room locations, groups and activities schedule, meal and snack times, emergency procedures). The residents/clients are formally introduced to the house community (other residents) at the next community meeting (which occur twice-weekly).

### 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.

As the facility operates 24/7, behavioral health services staff coverage includes weekends. Services are provided on-site at BSARF, as well as in the field (e.g. case management in the field during appointments). The program design includes behavioral health outpatient and prevention services that include, but not limited to: individual and group counseling, case management; crisis intervention; psychiatric evaluation and medication management; psycho-education; family collateral counseling; psychological testing and assessment; information and referral; and consultation. Psycho-educational activities have included holistic and complementary practices, wellness recovery groups/workshops, and psychotropic medication.

The Behavioral Health Therapists/Counselors provide clients with weekly/on-going individual integrated behavioral health therapy, case management services, and as needed, conduct crisis intervention and collateral meetings. Having individual counseling and case management services provided by the same care provider further enhances the coordination of the client's clinical care and treatment. During the treatment planning, the counselor and client discuss how strengths can be used to make changes of their current conditions and to promote and sustain healthy mental health in a long run.

The RAMS Broderick Program offers structured groups (i.e. therapy, support, activity and psycho-education) as a core component of treatment services to clients. Facilitated/co-facilitated by Behavioral Health Therapists/Counselors, the groups provide the opportunity for positive social engagement, connection and expression and provide a general framework for peer support around specific problems or challenges. Due to the relatively high acuity level of our clients many activity groups are provided that are not overtly therapeutic, but provide the opportunity for enjoyable creative and engaging activities that clients of all levels of mental health impairment are able to participate in, providing a social context in which good verbal skills and/or organized thought process are not required for participation. These include arts and crafts groups, expressive music and movement groups, and an educational culture group. Groups are offered at various days and times. The primary Therapist/Counselor assesses interests, stage of recovery, and readiness for change to assist in choosing the most appropriate group(s) for the client to participate in. This also provides an opportunity for the client to exhibit self-direction and empowerment – principles of wellness recovery.

Medication management, including culturally competent psychiatric evaluation and assessment and on-going monitoring of prescribed medications is provided by nurse practitioners, registered nurses, and licensed vocational nurses. The program's medication support services staff offers daily medication evaluation and assessments, with capacity and coverage to increase accessibility.

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

The primary program goal is to support the client's ability to maintain stability and live in the community and/or reduce the level of care and services. As such, exit criteria would include moving out of the Broderick Facility to either a higher/lower level of care and services.

- 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.

All staff at the BSARF site are employees of RAMS; however, the funding is collaboratively provided by Community Behavioral Health Services (CBHS) and Housing and Urban Health (HUH) sections of SFDPH. The CBHS contract provides the funding for the Broderick Street Residential Program staff which provides outpatient behavioral/mental health and medical support services; the HUH contract funds the staff of the residential services component which includes basic care and supervision, lodging, nutritious meals and snacks, van transportation to/from appointments, and various activity groups. Below is a table of the positions for which each contract provides the funding for:

| Job Title   | CBHS    | HUH     |
|---|---------|---------|
| Behavioral Health Therapists/Counselors             | X       |         |
| Nurse   | X       |         |
| Clinical Coordinator/Manager                        | X       |         |
| Clinical Nurse Manager                              | X (80%) | X (20%) |
| Program Support Analyst/Assistant                   | X       |         |
| Psychiatrist/NP                                     | X       |         |
| Administrator/Program Director                      |         | X       |
| Office Manager/Coordinator                          |         | X       |
| Certified Nurse Aides/Home Aides                    |         | X       |
| Chef/Cook/Cook Assistant                            |         | X       |
| Driver/Program Assistant                            |         | X       |
| Program Assistant/Receptionist                      |         | X       |
| Maintenance Workers (Janitor, Maintenance Engineer) |         | X       |

Additionally, BSARF has a Pre-doctoral Psychology Intern of the RAMS Training Center who participates in the delivery of services at this site (position is funded by SF-DPH CBHS Adult/Older Adult Outpatient Services contract).

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

Not applicable.

**7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Adult & Older Adult Performance Objectives FY 14-15.

**8. Continuous Quality Improvement**

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed (e.g. via weekly clinical staff meetings, etc.) about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director and Clinical Manager monitor treatment progress (level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts weekly chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. On a weekly basis, the Clinical Manager conducts a review of charts (3-5 cases) to monitor quality & timeliness and provide feedback directly to staff and, as needed, general themes/summaries may be reported at staff meetings. This ongoing review method results in each client case being reviewed multiples times, annually. In addition, direct services providers meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Medication support services staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback. Furthermore, clinical documentation is reviewed by the service utilization committee, led by the Program Director (licensed Marriage & Family Therapist. Based on the review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular agency-wide training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles); trainings are from field experts on various clinical topics. BSARF also holds weekly clinical meetings which include case conferences, a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual weekly clinical supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment progress, treatment discharge reasons, and service utilization review
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed
- Program structure integrates clients' cultural and holistic & complementary health beliefs such as monthly cultural celebrations, weekly group schedule includes qi gong, and regular outings for cultural experiences (e.g. festivals, music, meals)

- 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, 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 annually disseminates a staff satisfaction survey and Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Client satisfaction

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or twice annually. In addition, BSARF also annually administers its own multi-lingual Resident Satisfaction Survey. Ongoing client feedback is solicited in the twice weekly community meetings. Results of the surveys and other feedback are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Assessment of feedback implementation is conducted by program management and, in discussion with executive management. On an annual to biennial 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

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

**1. Identifiers:**

Program Name: Broderick Street Adult Residential Facility  
Program Address: 1421 Broderick Street  
City, State, Zip: San Francisco, CA 94115  
Telephone: (415) 292-1760  
Fax: (415) 292-1636  
Website Address: www.ramsinc.org

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

Program Code: 3894-8

**2. Nature of Document**

New     Renewal     Modification

**3. Goal Statement**

The goal of the Broderick Street Adult Residential Facility (BSARF) is to transition & stabilize adults with serious & persistent mental illness and who may have a physical health condition to long-term housing in the community.

**4. Target Population**

BSARF serves adults, ages 18-59 years old, with serious & persistent mental illness, including those with co-occurring disorders (mental health and substance abuse), and who may or may not have a physical health condition. The primary sources of resident referrals are from social workers or case managers from acute care or hospital settings or other community residential programs where the client has had difficulty remaining stable due to lack of either clinical or medical support. All residents require the level of treatment care from a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF) level setting.

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

See CBHS Appendix B, CRDC pages.

## 6. Methodology

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

BSARF outreach and promotion of the program and services are primarily conducted through Richmond Area Multi-Services, Inc. (RAMS) promotional material, such as agency profile sheets and the website, which describes its history and wide scope of clinical and culturally competent services for consumers as well as other constituents. Agency and program services are also promoted through various community & resource manuals and databases. RAMS has a community organizing component as well as clinical staff, who actively and consistently outreach to monolingual communities and participate in various neighborhood meetings, community events, and informational workshops/fairs. RAMS promotes program services through its active involvement in community partnerships, coalitions, and collaborative agreements with other city contracted agencies, community-based organizations, and affiliates. Additionally, the BSARF program has a brochure that is specifically developed for the program and it is available, upon request. It is the intake structure of BSARF that all referrals are directed to the SFDPH Community Behavioral Health Services, Community Programs Placement team who receives and reviews, in collaboration with RAMS-BSARF management, the application/intake packet and information. Because the BSARF program is a long-term housing placement and a Direct Access to Housing (DAH) site, there is low turnover and a wait list is not maintained.

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

All referrals to the BSARF program are directed to and assessed by the CBHS Community Programs Placement team, in collaboration with RAMS-BSARF. Most frequently, the referrals to the Community Programs Placement team come directly from case managers/social workers from hospitals, acute care facilities, or other community providers who complete and submit a *Referral Packet* to the team. The *Referral Packet* includes the following information about the applying resident:

- Demographic information,
- Adult and Older Adult Residential Care Facility Referral
- Previous Needs and Service Plan (if available)
- MHS 140 (CBHS system of care history)
- Proof of SSI Eligibility and San Francisco resident status
- Physician's Report for Community Care Facilities, including TB clearance, and diagnosis'
- Functional Capability Assessment,
- Pre-placement Appraisal Information form, and
- Additional medical or clinical information as needed

The SFDPH Community Programs Placement team along with BSARF intake team, consisting of Administrator/Program Director, Clinical Manager, and Nurse Manager, reviews the *Referral Packet* to initially determine if the applying resident meets eligibility requirements and if he/she potentially matches the level-of-functioning of the facility's current residents. At least one member of the BSARF intake team then visits and interviews the applicant at his/her current placement. After this meeting, the applicant is invited to visit the BSARF site and, as possible, participate in any planned activity for that day. An Initial Risk Assessment is completed and a Clinical Assessment initiated by the Clinical Manager to gather the necessary clinical information to assess the clinical needs of the potential resident.

The result of the *Referral Packet* review, interview, and program visit is discussed at the next immediately scheduled Clinical Meeting, which includes participation of the BSARF Administrator, Clinical Manager, Nurse Manager, and Psychiatrist as well as the program Behavioral Health



Therapists/Counselors. Concerns, issues or the need for additional information are addressed by phone with either the referring agency/referral source or the SFDPH Community Programs Placement Coordinator. Finally, the applying resident and case manager are notified of the intake team's decision for admittance to the BSARF program. When appropriate, a move-in date is also scheduled. The following documents are completed during the new resident intake process:

- Summary DPH Notice of HIPAA Privacy Practices
- BSARF Admission Agreement
- BSARF House Rules
- Consent for Behavioral Health Services
- Resident Rights & Grievance Procedure and Acknowledgement of Receipt of Materials
- Advance Care Directives
- Insurance/Medi-Cal/Medicare information (Printout or BIC Card)
- Authorization for Use or Disclosure of Protected Health Information
- Initial Psychiatric Evaluation
- Consent for the use of Psychotropic Medication (if applicable)
- Photograph of the resident

Each referring agency/referral source is responsible for arrangement & coordination of the resident's SSI payments, while the Office Manager tracks each resident's monthly rent payment and in collaboration with the Administrator addresses any concerns with the referring agencies/referral source.

- 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 Broderick Street Adult Residential Care Facility (BSARF) is located at 1421 Broderick Street in San Francisco and is a partnership between Richmond Area Multi-Services, Inc. (RAMS) and the Housing and Urban Health (HUH) and Community Behavioral Health Services (CBHS) sections of the San Francisco Department of Public Health (SFDPH). The program is an adult residential facility that operates 24-hours, 7-days-a-week, and serves individuals, ages 18-59 years, with the intention that the facility is the resident's long-term and permanent place of residence. Additionally, the facility can retain up to 25% of its total population for those who surpass the 59 year old age limit, provided their required care does not exceed what the facility can provide. The BSARF is licensed by the California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) and can accommodate up to 33 occupants, at any given time. All the residents of BSARF are also considered clients of CBHS, and care-managed through RAMS Outpatient Services.

The program at BSARF includes a wide variety of services for the 33 residents. As required by the CDSS-CCLD for adult residential facilities, the program offers basic care & supervision, lodging, nutritious meals & snacks, van transportation to/from appointments, and various activity groups that focus on specific symptom and behavior issues leading to enhance socialization and healthy expressions of emotions/needs. To further support the rehabilitation of the residents, outpatient behavioral health and medication support services are provided on-site, and funded through a separate CBHS contract. BSARF weekly programming of client activities which includes the following: individual and group therapy and structured social and engagement activities including: art, music, relaxation/meditation, healthy lifestyles, client council meetings, multi culture group, etc... ). The program recognizes that each resident has different interests, abilities, ways in expressing needs and emotions, learning processes, and knowledge. Clinical staff members facilitate the therapeutic groups that provide additional structure for residents,

address specific symptom and behavior issues, and promote socialization and a sense of community. Residents' participation in the groups is voluntary, and attendance and applicable progress records are documented and maintained according to regulations. The Community Meetings are a general venue where residents have the opportunity to have their voices/concerns heard and give input as to the quality of their living environment and services provided. Residents are also encouraged and educated on how to utilize and access resources that already exist within the City & County of San Francisco. A more detailed description of these additional services can be found in the RAMS contract with CBHS.

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

The BSARF facility is a permanent housing site; there is low turnover and a wait list is not maintained. Assessment for the appropriateness of services to the residents' level of functioning is continually conducted, on an on-going basis. If a resident ages out of the program or requires care beyond what the facility can safely provide due to physical or psychological decline, the SFDPH Coordinator for Placement Support will be notified as well as the residents conservator or family member. Typically, a case conference will be held to discuss the resident's emergent level of care needs and to identify a plan for a transition to an appropriate level of care. Additionally, as mandated by the state, the resident will be given a 30 day notice. The RAMS-BSARF Behavioral Health Therapist/Counselor will assist with appropriate service linkages in the community and will provide support and assistance during the transition process. Should a client be stabilized and progressed enough to live more independently, then the RAMS-BSARF Behavioral Health Counselor, along with program management, will also assist appropriate service/housing linkages in the community and will provide assistance during the transition process.

- E. Program staffing

See CBHS Appendix B.

Furthermore, as part of a separate CBHS funded contract, outpatient behavioral health and medical support services are provided on-site for the enhancement of continuity of care for residents. These services are provided by the Clinical Manager, counseling, nursing, and psychiatry staff who work in collaboration with the BSARF facility (residential component) staff.

## **7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the HUH document entitled Performance Objectives FY 14-15.

## **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 (e.g. regular staff meetings, etc.) 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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and

develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director and Clinical Manager monitor service progress (level of accomplishing service goals/objectives), service reasons, and service utilization review. RAMS also conducts weekly chart reviews to review adherence to objectives as well as service documentation requirements.

**B. Documentation quality, including a description frequency and internal audits**

The program utilizes various mechanisms to review documentation quality. The Nurse Manager reviews documentation of services. In addition, on a weekly basis, the Clinical Manager conducts a review of charts (3-5 cases) to monitor quality & timeliness and provide feedback directly to staff and, as needed, general themes/summaries may be reported at staff meetings. This ongoing review method results in each client case being reviewed multiples times, annually. In addition, direct services providers meet weekly with their supervisors to review workload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

**C. Cultural competency of staff and services**

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular agency-wide training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles); trainings are from field experts on various clinical topics. BSARF also holds weekly clinical meetings which include case conferences, a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Monthly all-staff program meetings also include a training/skills development component. Professional development is further supported by supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of service indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service care progress, 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

- Program structure integrates clients' cultural and holistic & complementary health beliefs such as monthly cultural celebrations, weekly group schedule includes qi gong, and regular outings for cultural experiences (e.g. festivals, music, meals)
- Development of annual objectives based on cultural competency principles; as applicable, progress on objectives are reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency annually disseminates a staff satisfaction survey and Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Client satisfaction

BSARF also annually administers its own multi-lingual Resident Satisfaction Survey. Ongoing client feedback is solicited in the twice weekly community meetings. In addition, RAMS adheres to the SFDPH-CBHS satisfaction survey protocols which include dissemination annually or biannually. Results of the surveys and other feedback are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Assessment of feedback implementation is conducted by program management and, in discussion with executive management. On an annual to biennial 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 specific contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes. Furthermore, as all the residents of BSARF are also considered clients of CBHS, and care-managed through RAMS Outpatient Services, available ANSA data is analyzed upon receipt of CBHS-provided data and analysis reports. The Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

#### 9. Required Language:

N/A

1. **Identifiers:**

Program Name: Peer Specialist Mental Health Certificate and Peer Counseling  
Program Address: 3626 Balboa Street  
City, State, Zip: San Francisco, CA 94121  
Telephone: (415) 668-5955  
Fax: (415) 668-0246  
Website Address: www.ramsinc.org

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

Program Code: 3894IN

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

New     Renewal     Modification

3. **Goal Statement**

This contract consists of two components/programs:

- a. Peer Specialist Mental Health Certificate: The primary goal to prepare consumers, family members, or those of underrepresented communities with the (1) basic skills & knowledge for entry-level employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning
- b. Outpatient Peer Counseling Program: The goal is two-fold: (1) to diversify behavioral health workforce by increasing consumer & family member representation and identified underrepresented groups, and (2) to provide additional services and support to clients of the RAMS outpatient clinic from a Wellness and Recovery approach.

4. **Target Population**

Peer Specialist Mental Health Certificate Program

The RAMS/SFSU Peer Specialist Mental Health Certificate Program's target population includes underserved and underrepresented San Francisco mental health consumers and their family members who: have experience in the community behavioral health systems, are interested in a mental health career path, may benefit from additional educational training, and may not yet be ready to enter the City College of San Francisco Community Mental Health Certificate Program and/or degree program.

The target population includes those of diverse backgrounds, with a balance between men and women, and at least 50% of participants are of underserved & underrepresented communities. The underserved and underrepresented San Francisco mental health consumers and their family members, include African Americans, Asian & Pacific Islanders, Latinos/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) individuals.

While this program is open to any residents of San Francisco, services are delivered in zip code 94103.

Outpatient Peer Counseling Program

The Peer Counselors who are employed through this program are those with personal experience with CBHS behavioral health services; preferably they already have had experience and/or training in providing behavioral health care (e.g. graduates of the Peer Specialist Mental Health Certificate Program and/or other similar training programs). The Peer Counselors also represent the underrepresented workforce population, are bilingual with male and female representation.

The Peer Counseling Program serves clients of the RAMS outpatient clinic, whose target population are San Francisco residents in need of psychiatric services, ranging from those with severe behavioral/mental health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care. There is a special focus on Asian & Pacific Islander American (APIA) and Russian communities, both immigrants and US-born – a group that is traditionally underserved; the diverse client population presents with various issues including behavioral health conditions, homelessness, engagement issues, substance use/abuse, dual diagnosis, and vocational concerns.

Services are delivered in zip code 94121.

**5. Modality(ies)/Interventions (aka Activities)**Peer Specialist Mental Health Certificate

RAMS, in collaboration with the San Francisco State University, Department of Counseling, jointly operate the Peer Specialist Mental Health Certificate, a 12-week program designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning.

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

**Workforce Development (MHSA Modality #6)**

- At least 30 adults will receive workforce development skills through participating in the Peer Specialist Mental Health Certificate program
- Provide at least 190 program activity hours directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.

**Wellness Promotion (MHSA Modality #3)**

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

Outreach and Engagement (MHSA Modality #1)

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

Outpatient Peer Counseling Program

Individual and Group Therapeutic Services (MHSA Modality #7)

- Peer Counseling Program will provide individual behavioral health counseling and support services to at least 120 clients of the RAMS Outpatient Clinic and at least 200 hours of services. Services may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.
- Peer Counseling Program will conduct at least 100 psycho-social groups to promote and support overall wellness of clients. Groups may include but are not limited to: WRAP, Wellness Group, Walking Group, etc.

6. Methodology

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

Peer Specialist Mental Health Certificate Program

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 18,000 adults, children, youth and families offering over 30 programs (integrated into 10 core programs) and reaching to over 90 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco. It is through these close partnerships with the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in the Certificate Program. RAMS also outreaches within the Summer Bridge Project (aimed to foster the interest of health care field within high school-aged youth) while utilizing its connections with consumer advocacy groups (e.g. Mental Health Association of SF, National Alliance on Mental Illness). RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. Moreover, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client-base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, SF First, Larkin Street Youth, etc.

RAMS maintains program promotional material (e.g. brochures, flyers for Open House, etc.) that are available for distribution throughout the year. These materials are also available for download at the program's webpage. The program engages in additional promotional efforts when recruiting applicants for a new cohort. During these times, announcement emails are sent to all of the program affiliates and networks. Many organizations are specifically targeted, as their constituents are those of the underserved and underrepresented communities identified in the contract. Enrollment information also becomes

available on the RAMS blog and Facebook. Additionally, RAMS conducts presentations and table events about the program when relevant opportunities are available.

#### Outpatient Peer Counseling Program

To engage the RAMS outpatient clients in participating in the Peer Counseling Program, the following will take place:

- Peer Counselors attend monthly RAMS Adult Outpatient Program staff meeting to disseminate program information to direct service providers
- Lead Peer Counselor meets with Director of the RAMS Outpatient Clinic as needed to communicate need for referrals, program services, events, etc. Director of the RAMS Outpatient Clinic will communicate such program updates to her staff.
- Peer Counselors create promotional flyers about Peer Counseling activities and display them in the RAMS client waiting areas as well as disseminates them to all outpatient clinic direct services providers
- Peer Counselors collaborate with outpatient clinic direct service providers in working with clients to ensure a team-based treatment approach. This allows Peer Counselors to develop close working relationships with direct service providers, inviting additional referrals from direct service providers to the Peer Counseling Program.

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

#### Peer Specialist Mental Health Certificate

In order to be an eligible participant of the program, participants must be:

- At least 18 years old
- A resident of San Francisco
- A high school graduate (or have GED)
- A consumer or family member of behavioral health services

Interested participants are required to complete and submit an application packet by the application deadline. The application packet includes the following components:

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

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

#### Outpatient Peer Counseling Program

There are two ways in which clients are admitted into the Outpatient Peer Counseling Program. For those clients who are new to the RAMS outpatient clinic, upon completing an intake (risk assessment), a client is referred to meet with a Peer Counselor (when appropriate) for an orientation of services. During this time, Peer Counselors have the opportunity to assess and discuss with clients whether they would be



interested in continuing their participation in services offered by the Peer Counseling Program (e.g. as needed individual counseling, case management, groups, events, activities, etc.).

For existing RAMS clients, they are admitted into the Peer Counseling Program should they express interest in participating in the services and events provided by the program. Clients can simply contact one of the Peer Counselors and schedule to meet with them or sign-up to participate in a group or event. Clients can also be connected to the Peer Counseling Program via referral from their direct service provider (e.g. therapist, case manager, psychiatrist, etc.).

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

Peer Specialist Mental Health Certificate

Peer Specialist Mental Health Certificate is a 12-week program, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10:00 a.m. to 2:00 p.m. Course activities may include, but are not limited to:

- Interactive Lectures: Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc.
- Classroom Exercises & Activities, Role-Play, and Progress Notes: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- Shadow Experience Project: Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.
- Written Report: Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- Quizzes and Exams: Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams.
- Individual Support & Advising/Counseling: Course Instructor and Teaching Assistant serve as advisor to students, focusing on overall well-being (psychological & academic). S/he offers weekly open office hours where students can seek support.
- Cohort Support & Counseling: Course Instructor plans two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events also connect current students with graduates of the program to facilitate networking and sharing of resources.
- Job Placement & Support: Course Instructor organizes a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the Course Instructor continues to offer support & coaching into the workforce and connects participants to additional resources such as RAMS Hire-Ability Vocational Service, Department of Rehabilitation, peer job opportunities in the community, etc.
- Program Completion Incentive: Financial incentives are provided to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are estimated up to \$250 per student.
- Educational Materials Scholarship: All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.

- Accessibility: SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

#### Outpatient Peer Counseling Program

The RAMS Outpatient Peer Counseling Program provides services at the RAMS Outpatient Clinic at 3626 Balboa Street. Program hours of operation are M-F, 10:00am – 2:00pm (excluding holidays).

Services provided include:

- Orientation to clinic and program services
- Individual Face-to-Face Counseling
- Case Management
- Resource Linkage
- Psycho-social groups
- Socialization groups
- Cultural Awareness Activities (e.g. cultural celebrations)

#### D. Discharge planning and exit criteria and process

##### Peer Specialist Mental Health Certificate

Exit criteria include successful completion of all coursework related to the Peer Specialist Mental Health Certificate Program as well as maintaining regular attendance. The Course Syllabus further details to students the grading structure; all students must achieve a grade of 75% in order to receive a Certificate of Completion. In addition, participants must have a 90% attendance rate or higher (missing no more than 2 days during the 12-week course) in order to graduate from the program.

##### Outpatient Peer Counseling Program

Participation in the Peer Counseling Program is completely voluntary. Clients are welcome to utilize services as long as they continue to be a client of the RAMS Outpatient clinic. Clients also has the liberty to terminate services with the program at any time should they feel that services no longer meet their needs.

#### E. Program staffing

See CBHS Appendix B.

#### F. Mental Health Services Act Programs

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

##### Peer Specialist Mental Health Certificate

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The written evaluation is then followed by a focus group format discussion led by RAMS administrators. The Program

Coordinator/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants.

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

Advisory Committee: The program maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services, California State Department of Rehabilitation, etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year.

Teaching Assistant Position: This program position is currently held by a graduate of the inaugural cohort of the program and this position remains to be held by a graduate of the course. The intent of this position is to further engage past participants in the program and to facilitate student success. The teaching assistant provides academic support to students and administrative assistance to the Program Coordinator. She meets with participants regularly on a one-on-one basis as well as conducts review sessions outside of formal class time.

#### Outpatient Peer Counseling Program

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

In addition to peers being service providers, the Peer Counseling Program engages clients to participate in the development, implementation, and evaluation of the program in several different ways. Client satisfaction surveys and focus groups are conducted annually to solicit feedback from clients about the services that they have received. Results from client surveys and feedback are compiled and analyzed by Program Director, presented to staff and RAMS management. The Program Director and RAMS management work together to develop a plan for assessing and integrating client feedback into programming. Peer Counselors also facilitate social/recreational activities and events for the clinic that are driven and organized by client participants.

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

#### Peer Specialist Mental Health Certificate

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental

components of the wellness and recovery model. The program operates on the basis that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond this 12-week training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

Additionally, the curriculum content is based on Wellness and Recovery principles. In fact, the very first lecture of the program is an overview of the Wellness and Recovery Model. Throughout the rest of the 12 weeks, Wellness and Recovery concepts are tightly integrated into the instructions on how to provide counseling and other services as peer counselors. Some of the specific topics that embody wellness and recovery concepts include: WRAP, Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, and employment. Furthermore, the required textbook used for the program, "Voices of Recovery" is also based on Wellness and Recovery principles. The program intends for the materials to not only further promote recovery among participants of the program, but also for participants to practice this approach while working with clients as providers in the community behavioral health system.

#### Outpatient Peer Counseling Program

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

### **7. Objectives and Measurements**

#### Peer Specialist Mental Health Certificate

1. Upon completion of the Peer Specialist Mental Health Certificate, 75% of participants will indicate their plans on pursuing a career (job, volunteer, further education) in the health & human services field (behavioral health, health, community services). This will be evidenced by post-program evaluations administered by RAMS administrators upon the completion of each program cohort (2 times / year); the collected data will be tabulated and summarized. Results will be analyzed by Program Director and presented to the Program Advisory Committee.
2. During the contract year, 23 program participants will complete the Peer Specialist Mental Health Certificate (i.e. graduate) thus increasing readiness for entry-level employment/internship/volunteerism in the behavioral health system. This will be evidenced by program participant completion records collected by the Program Coordinator. This number will be reported to the Program Advisory Committee.
3. Within six months of graduation, at least 75% of graduates of the Peer Specialist Mental Health Certificate who respond to the six months follow-up survey will indicate higher-level of engagement within the health and human services field in the following manners: obtain employment or volunteer positions/activities (e.g. direct services, advocacy), achieve career advancement (e.g. promotions, changes in rank, increase of job responsibilities), and/or pursue further education/training. This will be evidenced by post-graduation surveys administered two times each year by RAMS administrators; the collected data will be tabulated and summarized. Results will be analyzed by Program Director and presented to the Program Advisory Committee.

4. Upon completion of the Peer Specialist Mental Health Certificate program, 80% of program participants will express overall satisfaction with the program. This will be evidenced by post-program evaluations administered by RAMS administrators upon the completion of each program cohort (2 times/year) the collected data will be tabulated and summarized. Results will be analyzed by the Program Director and presented to the Program Advisory Committee.
  
5. Upon completion of the Peer Specialist Mental Health Certificate program, 75% of participants will engage in a focus group which solicits feedback on the program curriculum and structure as well as identifies areas of strength and improvement. Facilitated by RAMS administrators, this will be evidenced by focus group notes and documentation. The collected data will be summarized and analyzed by Program Director and presented to the Program Advisory Committee.

Outpatient Peer Counseling Program

1. The Outpatient Peer Counseling Program will conduct at least 100 psycho-social groups to support clients in developing social connections in the community. This will be evidenced by participation records kept by Peer Counselors as the groups take place. Lead Peer Counselor will also report to Program Director progress towards this objective via in-person meetings and written reports. Program Director will provide feedback based on these reports to support counselors in meeting this objective.
  
2. At least 80% of the clients will express overall satisfaction with services that they received through the Outpatient Peer Counseling Program. This will be evidenced by client satisfaction surveys administered once each year. The collected data will be summarized and analyzed by Program Director and will be presented to program staff and RAMS management.

**8. Continuous Quality Assurance and Improvement**

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-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 database system to develop a report on service units. In addition, the Program Director monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and service discharge/exit reasons.

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

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Program Director on a quarterly basis; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and

the match to client's progress & service needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of care topics are integrated throughout staff meetings and other clinical discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. course progress, caseload with regard to intervention strategies and service plans & progress), documentation, productivity, etc.

### C. Measurement of cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of 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, 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 annually administers a staff satisfactions survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

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

**D. Measurement of client satisfaction**

The Peer Specialist Mental Health Certificate program, for each cohort, conducts a written participant satisfaction survey (twice/annual) and focus group (twice/annually). The Peer Counseling Program conducts an annual client satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; collected data is tabulated and summarized. The Program Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS Quality Assurance Council. The Program Director also collaborates with staff, RAMS Executive Management, and Quality Assurance Council to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

**E. Measurement, analysis, and use of ANSA data**

ANSA data 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





**1. Identifiers:**

Program Name: i-Ability, Vocational IT (Hire-Ability Vocational 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, 639 14th Avenue  
City, State, Zip: San Francisco, CA 94118  
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Program Code(s): 38B6A2

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

New     Renewal     Modification

**3. Goal Statement**

The primary program goals of the i-Ability, Vocational IT are to (1) provide high quality designated IT support services to CBHS (Helpdesk; Desktop; Advanced Helpdesk) and (2) engage consumers for improved emotional/physical well-being and quality of life, positive engagement in the community, increase self-sufficiency, and obtain & retain competitive employment.

i-Ability is a program of the RAMS Hire-Ability Vocational Services which offers a full spectrum of vocational training and employment services.

**4. Target Population**

The target populations are San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who are eligible to receive behavioral health services through CBHS. Particular outreach is to consumers who have minimal work skills and/or work exposure, and may benefit from a structured vocational training program. There is a special focus on APIA communities (Chinese and Tagalog), both immigrants and US-born, a group that is traditionally underserved.

Training and services are primarily provided on-site at CBHS (1380 Howard Street, SF, CA 94103) and/or RAMS Hire-Ability Vocational Services (94107).

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

Hire-Ability i-Ability (Vocational IT) includes three components: (1) Helpdesk Project, (2) Desktop Project, and (3) Advanced Helpdesk Project.

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

Workforce Development (MHSA Modality)

- For the Avatar Helpdesk Training component, this contract year includes two cohorts with each cohort enrolling at least eight trainees (total of at least 16 trainees)
- For the Desktop Training component, this contract year includes two cohorts with each cohort enrolling at least seven trainees (total of 14 trainees)
- For the Advanced Helpdesk Training component, this contract year includes two cohorts with each enrolling at least five trainees (total of at least 10 trainees)
- For Helpdesk, Desktop, and Advanced Helpdesk components, a full cohort's training duration is nine months with trainees/interns engaged 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 Helpdesk, Desktop & Advanced Helpdesk trainee/intern receives 10-15 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.

## 6. Methodology

### A. 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 18,000 adults, children, youth & families at over 90 sites, citywide. Hire-Ability's primary referral sources are SFDPH outpatient behavioral health services; as such, the program's staff maintains regular office hours at these sites and closely 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. Hire-Ability 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 CBHS Vocational Coordinator, to various CBHS providers (e.g. outpatient clinics & residential facilities within the system-of-care).

### B. 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/Open Houses 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.

- 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 three components:

- 1) Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support. Through classroom and paid, on-the-job training, trainees gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, health care 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 CBHS computers/hardware to receive support and maintenance within CBHS computing environment. Through classroom and paid, on-the-job training, trainees gain skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months with no overlap.
- 3) Advanced Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support as well as for interns to provide additional support to the Avatar Super User community. Through classroom and paid, on-the-job training, interns increase their skills regarding troubleshooting basic and super user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, health care confidentiality policies & practices, etc. The interns 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.

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 CBHS (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 (Helpdesk, Desktop, and Advanced 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 usually 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 two 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, Vocational IT also offers structured groups (e.g. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by Vocational Rehabilitation Counselors, the groups provide positive peer support & pressure, focus on interpersonal relationships, support network for specific 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, CBHS), taking place at RAMS and/or the vendor (CBHS, if possible) or partner's site, depending on feedback and offered at various days and times.

FY 2014-2015 incorporates the continued operation of the Helpdesk, Desktop and Advanced Helpdesk Components. Significant activities are listed below:

| Activity  | First Quarter<br>(July-Sept 2014) | Second<br>Quarter (Oct-<br>Dec 2014) | Third<br>Quarter<br>(Jan-Mar<br>2015) | Fourth<br>Quarter<br>(Apr-June<br>2015) |
|---|-----------------------------------|--------------------------------------|---------------------------------------|---|
| Advisory Committee Meetings                       |                                   |                                      | Jan                                   |   |
| Helpdesk Orientation/Open House                   | Aug/Sept                          |                                      |                                       |   |
| Helpdesk Applications Due & Selection             | Sept                              | Oct                                  |                                       |   |
| Helpdesk Cohort #5 ends                           |                                   | Nov                                  |                                       |   |
| Helpdesk Cohort #6 begins                         |                                   | Oct                                  |                                       |   |
| Desktop Orientation/Open House                    | Aug/Sept                          |                                      |                                       |   |
| Desktop Applications Due & Selection              | Sept                              | Oct                                  |                                       |   |
| Desktop Cohort #3 ends                            |                                   | Oct                                  |                                       |   |
| Desktop Cohort #4 begins                          |                                   | Nov                                  |                                       |   |
| Advanced Helpdesk Application/Orientation         |                                   | Nov                                  |                                       |   |
| Advanced Helpdesk Applications<br>Due & Selection |                                   | Dec                                  |                                       |   |
| Advanced Helpdesk #1 ends                         |                                   |                                      | Jan                                   |   |

|                              |  |     |  |  |
|------------------------------|--|-----|--|--|
| Advanced Helpdesk # 2 begins |  | Dec |  |  |
|------------------------------|--|-----|--|--|

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. 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 health care 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

See CBHS Appendix B.

F. Mental Health Services Act Programs

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

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 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 solicits 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 a multi-disciplinary advisory committee. Membership includes consumer representation, CBHS, and RAMS with involvement from program participants (graduates). This committee meets quarterly and evaluates program components while advising on its further development and implementation.

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

RAMS recruits 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.

3. MHS Vision: Collaboration with different systems to increase 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 Hire-Ability specifically works with includes, but is not limited to: CBHS (as the program is primarily providing classroom and on-the-job training, on-site at CBHS' location using the CBHS system); engaging in the San Francisco's Mayor's Committee on Disabilities (monthly meeting that involves various systems serving/providing vocational services); SFYEC-San Francisco's Youth Employment Coalition, 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 CBHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, 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

1. MHS GOAL: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants
  - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will have met their vocational goals, which are collaboratively developed between the Vocational Rehabilitation Counselor and trainee; this will be evidenced by Vocational Plan summary reports.
2. MHS GOAL: Increased ability to cope with stress and express optimism and hope for the future
  - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will indicate improvements to their coping abilities; this will be evidenced by post-program evaluations and satisfaction surveys.
3. MHS GOAL: Increased interest and readiness for employment in the behavioral health system for targeted populations, including enrollment in post-secondary behavioral health training programs.
  - a. *Individualized Performance Objective:* For each component, 75% of enrolled trainees will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field, thus increasing readiness for entry-level employment/internship/volunteerism in the information technology/behavioral health field; this will be evidenced by program completion records.
4. MHS GOAL: Program satisfaction.
  - a. *Individualized Performance Objective:* At program completion, 75% of trainees will express overall satisfaction with the program; this will be evidenced by the post-program satisfaction surveys.

5. MHSa GOAL: Exit interview.

- a. *Individualized Performance Objective:* At program completion, at least 75% of trainees will participate in exit interviews through focus groups or one-on-one interview to solicit feedback regarding the curriculum of the program, recruitment process, accessibility, and effectiveness; this will be evidenced by feedback summary notes

6. MHSa GOAL: Long term follow-up.

- a. *Individualized Performance Objective:* At least 75% of trainee graduates will respond/ participate in the three-month post-program survey to assess the program's impact on work and/or education placements

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 (Deputy Chief/Director of Clinical Services and Chief Executive Officer) 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), 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.

More specifically, RAMS Hire-Ability 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 Vocational Rehabilitation Counselor and consumer served, 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. The program coordinators also provide monthly reports to the Program Director to include progress towards performance objectives and productivity.

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

The program utilizes various mechanisms to review documentation quality. Chart review by supervisors, at the very minimum, 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. 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 agency's Quality Assurance Council conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy Chief/Director of Clinical Services, and another council member (or designee). Feedback will be provided directly to staff as well as general summaries at staff meetings.

### C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). 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, 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 annually disseminates a staff satisfaction survey and Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator; director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Satisfaction of services

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or twice annually. 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 Assurance Council, 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 biennial 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



1. **Identifiers:**

Program Name: Asian & Pacific Islander Mental Health Collaborative (APIMHC)  
Program Address: 4020 Balboa Street  
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Telephone: (415) 668-5998  
Fax: (415) 668-5996  
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue  
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Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations  
Telephone: (415) 800-0699  
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Program Code: Not Applicable.

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

New     Renewal     **Modification**

3. **Goal Statement**

The goal of the Asian & Pacific Islander Mental Health Collaborative is to promote mental wellness, increase awareness of mental health, and reduce the stigma of mental illness among the Filipino, Samoan, and Southeast Asian (Cambodian, Laotian, & Vietnamese) communities in San Francisco by implementing culturally and linguistically congruent mental health promotion activities across the lifespan in community settings.

4. **Target Population**

The target populations are three Asian & Pacific Islander (API) communities with the most significant mental health disparities in mental health services and service providers (per 2011-12 community needs assessment on identifying barriers and stigma around mental health services) that include the Filipino, Samoan, and Southeast Asian (Cambodian, Laotian, & Vietnamese) communities, with large pockets of migrant and immigrant APIs residing in predominantly low-income areas of San Francisco as identified by the following zip codes: South of Market (94103), Tenderloin (94102, 94109), Bayview-Hunters Point (94124), Potrero Hill (94108), and Visitacion Valley (94134). API Mental Health Collaborative (APIMHC) program will serve seniors, adults, families, and youth including all gender types and sexual orientations.

Richmond Area Multi-Services, Inc. (RAMS) is the lead agency of APIMHC and its collaborative partners are three workgroups representing the Filipino, Samoan, and Southeast Asian (Cambodians, Laotian, & Vietnamese) communities. Each workgroup lead organization will implement their respective workplans that they created for culturally and linguistically congruent mental health promotion activities. Each community workgroup consists of at least 6-8 community-based organizations and at least 24 community members, with an average of about 8 from each of the three communities. The three groups have representatives from the following agencies:

- *Filipino Mental Health Initiative-SF* – Bayanihan Community Center, South of Market Family Resource Center, Galing Bata Afterschool Program at Bessie Carmichael Elementary School, SOMCAN, Babae, Veterans Equity Center, Pinay Educational Partnerships, Mabuhay Health

Center, San Francisco State University, West Bay Multi-Services Center, SOMA FACT team, and other community organizations and members

- *Samoan Wellness Initiative* – Samoan Community Development Center, YMCA Beacon, Asian American Recovery Services, United Players, Samoan Churches (Body of Christ Church and Word of Life Church), and other community organizations and members
- *Southeast Asian Mental Health Initiative* – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, Vietnamese Family Services Center, Cambodian Community Development Inc., and other community organizations and members

## 5. Modality(ies)/Interventions

### Outreach and Engagement

APIMHC will implement culturally-relevant mental health outreach and engagement activities, reaching at least 300 Asian American and Pacific Islander (AA&PI) individuals. Activities include:

- Cultural Specific Mental Health Symposium
- Cultural Specific Community Gatherings/Celebrations/Festivals
- Community Workgroup Meetings
- Develop Community-Specific Resource Lists

### Screening and Assessment

APIMHC will screen and assess at least 60 AA&PI individuals for behavioral health needs and/or basic/holistic need using an AA&PI-specific assessment tool developed by RAMS and community partners.

- Develop one AA&PI culturally specific screening and assessment tool for behavioral health needs and/or basic/holistic needs.
- Pilot-test one AA&PI culturally specific screening and assessment tool with at least three API populations
- Screen and assess 60 AA&PI individuals for behavioral health needs and/or basic/holistic needs

### Wellness Promotion

APIMHC will implement culturally-relevant mental health promotion activities, reaching 100 AA&PI individuals. Activities will include, but are not limited to:

- Mental health awareness and promotion through piloting a culturally relevant psycho-education curriculum
- Community digital story viewing and dialogue (anti-stigma presentations)
- Cultural/Topic Specific Groups
- Community Garden

### Service Linkage

At least 25 AA&PI individuals identified through screening as needing behavioral health services and/or basic/holistic services will receive case management, have a case service plan, and have met at least one goal in the case service plan.

- Upon screening individuals for behavioral health services and/or basic/holistic services, community partner staff will develop case/care plans for at least 25 individuals to meet these needs. Community partner staff will then provide case management/service linkage services to these individuals to support them in achieving service objectives identified in their case/care plan. Upon exiting the program, these individuals would have completed at least one stated objective in their case/care plan.

## 6. Methodology

### Service Delivery Methodology

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

Community-based organizations (CBOs) who are already members of the community workgroups are committed to support this contract. For the Filipino Mental Health Initiative-SF (FMHI-SF), the Filipino American Development Foundation/Bayanihan Community Center (FADF-BCC) will lead the FMHI-SF. For the Samoan Wellness Initiative, the Samoan Community Development Center (SCDC) will lead the SWI. For the Southeast Asian Mental Health Initiative, due to the different cultural nuances and language capacity of the subgroups (Cambodian, Laotian, and Vietnamese), each organization – Lao Seri, Cambodian Community Development, Inc. (CCDI), Vietnamese Family Services Center (VFSC), and Vietnamese Youth Development Center (VYDC) – will lead their respective mental health promotion activities targeting their specific language groups.

Activities will be promoted via flyers in both English and each native language (flyers are emailed to all community partners and affiliates and posted in each partner organization and community), word of mouth, and by personal invitation by each organization's staff, RAMS partners, APIHPC members and on listserv, and other collaborative members.

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

Per the 2011-12 community needs assessment on identifying barriers and stigma around mental health services in API communities, Samoan, Filipino, and Southeast Asian (Cambodian, Laotian, & Vietnamese) groups experience the most disparities in mental health services and providers. APIMHC will admit and enroll participants in of the proposed activities: outreach and engagement, screening and assessment, wellness promotion activities, and service linkage from the five (5) language groups, particularly those residing in predominantly low-income areas of San Francisco as identified by the following zip codes: South of Market (94103), Tenderloin (94102, 94109), Bayview (94124), Potrero Hill (94108), and Visitacion Valley (94134). APIMHC's efforts will serve seniors, adults, families, and youth including all gender types and sexual orientations. The intake criteria are:

- **Outreach And Engagement Activities:** No intake criteria
- **Screening and Assessment:** Newly developed screening and assessment tool by RAMS and community partners will be used to identify AA&PI individuals as needing behavioral health services and/or basic/holistic services. Individuals can self-refer or be referred for screening and assessment, which will be integrated into APIMHC activities. Such individuals will be referred for services.
- **Wellness Promotion Activities:** 1) Psycho-education curriculum workshops will be open groups (community-wide), with at least 6 - 8 participants recruited from all APIMHC and community partner events and activities, including other partners. APIMHC partners will offer at least 10-12 workshops throughout the year and each session will be 90 minutes to 2 hours. Workshops will be facilitated by trained bicultural/bilingual facilitators. 2) Anti-stigma presentations through digital stories will continue and can be embedded into curriculum workshops or as stand-alone events. Participants will be recruited from APIMHC and community partner events and activities, other partner events, community/cultural events, and through referrals and by invitation; 3) Cultural/Topic Specific Groups will be formed based on a cultural topic or topic of interest with at least 4 - 6 participants recruited from open groups and other APIMHC and community partner events and activities. Groups will meet monthly and lead by a bicultural/bilingual individual.

Group will work together to determine group goals and activities to meet such goals, as well as the structure: open or closed; 4) Community Garden for the Samoan Wellness Initiative will continue to organize community gardening activities, targeting seniors, youth, parents, families and children, other interested community members and individuals, and staff.

- **Service Linkage:** Individuals will be referred to case management/service linkage services upon being identified as having behavioral health/basic/holistic needs through the completion of an AA&PI cultural-specific assessment tool. These individuals consenting to receiving services will then be admitted to the APIMHC case management/service linkage program. Together with a case manager, individuals will develop a case/care plan (with several goals) to address their needs.
- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

### **OUTREACH AND ENGAGEMENT**

APIMHC will implement culturally-relevant mental health outreach and engagement activities, reaching 300 AA&PI individuals. Information about APIMHC and community partner's activities and services will be distributed.

- Cultural specific Mental Health Symposium: **FMHI-SF** collaborates with SFSU Filipino student organizations, faculty and staff to host a Filipino Mental Health Symposium at SFSU in spring 2015. This will be an all-day event. The target audience is mainly Filipino students at SFSU, Filipino community members and providers, other students from surrounding colleges and universities, and API communities at large. Through sharing stories and resources, APIMHC aims to empower, dispel stigmas around mental health, and provide a place for others to meet people who are serving the Filipino and Filipino American communities.
- Cultural specific community gatherings/celebrations/festivals: Each community workgroups will organize community wide outreach and engagement events in special fairs and/or community gatherings in the community and at temples or churches and other community functions. In addition, community partners will organize and plan cultural specific events to celebrate specific festivals and traditional holidays. At such events, the emphasis will be on cultural performances, sharing of traditional and ceremonial practices and beliefs, sharing of traditional meals, imparting of spiritual and healing practices, Monk blessings, exchanging resources through networking opportunities, engaging in meaningful ways, among others. **VYDC and VFSC** will host a Tet/Vietnamese New Year celebration in early February. **Lao Seri and CCDI** will host a community gathering at Southeast Asian Community Center to celebrate New Year in April. **SCDC** will organize a community day in spring 2015, bringing together families, various religious denominations, and interested individuals. Each event lasts four to six hours. Other APIMHC activities and plans will be distributed/shared with participants.
- Community Workgroup Meetings: Each community workgroup will convene monthly meetings to discuss progress, share best practices, disseminate program information, provide support to all workgroup members, and to assess missing representation among each of the 3 workgroups.
- Develop Community-Specific Resource Lists: Each community partner will compile resource lists of services and resources that can help support partner's specific population. Such services include basic, holistic, and behavioral health for referrals and service linkage. The list will service as a helping "guide" and also identifying gaps in services and resources for our communities.

### **SCREENING AND ASSESSMENT**

APIMHC will work in collaboration with California School of Professional Psychology (Alliant International University) clinical research intern to develop a culturally appropriate screening tool to identify the behavioral health and/or basic/holistic needs of the AA&PI population. Three of the APIMHC partners (Lao Seri, CCDI, and VFSC) will provide direct input into the development of the screening tool. Once the tool is developed, all APIMHC community partners will implement the tool to screen at least 60 individuals across each of the communities. Community partnering staff will then provide referral to appropriate resources to individuals identified as needing behavioral health and/or basic/holistic needs through the screening tool.

### **WELLNESS PROMOTION**

APIMHC will implement culturally-relevant mental health promotion activities through culturally-relevant psycho-education workshops, reaching at least 100 community members.

- **Pilot Psycho-Education Curriculum:** Each of the APIMHC partners will hold a series of wellness promotion workshops that will deliver the content of a psycho-education curriculum that promotes culturally specific wellness strategies. Curriculum design is a collaborative effort between RAMS and each of APIMHC community partners. While RAMS provides expertise on mental health issues, each partner will tailor the curriculum to address cultural specific issues within their communities. The curriculum has four core areas, focusing on meaningful ways to integrate conventional and traditional health practices and beliefs: Understanding the basics of mental health/mental illness; Exploring the impact of trauma and community issues; Interventions and Treatments; and, How to Help/Respond). A large portion of the 2-hour sessions will be dedicated to community discussion related to the curriculum core areas in order to get a better and deeper understanding of how each specific group perceive and describe mental health and/or mental illness in their own language and cultural understanding. Discussions will also identify gaps in existing services and resources and begin building enabling services to help individuals access and/or overcome barriers to services. Format of the workshops will vary to accommodate the needs of each partnering communities. In general, each partner will conduct at least 10-12 sessions to cover all the materials in the curriculum. There will be at least 6-8 participants in each workshop.
- **Anti-Stigma Presentations:** Each community partner will continue to conduct anti-stigma presentations through digital story viewing and dialogue, with the goal of raising awareness of mental health and reducing stigma. 14 digital stories anchor this activity and each partner will screen their community/language specific digital stories. Some of the stories were told through the storyteller's primary language and other stories were told in English. A wide range of issues were covered in the stories to include war and community trauma, PTSD, immigration and acculturation, personal suffering and obligations, gambling, domestic violence, identity, refugee experience, generational and cultural gaps, resilience, traditional healing practices and beliefs, among others. Each viewing and dialogue session will be about 2-3 hours usually at community settings. Viewing and dialogue will either be embedded into the curriculum sessions or as a stand-alone activity.
- **Cultural/Topic Specific Group:** APIMHC partners - Cambodian, Filipino, Laotian, and Samoan - will develop and implement cultural specific groups to promote overall wellness of members within the communities. Format and content of the groups will be determined by community partners to best accommodate the needs of their respective communities. Groups will meet monthly and facilitated by bicultural/bilingual facilitators. Each group will formulate their own goals and activities to address specific issues and topics that are prevalent in each community.

Sample topics may include: domestic violence, immigration experience, parenting, youth, coping and dealing with stress, among others.

- **Community Garden:** Samoan Wellness Initiative will continue organizing community gardening activities this year. Participants are recruited from SCDC's programs for seniors, youth, parents, families and children, other interested community members and individuals, staff, and other partners. At least 18-20 individuals will be involved to support and maintain the garden, engaging in physical activity to promote healthy behaviors, and creating opportunity for intergenerational dialogue and learning. Garden will plant fruits, vegetables, flowers, and healing plants.
- **Tagalog Mental Health First Aid Workshops:** FMHI-SF will conduct training workshops for seniors, community members, and providers to provide basic education around issues of mental health wellness. The 8-hour training will be facilitated in Tagalog and English by a Tagalog speaking MHFA trainer. Workshops will be taught in either 2 4-hour sessions or 4 2-hour sessions. Participants will be recruited from FADF-BCC programs, FMHI-SF events and activities, other partner events, schools, and through referrals from other agencies, and even churches. Workshops will be facilitated by trained bicultural and bilingual facilitators certified in the MHFA training. A large portion of the 2-hour sessions will be dedicated to community discussion related to the curriculum core areas in order to get a better and deeper understanding of how Filipinos perceive and describe mental health and/or mental illness in their own language and cultural understanding. Discussions will also identify gaps in existing services and resources and begin building enabling services to help individuals access and/or overcome barriers to services. Facilitators will be bicultural/bilingual individuals who will be trained in all areas of curriculum delivery.

### SERVICE LINKAGE

Upon screening individuals for behavioral health services and/or basic/holistic services, community partner program staff will develop case/care plans for at least 25 individuals to meet these needs. Program staff will then provide case management/service linkage services to these individuals to support them in achieving service objectives identified in their case/care plan. Upon exiting the program, these individuals would have completed at least one stated objective in their case/care plan.

#### D. Discharge planning and exit criteria and process

Each community workgroups will measure the number of participants who attend or participate in their planned activities and services. Successful completion will be determined by:

- Outreach and Engagement: # of events completed; # of participants attending events
- Screening and Assessment: # of individuals screened and assessed; then referred for services
- Wellness Promotion: # of activities completed; # of participants completing activities
- Service Linkage: # of individuals successfully meeting at least ONE goal on their case/care plan

#### E. Program staffing

See CBHS Appendix B.

- APIMHC Project Coordinator will coordinate project activities with six collaborative partners representing the Cambodian (1), Filipino (1), Laotian (1), Samoan (1), and Vietnamese (2) communities to strengthen their capacity to implement culturally and linguistically competent mental health promotion activities in community settings. The Project Coordinator will report directly to the Director of Peer Services and also work closely with the Mental Health Consultants, President & CEO, and CFO as well as SF-MHSA CBHS. This is a full-time position.



- Mental Health Consultant provides mental health consultation to the workgroups in supporting them in all activities and services and any other mental health related issues that may arise:
- Director provides guidance and support to Project Coordinator, Mental Health Consultant and workgroups in service delivery and evaluation.

Each workgroup lead organization will fulfill work plans in meeting goals/objectives.

#### F. Mental Health Services Act Programs

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

Through the whole process, community members (seniors, adults, families, including all gender and sexual orientation) will be outreached to, recruited from, and engaged by the identified community-based organizations via flyers, word of mouth, print media, and social media. They (along with service providers) will be involved in the design and implementation of their multi-component, community-driven mental health promotion activities in their respective community settings.

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

APIMHC's activities will promote strength-based, culturally competent mental health promotion activities in seniors, adults, families, and youth. The Collaborative will work to strengthen community capacity to respond to individual, family, or community trauma. We will tap into each community's resilience and members to support our efforts. And thus, expanding and shifting the role of individuals, families, and communities (Cambodians, Filipino, Laotians, Samoans, and Vietnamese in creating effective strategies for increasing awareness of mental health, reducing the stigma of mental illness, and promoting mental wellness in culturally and linguistically congruent ways.

#### 7. Objectives and Measurements

- *Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based)*
  1. By June 30, 2015, 300 AA&PI individuals will be contacted through community-specific events (such as cultural specific mental health symposium, community gatherings, celebrations, festivals, workgroup meetings) as shown by signatures on a sign-in log, collected by community partners staff and stored in a labeled binder at the RAMS office.
  2. By June 30, 2015, 100 AA & PI individuals will participate in culturally-relevant psycho-education workshops as evidenced by signatures on a sign-in sheet collected by community partner staff and stored in a labeled binder at the RAMS office.
- *Increased access to and utilization of behavioral health services (and/or basic/holistic services)*
  1. At the end of FY 2014-2015, 60 AA&PI individuals will be screened and/or assessed for behavioral health needs and/or basic/holistic needs using an AA&PI specific assessment tool developed by RAMS and community partners, as evidenced by assessment summary reports generated by community partners and stored in a labeled binder at the RAMS office.

2. By the end of FY 2014-2015, 25 AA & PI individuals screened for behavioral health and/or basic/holistic services will be referred to such services as evidenced by completed forms collected by community-partner staff and stored in a labeled binder at the RAMS office.
  3. By June 30, 2015, 25 AA&PI individuals will receive case management for behavioral health and/or basic/holistic services as evidenced by the completed forms stored (in community partner's locked filed) and case management client list (with unique identifier) in a labeled binder at the RAMS office.
  4. By June 30, 2015, 25 AA & PI individuals will have a written case/care plan as evidenced by completed forms stored (in community partner's locked filed) and case management client list (with unique identifier) in a labeled binder at the RAMS office.
  5. By June 30, 2015, 25 AA&PI individuals will achieve at least one goal in their case/care plan as evidenced by caseload summary report generated by community partners and stored in a labeled binder at the RAMS office.
- *Participant Feedback Survey*
    1. At the end of FY 2014-2015, 80% of participants in culturally-relevant psycho-education curriculum sessions will demonstrate increased knowledge about mental health issues as measured by responses to the items on the *Participant Feedback Survey* administered and collected by staff and stored in a labeled binder at the RAMS office.

## **8. Continuous Quality Assurance and Improvement**

### **A. Achievement of contract performance objectives and productivity**

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information.

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

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Program Director/Program Coordinator on a quarterly basis; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to community partners' progress & needs. Feedback is provided to staff/providers while general feedback and summaries on documentation and service quality topics are integrated throughout staff/community meetings and other discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. workplan progress), documentation, productivity, etc.

### **C. Measurement of cultural competency of staff and services**

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on quarterly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of 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, 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 annually administers a staff satisfactions survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

#### D. Measurement of client satisfaction

APIMHC administers a *Participant Feedback Survey* which measures satisfaction as well as increased knowledge about mental health issues. The surveys are tabulated and the data is summarized. The Program Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS Quality Assurance Council. The Program Director also collaborates with staff, RAMS Executive Management, and Quality Assurance Council to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

#### E. Measurement, analysis, and use of ANSA data

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

**9. Required Language:**

N/A

## Appendix B Calculation of Charges

### 1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates): B-1, B-2 and B-3

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

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget): B-5, B-6 and B-7

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

### B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The

amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

**2. Program Budgets and Final Invoice**

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

Budget Summary

- Appendix B-1 Adult & Older Adult Outpatient
- Appendix B-2 HireAbility
- Appendix B-3 Broderick Residential CBHS
- Appendix B-4 Broderick Residential HUH
- Appendix B-5 Peer Certificate
- Appendix B-6 Vocational IT
- Appendix B-7 APIHPC

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Thirty Three Million Five Hundred Ninety One Thousand Five Hundred Eighty Six Dollars (\$33,591,586) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,179,196 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

|  |             |                       |
|--|-------------|-----------------------|
| July 1, 2010 through December 31, 2010<br>(Encumbered under BPHM065000007) | \$1,383,519 | Total: FY10/11 Amount |
| January 1, 2011 through June 30, 2011                                      | \$1,281,460 | \$2,664,979           |
| July 1, 2011 through June 30, 2012   | \$3,930,161 |                       |
| July 1, 2012 through June 30, 2013   | \$4,216,814 |                       |

|   |              |                     |
|---|--------------|---------------------|
| July 1, 2013 through June 30, 2014            | \$4,472,368  |                     |
| July 1, 2014 through June 30, 2015            | \$4,867,624  |                     |
| July 1, 2015 through June 30, 2016            | \$4,867,624  |                     |
| July 1, 2016 through June 30, 2017            | \$4,925,885  |                     |
| July 1, 2017 through December 31, 2017        | \$2,466,935  |                     |
| <b>July 1, 2010 through December 31, 2017</b> | <b>Total</b> | <b>\$32,412,390</b> |
| <b>Contingency</b>                            |              | <b>\$1,179,196</b>  |
| <b>G. Total</b>                               |              | <b>\$33,591,586</b> |

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

(4) CONTRACTOR further understands that, \$1,383,519 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500007 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500007 for the Fiscal Year 2010-11.

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

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

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

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





**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

**DPH 1: Department of Public Health Contract Budget Summary**

| DHCS Legal Entity Number (MH): 00343   |                                  | Prepared By/Phone #: Ken Choi/415-800-0699 x205 |                              | Fiscal Year: FY15-16         |   |                             |                                 |                  |
|--|----------------------------------|---|------------------------------|------------------------------|---|-----------------------------|---------------------------------|------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. |                                  | Document Date: 7/1/2015                         |                              | page 4                       |   |                             |                                 |                  |
| Contract Appendix Number:  | B-1                              | B-2   | B-3                          | B-4                          | B-5   | B-6                         | B-7                             |                  |
| Appendix A/Provider Name:  | Adult Outpatient Services Clinic | Employee Development                            | Broderick St Residential-BHS | Broderick St Residential-HUH | Peer Specialist MH Certificate & P2P Counseling | i-Ability Vocational IT     | API Mental Health Collaborative |                  |
| Provider Number  | 3894                             | 38B6  | 3894                         | 3894                         | 3894  | 38B6                        | 3894                            |                  |
| Program Code(s)  | 38943                            | 38B62   | 38948                        | 38948                        | 3894IN  | 38B6A2                      | TBD                             |                  |
| FUNDING TERM:  | 07/01/15-06/30/16                | 07/01/15-06/30/16                               | 07/01/15-06/30/16            | 07/01/15-06/30/16            | 07/01/15-06/30/16                               | 07/01/15-06/30/16           | 07/01/15-06/30/16               | TOTAL            |
| <b>FUNDING USES</b>  |                                  |   |                              |                              |   |                             |                                 |                  |
| Salaries & Employee Benefits:  | \$1,581,605                      | \$91,742  | \$513,509                    | \$1,028,471                  | \$167,287                                       | \$509,086                   | \$102,873                       | 3,994,573        |
| Operating Expenses:  | 131,758                          | 10,764  | 6,830                        | 217,090                      | 91,899  | 31,433                      | 211,971                         | 701,745          |
| Capital Expenses:  | -                                | -   | -                            | -                            | -   | -                           | -                               | -                |
| Subtotal Direct Expenses:  | 1,713,363                        | 102,506   | 520,339                      | 1,245,561                    | 259,186   | 540,519                     | 314,844                         | 4,696,318        |
| Indirect Expenses:   | 205,604                          | 12,301  | 62,441                       | 149,467                      | 31,102  | 64,862                      | 37,781                          | 563,558          |
| Indirect %:  | 12%                              | 12%   | 12%                          | 12%                          | 12%   | 12%                         | 12%                             | 12%              |
| <b>TOTAL FUNDING USES</b>  | <b>1,918,967</b>                 | <b>114,807</b>                                  | <b>582,780</b>               | <b>1,395,028</b>             | <b>290,288</b>                                  | <b>605,381</b>              | <b>352,625</b>                  | <b>5,259,876</b> |
|  |                                  |   |                              |                              |   | Employee Fringe Benefits %: |                                 | 32%              |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>   |                                  |   |                              |                              |   |                             |                                 |                  |
| MH FED - SDMC Regular FFP (50%)  | 862,640                          | -   | 277,297                      | -                            | -   | -                           | -                               | 1,139,937        |
| MH STATE - 1991 MH Realignment   | 515,080                          | 49,778  | 200,393                      | -                            | -   | -                           | -                               | 765,251          |
| MH COUNTY - General Fund   | 440,046                          | 65,029  | 105,090                      | -                            | -   | -                           | -                               | 610,165          |
| MH 3RD PARTY - Medicare  | 101,201                          | -   | -                            | -                            | -   | -                           | -                               | 101,201          |
| MH STATE - MHSA (WET)  | -                                | -   | -                            | -                            | 290,288   | -                           | -                               | 290,288          |
| MH STATE - MHSA (PEI)  | -                                | -   | -                            | -                            | -   | -                           | 352,625                         | 352,625          |
| MH STATE - MHSA (IT) Information Technology  | -                                | -   | -                            | -                            | -   | 605,381                     | -                               | 605,381          |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                                       | <b>1,918,967</b>                 | <b>114,807</b>                                  | <b>582,780</b>               | <b>-</b>                     | <b>290,288</b>                                  | <b>605,381</b>              | <b>352,625</b>                  | <b>3,864,848</b> |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>   |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                     | <b>-</b>                         | <b>-</b>  | <b>-</b>                     | <b>-</b>                     | <b>-</b>  | <b>-</b>                    | <b>-</b>                        | <b>-</b>         |
| <b>OTHER DPH FUNDING SOURCES</b>   |                                  |   |                              |                              |   |                             |                                 |                  |
| HUH - General Fund   | -                                | -   | -                            | 1,002,776                    | -   | -                           | -                               | 1,002,776        |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>   | <b>-</b>                         | <b>-</b>  | <b>-</b>                     | <b>1,002,776</b>             | <b>-</b>  | <b>-</b>                    | <b>-</b>                        | <b>1,002,776</b> |
| <b>TOTAL DPH FUNDING SOURCES</b>   | <b>1,918,967</b>                 | <b>114,807</b>                                  | <b>582,780</b>               | <b>1,002,776</b>             | <b>290,288</b>                                  | <b>605,381</b>              | <b>352,625</b>                  | <b>4,867,624</b> |
| <b>NON-DPH FUNDING SOURCES</b>   |                                  |   |                              |                              |   |                             |                                 |                  |
|  |                                  |   |                              |                              |   |                             |                                 |                  |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   | <b>-</b>                         | <b>-</b>  | <b>-</b>                     | <b>392,252</b>               | <b>-</b>  | <b>-</b>                    | <b>-</b>                        | <b>392,252</b>   |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                                       | <b>1,918,967</b>                 | <b>114,807</b>                                  | <b>582,780</b>               | <b>1,395,028</b>             | <b>290,288</b>                                  | <b>605,381</b>              | <b>352,625</b>                  | <b>5,259,876</b> |

**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |   |                                  |                                  |                                  |                             |                  |
|---|---|----------------------------------|----------------------------------|----------------------------------|-----------------------------|------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                                  |                                  |                                  | Appendix/Page #: B-1 page 1 |                  |
| Provider Name: RAMS   |   |                                  |                                  |                                  | Document Date: 7/1/2015     |                  |
| Provider Number: 3894   |   |                                  |                                  |                                  | Fiscal Year: FY15-16        |                  |
| Program Name:   | Adult Outpatient Services Clinic        | Adult Outpatient Services Clinic | Adult Outpatient Services Clinic | Adult Outpatient Services Clinic |                             |                  |
| Program Code (formerly Reporting Unit):   | 38943                                   | 38943                            | 38943                            | 38943                            |                             |                  |
| Mode/SFC (MH) or Modality (SA)  | 15/01-09                                | 15/10-57, 59                     | 15/60-69                         | 15/70-79                         |                             |                  |
| Service Description:  | OP-Case Mgt Brokerage                   | OP-MH Svcs                       | OP-Medication Support            | OP-Crisis Intervention           | 0                           | TOTAL            |
| FUNDING TERM:   | 07/01/15-06/30/16                       | 07/01/15-06/30/16                | 07/01/15-06/30/16                | 07/01/15-06/30/16                |                             |                  |
| <b>FUNDING USES</b>   |   |                                  |                                  |                                  |                             |                  |
| Salaries & Employee Benefits:   | 33,922                                  | 1,046,731                        | 493,951                          | 7,001                            |                             | 1,581,605        |
| Operating Expenses:   | 2,826                                   | 87,199                           | 41,149                           | 584                              |                             | 131,758          |
| Capital Expenses (greater than \$5,000):  | -                                       | -                                | -                                | -                                |                             | -                |
| Subtotal Direct Expenses:   | 36,748                                  | 1,133,930                        | 535,100                          | 7,585                            |                             | 1,713,363        |
| Indirect Expenses:  | 4,410                                   | 136,072                          | 64,212                           | 910                              |                             | 205,604          |
| <b>TOTAL FUNDING USES:</b>  | <b>41,158</b>                           | <b>1,270,002</b>                 | <b>599,312</b>                   | <b>8,495</b>                     |                             | <b>1,918,967</b> |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                  |                                  |                                  |                             |                  |
| MH FED - SDMC Regular FFP (50%)   | HMHMCC730515                            | 18,460                           | 570,895                          | 270,179                          | 3,106                       | 862,640          |
| MH STATE - 1991 MH Realignment  | HMHMCC730515                            | 11,023                           | 340,880                          | 161,323                          | 1,854                       | 515,080          |
| MH COUNTY - General Fund  | HMHMCC730515                            | 9,417                            | 291,222                          | 137,822                          | 1,585                       | 440,046          |
| MH 3RD PARTY - Medicare   | HMHMCC730515                            | 2,258                            | 67,005                           | 29,988                           | 1,950                       | 101,201          |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>41,158</b>                    | <b>1,270,002</b>                 | <b>599,312</b>                   | <b>8,495</b>                | <b>1,918,967</b> |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                  |                                  |                                  |                             |                  |
|   |   |                                  |                                  |                                  |                             |                  |
|   |   |                                  |                                  |                                  |                             |                  |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   |                                  |                                  |                                  |                             |                  |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                  |                                  |                                  |                             |                  |
|   |   |                                  |                                  |                                  |                             |                  |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   |                                  |                                  |                                  |                             |                  |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>41,158</b>                    | <b>1,270,002</b>                 | <b>599,312</b>                   | <b>8,495</b>                | <b>1,918,967</b> |
| <b>NON-DPH FUNDING SOURCES</b>  |   |                                  |                                  |                                  |                             |                  |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   |                                  |                                  |                                  |                             |                  |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>41,158</b>                    | <b>1,270,002</b>                 | <b>599,312</b>                   | <b>8,495</b>                | <b>1,918,967</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                                  |                                  |                                  |                             |                  |
| Number of Beds Purchased (if applicable)  |   |                                  |                                  |                                  |                             |                  |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                                  |                                  |                                  |                             |                  |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                                  |                                  |                                  |                             |                  |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | FFS                                     | FFS                              | FFS                              | FFS                              |                             |                  |
| DPH Units of Service:   | 19,323                                  | 461,819                          | 117,743                          | 2,077                            |                             |                  |
| Unit Type:  | Staff Minute                            | Staff Minute                     | Staff Minute                     | Staff Minute                     | 0                           |                  |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 2.13                                    | 2.75                             | 5.09                             | 4.09                             |                             |                  |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 2.13                                    | 2.75                             | 5.09                             | 4.09                             | 0.00                        |                  |
| Published Rate (Medi-Cal Providers Only):   | 2.13                                    | 2.75                             | 5.09                             | 4.09                             |                             |                  |
| Unduplicated Clients (UDC):   | 1,200                                   | Included                         | Included                         | Included                         |                             | Total UDC: 1,200 |





**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |   |                |      |      |      |                             |
|---|---|----------------|------|------|------|-----------------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                |      |      |      | Appendix/Page #: B-2 Page 1 |
| Provider Name: RAMS   |   |                |      |      |      | Document Date: 7/1/2015     |
| Provider Number: 38B6   |   |                |      |      |      | Fiscal Year: FY15-16        |
| Program Name:   | Employee Development                    |                |      |      |      |                             |
| Program Code (formerly Reporting Unit):   | 38B62                                   |                |      |      |      |                             |
| Mode/SFC (MH) or Modality (SA):   | 10/30-39                                |                |      |      |      |                             |
| Service Description:  | DS-Vocational                           | 0              | 0    | 0    | 0    | <b>TOTAL</b>                |
| <b>FUNDING TERM:</b>  | <b>07/01/15-06/30/16</b>                | -              | -    | -    | -    |                             |
| <b>FUNDING USES</b>   |   |                |      |      |      |                             |
| Salaries & Employee Benefits:   | \$91,742                                |                |      |      |      | <b>91,742</b>               |
| Operating Expenses:   | 10,764                                  |                |      |      |      | <b>10,764</b>               |
| Capital Expenses (greater than \$5,000):  | -                                       |                |      |      |      | -                           |
| <b>Subtotal Direct Expenses:</b>  | <b>102,506</b>                          | -              | -    | -    | -    | <b>102,506</b>              |
| Indirect Expenses:  | 12,301                                  |                |      |      |      | <b>12,301</b>               |
| <b>TOTAL FUNDING USES:</b>  | <b>114,807</b>                          | -              | -    | -    | -    | <b>114,807</b>              |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |      |      |      |                             |
| MH STATE - 1991 MH Realignment  | HMHMCC730515                            | 49,778         |      |      |      | <b>49,778</b>               |
| MH COUNTY - General Fund  | HMHMCC730515                            | 65,029         |      |      |      | <b>65,029</b>               |
|   |   |                |      |      |      | -                           |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>114,807</b> | -    | -    | -    | <b>114,807</b>              |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |      |      |      |                             |
|   |   |                |      |      |      | -                           |
|   |   |                |      |      |      | -                           |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   | -              | -    | -    | -    | -                           |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |      |      |      |                             |
|   |   |                |      |      |      | -                           |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | -              | -    | -    | -    | -                           |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>114,807</b> | -    | -    | -    | <b>114,807</b>              |
| <b>NON-DPH FUNDING SOURCES</b>  |   |                |      |      |      |                             |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | -              | -    | -    | -    | -                           |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>114,807</b> | -    | -    | -    | <b>114,807</b>              |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                |      |      |      |                             |
| Number of Beds Purchased (if applicable)  |   |                |      |      |      |                             |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                |      |      |      |                             |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                |      |      |      |                             |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | FFS                                     |                |      |      |      |                             |
| DPH Units of Service:   | 1,561                                   |                |      |      |      |                             |
| Unit Type:  | Client Full Day                         | 0              | 0    | 0    | 0    |                             |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 73.53                                   |                |      |      |      |                             |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 73.53                                   | 0.00           | 0.00 | 0.00 | 0.00 |                             |
| Published Rate (Medi-Cal Providers Only):   |   |                |      |      |      |                             |
| Unduplicated Clients (UDC):   | 35                                      |                |      |      |      | <b>Total UDC: 35</b>        |





**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |   |                              |                              |                              |                             |                |
|---|---|------------------------------|------------------------------|------------------------------|-----------------------------|----------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                              |                              |                              | Appendix/Page #: B-3 page 1 |                |
| Provider Name: RAMS   |   |                              |                              |                              | Document Date: 7/1/2015     |                |
| Provider Number: 3894   |   |                              |                              |                              | Fiscal Year: FY15-16        |                |
| Program Name:   | Broderick St Residential-BHS            | Broderick St Residential-BHS | Broderick St Residential-BHS | Broderick St Residential-BHS |                             |                |
| Program Code (formerly Reporting Unit):   | 38948                                   | 38948                        | 38948                        | 38948                        |                             |                |
| Mode/SFC (MH) or Modality (SA)  | 15/01-09                                | 15/10-57, 59                 | 15/60-69                     | 15/70-79                     |                             |                |
| Service Description:  | OP-Case Mgt Brokerage                   | OP-MH Svcs                   | OP-Medication Support        | OP-Crisis Intervention       | 0 TOTAL                     |                |
| FUNDING TERM:   | 07/01/15-06/30/16                       | 07/01/15-06/30/16            | 07/01/15-06/30/16            | 07/01/15-06/30/16            |                             |                |
| <b>FUNDING USES:</b>  |   |                              |                              |                              |                             |                |
| Salaries & Employee Benefits:   | 16,289                                  | 136,124                      | 359,907                      | 1,189                        | 513,509                     |                |
| Operating Expenses:   | 216                                     | 1,811                        | 4,787                        | 16                           | 6,830                       |                |
| Capital Expenses (greater than \$5,000):  | -                                       | -                            | -                            | -                            | -                           |                |
| Subtotal Direct Expenses:   | 16,505                                  | 137,935                      | 364,694                      | 1,205                        | 520,339                     |                |
| Indirect Expenses:  | 1,981                                   | 16,552                       | 43,763                       | 145                          | 62,441                      |                |
| <b>TOTAL FUNDING USES:</b>  | <b>18,486</b>                           | <b>154,487</b>               | <b>408,457</b>               | <b>1,350</b>                 | <b>582,780</b>              |                |
| <b>BHS MENTAL HEALTH FUNDING SOURCES:</b>   | <b>Index Code/Project Detail/CFDA#:</b> |                              |                              |                              |                             |                |
| MH FED - SDMC Regular FFP (50%)   | HMHMCC730515                            | 8,790                        | 73,511                       | 194,357                      | 639                         | 277,297        |
| MH STATE - 1991 MH Realignment  | HMHMCC730515                            | 6,352                        | 53,124                       | 140,455                      | 462                         | 200,393        |
| MH COUNTY - General Fund  | HMHMCC730515                            | 3,344                        | 27,852                       | 73,645                       | 249                         | 105,090        |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>18,486</b>                | <b>154,487</b>               | <b>408,457</b>               | <b>1,350</b>                | <b>582,780</b> |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                              |                              |                              |                             |                |
|   |   |                              |                              |                              |                             |                |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   | -                            | -                            | -                            | -                           | -              |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                              |                              |                              |                             |                |
|   |   |                              |                              |                              |                             |                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | -                            | -                            | -                            | -                           | -              |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>18,486</b>                | <b>154,487</b>               | <b>408,457</b>               | <b>1,350</b>                | <b>582,780</b> |
| <b>NON-DPH FUNDING SOURCES:</b>   |   |                              |                              |                              |                             |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | -                            | -                            | -                            | -                           | -              |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>18,486</b>                | <b>154,487</b>               | <b>408,457</b>               | <b>1,350</b>                | <b>582,780</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                              |                              |                              |                             |                |
| Number of Beds Purchased (if applicable)  |   |                              |                              |                              |                             |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                              |                              |                              |                             |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                              |                              |                              |                             |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | FFS                                     | FFS                          | FFS                          | FFS                          |                             |                |
| DPH Units of Service:   | 8,679                                   | 56,177                       | 80,247                       | 330                          |                             |                |
| Unit Type:  | Staff Minute                            | Staff Minute                 | Staff Minute                 | Staff Minute                 | 0                           |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 2.13                                    | 2.75                         | 5.09                         | 4.09                         |                             |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 2.13                                    | 2.75                         | 5.09                         | 4.09                         | 0.00                        |                |
| Published Rate (Medi-Cal Providers Only):   | 2.13                                    | 2.75                         | 5.09                         | 4.09                         |                             |                |
| Unduplicated Clients (UDC):   | 36                                      | Included                     | Included                     | Included                     |                             | 36             |



**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code: 38948  
 Program Name: Broderick St Residential-BHS  
 Document Date: 7/1/15

Appendix #: B-3  
 Page #: 2

| Position Title                     | TOTAL                   |                  | General Fund (HMHMCC730515) |                  | Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |             |            |
|------------------------------------|-------------------------|------------------|-----------------------------|------------------|--|--|--|--|-------------|------------|
|                                    | Term: 07/01/15-06/30/16 |                  | Term: 07/01/15-06/30/16     |                  | Term:  | Term:  | Term:  | Term:  |             |            |
|                                    | FTE                     | Salaries         | FTE                         | Salaries         | FTE  | Salaries   | FTE  | Salaries   | FTE         | Salaries   |
| Clinical Coordinator/Manager       | 1.00                    | \$ 60,083        | 1.00                        | 60,083           |  |  |  |  |             |            |
| Clinical Nurse Manager             | 0.80                    | \$ 63,232        | 0.80                        | 63,232           |  |  |  |  |             |            |
| Psychiatrist/NP                    | 0.10                    | \$ 15,536        | 0.10                        | 15,536           |  |  |  |  |             |            |
| Nurse (RN/LVN)                     | 2.00                    | \$ 119,464       | 2.00                        | 119,464          |  |  |  |  |             |            |
| Behavioral/Mental Health Counselor | 2.50                    | \$ 111,380       | 2.50                        | 111,380          |  |  |  |  |             |            |
| Program Support Analyst/Assistant  | 0.33                    | \$ 12,096        | 0.33                        | 12,096           |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    | 0.00                    | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
|                                    |                         | \$ -             |                             |                  |  |  |  |  |             |            |
| <b>Totals:</b>                     | <b>6.73</b>             | <b>\$381,791</b> | <b>6.73</b>                 | <b>\$381,791</b> | <b>0.00</b>  | <b>\$0</b>   | <b>0.00</b>  | <b>\$0</b>   | <b>0.00</b> | <b>\$0</b> |

|                                  |        |           |        |           |       |  |       |  |       |  |       |  |
|----------------------------------|--------|-----------|--------|-----------|-------|--|-------|--|-------|--|-------|--|
| <b>Employee Fringe Benefits:</b> | 34.50% | \$131,718 | 34.50% | \$131,718 | 0.00% |  | 0.00% |  | 0.00% |  | 0.00% |  |
|----------------------------------|--------|-----------|--------|-----------|-------|--|-------|--|-------|--|-------|--|

**TOTAL SALARIES & BENEFITS**      **\$513,509**      **\$513,509**      **\$0**      **\$0**      **\$0**      **\$0**

**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38948  
 Program Name: Broderick St Residential-BHS  
 Document Date: 7/1/15

Appendix #: B-3  
 Page #: 3

| Expenditure Categories & Line Items  | TOTAL             | General Fund<br>(HMHMCC730515) | Funding Source 1<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 2<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 3<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 4<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|--|-------------------|--------------------------------|---|---|---|---|
|  | 07/01/15-06/30/16 | 07/01/15-06/30/16              | Term: _____   | Term: _____   | Term: _____   | Term: _____   |
| <b>Occupancy:</b>  |                   |                                |   |   |   |   |
| Rent   | \$ -              | \$ -                           |   |   |   |   |
| Utilities (telephone, electricity, water, gas)   | \$ -              | \$ -                           |   |   |   |   |
| Building Repair/Maintenance  | \$ -              | \$ -                           |   |   |   |   |
| <b>Materials &amp; Supplies:</b>   |                   |                                |   |   |   |   |
| Office Supplies  | \$ 530            | \$ 530                         |   |   |   |   |
| Photocopying   | \$ 200            | \$ 200                         |   |   |   |   |
| Printing   | \$ 100            | \$ 100                         |   |   |   |   |
| Program Supplies   | \$ 500            | \$ 500                         |   |   |   |   |
| Computer hardware/software   | \$ -              | \$ -                           |   |   |   |   |
| <b>General Operating:</b>  |                   |                                |   |   |   |   |
| Training/Staff Development   | \$ -              | \$ -                           |   |   |   |   |
| Insurance  | \$ 2,400          | \$ 2,400                       |   |   |   |   |
| Professional License   | \$ -              | \$ -                           |   |   |   |   |
| Permits  | \$ -              | \$ -                           |   |   |   |   |
| Equipment Lease & Maintenance  | \$ -              | \$ -                           |   |   |   |   |
| <b>Staff Travel:</b>   |                   |                                |   |   |   |   |
| Local Travel   | \$ 100            | \$ 100                         |   |   |   |   |
| Out-of-Town Travel   | \$ -              | \$ -                           |   |   |   |   |
| Field Expenses   | \$ -              | \$ -                           |   |   |   |   |
| <b>Consultant/Subcontractor:</b>   |                   |                                |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                           |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                           |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                           |   |   |   |   |
| (add more Consultant lines as necessary)   | \$ -              | \$ -                           |   |   |   |   |
| <b>Other:</b>  |                   |                                |   |   |   |   |
| Recruitment/Direct Staff Expenses  | \$ 3,000          | \$ 3,000                       |   |   |   |   |
|  | \$ -              | \$ -                           |   |   |   |   |
|  | \$ -              | \$ -                           |   |   |   |   |
|  | \$ -              | \$ -                           |   |   |   |   |
|  | \$ -              | \$ -                           |   |   |   |   |
|  | \$ -              | \$ -                           |   |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 6,830</b>   | <b>\$ 6,830</b>                | <b>\$ -</b>   | <b>\$ -</b>   | <b>\$ -</b>   | <b>\$ -</b>   |

**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |  |  |  |                             |      |      |            |
|---|--|--|--|-----------------------------|------|------|------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |  |  |  | Appendix/Page #: B-4 page 1 |      |      |            |
| Provider Name: RAMS   |  |  |  | Document Date: 7/1/2015     |      |      |            |
| Provider Number: 3894   |  |  |  | Fiscal Year: FY15-16        |      |      |            |
| Program Name:   |  | Broderick St Residential-HUH                     | Broderick St Residential-HUH                     |                             |      |      |            |
| Program Code (formerly Reporting Unit):   |  | 38948  | 38948  |                             |      |      |            |
| Mode/SFC (MH) or Modality (SA)  |  | 60/78  | 60/78  |                             |      |      |            |
| Service Description:  |  | SS-Other Non-MediCal Client Support Exp          | SS-Other Non-MediCal Client Support Exp          | 0                           | 0    | 0    | TOTAL      |
| FUNDING TERM:   |  | 07/01/15-06/30/16                                | 07/01/15-06/30/16                                | -                           | -    | -    |            |
| <b>FUNDING USES</b>   |  |  |  |                             |      |      |            |
| Salaries & Employee Benefits:   |  | \$739,287  | \$289,184  |                             |      |      | 1,028,471  |
| Operating Expenses:   |  | 156,048  | 61,042   |                             |      |      | 217,090    |
| Capital Expenses (greater than \$5,000):  |  | -  | -  |                             |      |      | -          |
| Subtotal Direct Expenses:   |  | 895,335  | 350,226  |                             |      |      | 1,245,561  |
| Indirect Expenses:  |  | 107,441  | 42,026   |                             |      |      | 149,467    |
| TOTAL FUNDING USES:   |  | 1,002,776  | 392,252  | -                           | -    | -    | 1,395,028  |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  |  | Index Code/Project Detail/CFDA#:                 |  |                             |      |      |            |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES   |  |  |  |                             |      |      |            |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |  | Index Code/Project Detail/CFDA#:                 |  |                             |      |      |            |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES   |  |  |  |                             |      |      |            |
| <b>OTHER DPH FUNDING SOURCES</b>  |  | Index Code/Project Detail/CFDA#:                 |  |                             |      |      |            |
| HUH - General Fund  |  | HCHSHHOUSGGF                                     | 1,002,776  |                             |      |      | 1,002,776  |
| TOTAL OTHER DPH FUNDING SOURCES   |  |  | 1,002,776  |                             |      |      | 1,002,776  |
| TOTAL DPH FUNDING SOURCES   |  |  | 1,002,776  |                             |      |      | 1,002,776  |
| <b>NON-DPH FUNDING SOURCES</b>  |  |  |  |                             |      |      |            |
| NON DPH - Other (Client Fees)   |  |  |  | 392,252                     |      |      | 392,252    |
| TOTAL NON-DPH FUNDING SOURCES   |  |  |  | 392,252                     |      |      | 392,252    |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)   |  |  | 1,002,776  | 392,252                     |      |      | 1,395,028  |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |  |  |  |                             |      |      |            |
| Number of Beds Purchased (if applicable)  |  |  |  |                             |      |      |            |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |  |  |  |                             |      |      |            |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |  |  |  |                             |      |      |            |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       |  | CR   | CR   |                             |      |      |            |
| DPH Units of Service:   |  | 11,080   | N/A  |                             |      |      |            |
| Unit Type:  |  | Staff Hour or Client Day, depending on contract. | Staff Hour or Client Day, depending on contract. | 0                           | 0    | 0    |            |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     |  | 90.50  | N/A  |                             |      |      |            |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          |  | 90.50  | N/A  | 0.00                        | 0.00 | 0.00 |            |
| Published Rate (Medi-Cal Providers Only):   |  |  |  |                             |      |      | Total UDC: |
| Unduplicated Clients (UDC):   |  | 36   | Included   |                             |      |      | 36         |



**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38948  
 Program Name: Broderick St Residential-HUH  
 Document Date: 7/1/15

Appendix #: B-4  
 Page #: 3

| Expenditure Categories & Line Items  | TOTAL             | General Fund<br>(HMMCC730515) | Funding Source 1<br>(Client Fees) | Funding Source 2<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 3<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) | Funding Source 4<br>(Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|--|-------------------|-------------------------------|-----------------------------------|---|---|---|
|  | 07/01/14-06/30/15 | 07/01/14-06/30/15             | 07/01/14-06/30/15                 | Term: _____   | Term: _____   | Term: _____   |
| <b>Occupancy:</b>  |                   |                               |                                   |   |   |   |
| Rent   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| Utilities(telephone, electricity, water, gas)  | \$ 60,000         | \$ 43,129                     | \$ 16,871                         |   |   |   |
| Building Repair/Maintenance  | \$ 36,890         | \$ 26,517                     | \$ 10,373                         |   |   |   |
| <b>Materials &amp; Supplies:</b>   |                   |                               |                                   |   |   |   |
| Office Supplies  | \$ 4,200          | \$ 3,019                      | \$ 1,181                          |   |   |   |
| Photocopying   | \$ 1,000          | \$ 719                        | \$ 281                            |   |   |   |
| Printing   | \$ 500            | \$ 359                        | \$ 141                            |   |   |   |
| Program Supplies   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| Computer hardware/software   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| <b>General Operating:</b>  |                   |                               |                                   |   |   |   |
| Training/Staff Development   | \$ 500            | \$ 359                        | \$ 141                            |   |   |   |
| Insurance  | \$ 11,000         | \$ 7,907                      | \$ 3,093                          |   |   |   |
| Professional License   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| Permits  | \$ 11,000         | \$ 7,907                      | \$ 3,093                          |   |   |   |
| Equipment Lease & Maintenance  | \$ 4,300          | \$ 3,091                      | \$ 1,209                          |   |   |   |
| <b>Staff Travel:</b>   |                   |                               |                                   |   |   |   |
| Local Travel   | \$ 100            | \$ 72                         | \$ 28                             |   |   |   |
| Out-of-Town Travel   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| Field Expenses   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| <b>Consultant/Subcontractor:</b>   |                   |                               |                                   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                          | \$ -                              |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                          | \$ -                              |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                          | \$ -                              |   |   |   |
| (add more Consultant lines as necessary)   | \$ -              | \$ -                          | \$ -                              |   |   |   |
| <b>Other:</b>  |                   |                               |                                   |   |   |   |
| Recruitment/Direct Staff Expenses  | \$ 4,600          | \$ 3,307                      | \$ 1,293                          |   |   |   |
| Client-Related Supplies and Expenses   | \$ 83,000         | \$ 59,662                     | \$ 23,338                         |   |   |   |
|  | \$ -              | \$ -                          | \$ -                              |   |   |   |
|  | \$ -              | \$ -                          | \$ -                              |   |   |   |
|  | \$ -              | \$ -                          | \$ -                              |   |   |   |
|  | \$ -              | \$ -                          | \$ -                              |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 217,090</b> | <b>\$ 156,048</b>             | <b>\$ 61,042</b>                  | <b>\$ -</b>   | <b>\$ -</b>   | <b>\$ -</b>   |

**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |   |                   |               |      |      |                             |                   |
|---|---|-------------------|---------------|------|------|-----------------------------|-------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                   |               |      |      | Appendix/Page #: B-5 page 1 |                   |
| Provider Name: RAMS   |   |                   |               |      |      | Document Date: 7/1/2015     |                   |
| Provider Number: 3894   |   |                   |               |      |      | Fiscal Year: FY15-16        |                   |
| Program Name:   | Peer Specialist MH Certificate          | P2P Counseling    |               |      |      |                             |                   |
| Program Code (formerly Reporting Unit):   | 3894IN                                  | 3894IN            |               |      |      |                             |                   |
| Mode/SFC (MH) or Modality (SA):   | 10/30-39                                | 10/30-39          |               |      |      |                             |                   |
| Service Description:  | DS-Vocational                           | DS-Vocational     | 0             | 0    | 0    |                             | <b>TOTAL</b>      |
| FUNDING TERM:   | 07/01/15-06/30/16                       | 07/01/15-06/30/16 | -             | -    | -    |                             |                   |
| <b>FUNDING USES</b>   |   |                   |               |      |      |                             |                   |
| Salaries & Employee Benefits:   | \$123,395                               | \$43,892          |               |      |      |                             | <b>167,287</b>    |
| Operating Expenses:   | 90,646                                  | 1,253             |               |      |      |                             | <b>91,899</b>     |
| Capital Expenses (greater than \$5,000):  | -                                       | -                 |               |      |      |                             | -                 |
| Subtotal Direct Expenses:   | 214,041                                 | 45,145            |               |      |      |                             | <b>259,186</b>    |
| Indirect Expenses:  | 25,685                                  | 5,417             |               |      |      |                             | <b>31,102</b>     |
| <b>TOTAL FUNDING USES:</b>  | <b>239,726</b>                          | <b>50,562</b>     |               |      |      |                             | <b>290,288</b>    |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                   |               |      |      |                             |                   |
| MH STATE - MHSA (WET)   | HMHMPROP63/PMHS63-1508                  | 239,726           | 50,562        |      |      |                             | 290,288           |
|   |   |                   |               |      |      |                             | -                 |
|   |   |                   |               |      |      |                             | -                 |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>239,726</b>    | <b>50,562</b> |      |      |                             | <b>290,288</b>    |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                   |               |      |      |                             |                   |
|   |   |                   |               |      |      |                             | -                 |
|   |   |                   |               |      |      |                             | -                 |
|   |   |                   |               |      |      |                             | -                 |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   | -                 | -             |      |      |                             | -                 |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                   |               |      |      |                             |                   |
|   |   |                   |               |      |      |                             | -                 |
|   |   |                   |               |      |      |                             | -                 |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | -                 | -             |      |      |                             | -                 |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>239,726</b>    | <b>50,562</b> |      |      |                             | <b>290,288</b>    |
| <b>NON-DPH FUNDING SOURCES</b>  |   |                   |               |      |      |                             |                   |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | -                 | -             |      |      |                             | -                 |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>239,726</b>    | <b>50,562</b> |      |      |                             | <b>290,288</b>    |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                   |               |      |      |                             |                   |
| Number of Beds Purchased (if applicable)  |   |                   |               |      |      |                             |                   |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                   |               |      |      |                             |                   |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                   |               |      |      |                             |                   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | CR                                      | CR                |               |      |      |                             |                   |
| DPH Units of Service:   | 720                                     | 250               |               |      |      |                             |                   |
| Unit Type:  | Client Full Day                         | Client Full Day   | 0             | 0    | 0    |                             |                   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 333.00                                  | 202.00            |               |      |      |                             |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 333.00                                  | 202.00            | 0.00          | 0.00 | 0.00 |                             |                   |
| Published Rate (Medi-Cal Providers Only):   |   |                   |               |      |      |                             | <b>Total UDC:</b> |
| Unduplicated Clients (UDC):   | 30                                      | 4                 |               |      |      |                             | <b>34</b>         |

**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code: 3894IN  
 Program Name: Peer Specialist MH Certificate & P2P Counseling  
 Document Date: 7/1/15

Appendix #: B-5  
 Page #: 2

| Position Title                             | TOTAL                   |                  | General Fund<br>(Include all Funding Sources with this Index Code) |            | Funding Source 1<br>Peer Specialist MH Cert.<br>MHSA-WDET<br>(HMHMPROP63/PMHS63-1508) |                 | Funding Source 2<br>P2P Counseling<br>MHSA-WDET<br>(HMHMPROP63/PMHS63-1508) |                 | Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |            | Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |            |
|--|-------------------------|------------------|--|------------|---|-----------------|---|-----------------|--|------------|--|------------|
|  | Term: 07/01/15-06/30/16 |                  | Term:  |            | Term: 07/01/15-06/30/16   |                 | Term: 07/01/15-06/30/16   |                 | Term:  |            | Term:  |            |
|  | FTE                     | Salaries         | FTE  | Salaries   | FTE   | Salaries        | FTE   | Salaries        | FTE  | Salaries   | FTE  | Salaries   |
| Program Director                           | 0.17                    | \$ 15,625        |  |            | 0.17  | 15,625          | 0.00  | 0               |  |            |  |            |
| Coordinator/Instructor                     | 0.48                    | \$ 28,690        |  |            | 0.48  | 28,690          | 0.00  | 0               |  |            |  |            |
| Teaching/Program Assistant                 | 0.71                    | \$ 19,260        |  |            | 0.71  | 19,260          | 0.00  | 0               |  |            |  |            |
| Peer Counselor                             | 1.10                    | \$ 34,835        |  |            | 0.00  | 0               | 1.10  | 34,835          |  |            |  |            |
|  | 0.00                    | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
| Divisional Director of Peer-Based Services | 0.07                    | \$ 6,000.00      |  |            | 0.07  | 6,000           |   |                 |  |            |  |            |
| Clinical Manager                           | 0.08                    | \$ 6,250.00      |  |            | 0.08  | 6,250           |   |                 |  |            |  |            |
| Employment Manager                         | 0.08                    | \$ 6,250.00      |  |            | 0.08  | 6,250           |   |                 |  |            |  |            |
| Peer Supervisor                            | 0.17                    | \$ 8,333.00      |  |            | 0.17  | 8,333           |   |                 |  |            |  |            |
| Program Assistant                          | 0.08                    | \$ 3,334.00      |  |            | 0.08  | 3,334           |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
|  |                         | \$ -             |  |            |   |                 |   |                 |  |            |  |            |
| <b>Totals:</b>                             | <b>2.94</b>             | <b>\$128,577</b> | <b>0.00</b>  | <b>\$0</b> | <b>1.84</b>   | <b>\$93,742</b> | <b>1.10</b>   | <b>\$34,835</b> | <b>0.00</b>  | <b>\$0</b> | <b>0.00</b>  | <b>\$0</b> |

|                                  |        |          |       |  |        |          |        |         |       |  |       |  |
|----------------------------------|--------|----------|-------|--|--------|----------|--------|---------|-------|--|-------|--|
| <b>Employee Fringe Benefits:</b> | 30.11% | \$38,710 | 0.00% |  | 31.63% | \$29,653 | 26.00% | \$9,057 | 0.00% |  | 0.00% |  |
|----------------------------------|--------|----------|-------|--|--------|----------|--------|---------|-------|--|-------|--|

**TOTAL SALARIES & BENEFITS**

|                  |            |                  |                 |            |            |
|------------------|------------|------------------|-----------------|------------|------------|
| <b>\$167,287</b> | <b>\$0</b> | <b>\$123,395</b> | <b>\$43,892</b> | <b>\$0</b> | <b>\$0</b> |
|------------------|------------|------------------|-----------------|------------|------------|

**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

**DPH 4: Operating Expenses Detail**

Program Code: 3894IN  
 Program Name: Peer Specialist MH Certificate & P2P Counseling  
 Document Date: 7/1/15

Appendix #: B-5  
 Page #: 3

| Expenditure Categories & Line Items   | TOTAL             | General Fund<br>(Include all Funding<br>Sources with this Index<br>Code) | Funding Source 1<br>Peer Specialist MH<br>Certificate<br>MHSA-WDET<br>(HMMPROP63/PMHS<br>63-1508) | Funding Source 2<br>P2P Counseling<br>MHSA-WDET<br>(HMMPROP63/PMHS<br>63-1508) | Funding Source 3<br>(Include Funding<br>Source Name and<br>Index Code/Project<br>Detail/CFDA#) | Funding Source 4<br>(Include Funding<br>Source Name and<br>Index Code/Project<br>Detail/CFDA#) |
|---|-------------------|--|---|--|--|--|
|   | 07/01/15-06/30/16 | Term: _____  | 07/01/15-06/30/16   | 07/01/15-06/30/16  | Term: _____  | Term: _____  |
| <b>Occupancy:</b>   |                   |  |   |  |  |  |
| Rent  | \$ 17,703         |  | \$ 17,703   | \$ -   |  |  |
| Utilities (telephone, electricity, water, gas)  | \$ 3,800          |  | \$ 3,800  | \$ -   |  |  |
| Building Repair/Maintenance   | \$ 1,000          |  | \$ 1,000  | \$ -   |  |  |
| <b>Materials &amp; Supplies:</b>  |                   |  |   |  |  |  |
| Office Supplies   | \$ 3,219          |  | \$ 2,716  | \$ 503   |  |  |
| Photocopying  | \$ 1,000          |  | \$ 800  | \$ 200   |  |  |
| Printing  | \$ 3,650          |  | \$ 3,600  | \$ 50  |  |  |
| Program Supplies  | \$ 9,579          |  | \$ 9,579  | \$ -   |  |  |
| Computer hardware/software  | \$ 1,000          |  | \$ 1,000  | \$ -   |  |  |
| <b>General Operating:</b>   |                   |  |   |  |  |  |
| Training/Staff Development  | \$ 2,000          |  | \$ 2,000  | \$ -   |  |  |
| Insurance   | \$ 940            |  | \$ 640  | \$ 300   |  |  |
| Professional License  | \$ -              |  | \$ -  | \$ -   |  |  |
| Permits   | \$ -              |  | \$ -  | \$ -   |  |  |
| Equipment Lease & Maintenance   | \$ 100            |  | \$ 100  | \$ -   |  |  |
| <b>Staff Travel:</b>  |                   |  |   |  |  |  |
| Local Travel  | \$ 1,300          |  | \$ 1,300  | \$ -   |  |  |
| Out-of-Town Travel  | \$ -              |  | \$ -  | \$ -   |  |  |
| Field Expenses  | \$ -              |  | \$ -  | \$ -   |  |  |
| <b>Consultant/Subcontractor:</b>  |                   |  |   |  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -  | \$ -   |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -  | \$ -   |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -  | \$ -   |  |  |
| (add more Consultant lines as necessary)  | \$ -              |  | \$ -  | \$ -   |  |  |
| <b>Other:</b>   |                   |  |   |  |  |  |
| Recruitment/Direct Staff Expenses   | \$ 800            |  | \$ 600  | \$ 200   |  |  |
| Tuitions for Clients  | \$ 34,808         |  | \$ 34,808   | \$ -   |  |  |
| Guest Lecturers/Instructors   | \$ 2,000          |  | \$ 2,000  | \$ -   |  |  |
| Student Incentives & Stipends   | \$ 9,000          |  | \$ 9,000  | \$ -   |  |  |
|   | \$ -              |  | \$ -  | \$ -   |  |  |
|   | \$ -              |  | \$ -  | \$ -   |  |  |

|                                |           |      |           |          |      |  |
|--------------------------------|-----------|------|-----------|----------|------|--|
| <b>TOTAL OPERATING EXPENSE</b> | \$ 91,899 | \$ - | \$ 90,646 | \$ 1,253 | \$ - |  |
|--------------------------------|-----------|------|-----------|----------|------|--|



**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                                    |  | Appendix/Page #: B-6 page 1 |      |                |
|---|---|------------------------------------|--|-----------------------------|------|----------------|
| Provider Name: RAMS   |   |                                    |  | Document Date: 7/1/2015     |      |                |
| Provider Number: 38B6   |   |                                    |  | Fiscal Year: FY15-16        |      |                |
| Program Name:   | i-Ability Vocational IT -- Helpdesk     | i-Ability Vocational IT -- Desktop | i-Ability Vocational IT -- Advanced Helpdesk |                             |      |                |
| Program Code (formerly Reporting Unit):   | 38B6A2                                  | 38B6A2                             | 38B6A2                                       |                             |      |                |
| Mode/SFC (MH) or Modality (SA)  | 10/30-39                                | 10/30-39                           | 10/30-39                                     |                             |      |                |
| Service Description:  | DS-Vocational                           | DS-Vocational                      | DS-Vocational                                | 0                           | 0    | TOTAL          |
| <b>FUNDING TERM:</b>  | <b>07/01/15-06/30/16</b>                | <b>07/01/15-06/30/16</b>           | <b>07/01/15-06/30/16</b>                     | -                           | -    |                |
| <b>FUNDING USES</b>   |   |                                    |  |                             |      |                |
| Salaries & Employee Benefits:   | \$175,195                               | \$171,071                          | \$162,820                                    |                             |      | 509,086        |
| Operating Expenses:   | 10,700                                  | 10,485                             | 10,248                                       |                             |      | 31,433         |
| Capital Expenses (greater than \$5,000):  | -                                       | -                                  | -  |                             |      | -              |
| Subtotal Direct Expenses:   | 185,895                                 | 181,556                            | 173,068                                      |                             |      | 540,519        |
| Indirect Expenses:  | 22,307                                  | 21,787                             | 20,768                                       |                             |      | 64,862         |
| <b>TOTAL FUNDING USES:</b>  | <b>208,202</b>                          | <b>203,343</b>                     | <b>193,836</b>                               | -                           | -    | <b>605,381</b> |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                    |  |                             |      |                |
| MH STATE - MSA (IT) Information Technology  | HMHMPROP63/PMH                          | 208,202                            | 203,343                                      | 193,836                     |      | 605,381        |
|   |   |                                    |  |                             |      | -              |
|   |   |                                    |  |                             |      | -              |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>208,202</b>                     | <b>203,343</b>                               | <b>193,836</b>              | -    | <b>605,381</b> |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                    |  |                             |      |                |
|   |   |                                    |  |                             |      | -              |
|   |   |                                    |  |                             |      | -              |
|   |   |                                    |  |                             |      | -              |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   | -                                  | -  | -                           | -    | -              |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                                    |  |                             |      |                |
|   |   |                                    |  |                             |      | -              |
|   |   |                                    |  |                             |      | -              |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | -                                  | -  | -                           | -    | -              |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>208,202</b>                     | <b>203,343</b>                               | <b>193,836</b>              | -    | <b>605,381</b> |
| <b>NON-DPH FUNDING SOURCES</b>  |   |                                    |  |                             |      |                |
|   |   |                                    |  |                             |      | -              |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | -                                  | -  | -                           | -    | -              |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>208,202</b>                     | <b>203,343</b>                               | <b>193,836</b>              | -    | <b>605,381</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                                    |  |                             |      |                |
| Number of Beds Purchased (if applicable)  |   |                                    |  |                             |      |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                                    |  |                             |      |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                                    |  |                             |      |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | CR                                      | CR                                 | CR   |                             |      |                |
| DPH Units of Service:   | 521                                     | 484                                | 323  |                             |      |                |
| Unit Type:  | Client Full Day                         | Client Full Day                    | Client Full Day                              | 0                           | 0    |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 400.00                                  | 420.00                             | 600.00                                       |                             |      |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 400.00                                  | 420.00                             | 600.00                                       | 0.00                        | 0.00 |                |
| Published Rate (Medi-Cal Providers Only):   |   |                                    |  |                             |      | Total UDC:     |
| Unduplicated Clients (UDC):   | 18                                      | 14                                 | 10   |                             |      | 42             |

**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code: 38B6A2  
 Program Name: I-Ability/Vocational IT  
 Document Date: 7/1/15

Appendix #: B-6  
 Page #: 2

| Position Title                             | TOTAL                   |                  | General Fund<br>(Include all Funding Sources with this Index Code) |            | Funding Source 1<br>Helpdesk<br>MHSA-IT<br>(HMMPROP63/PMHS63-1512) |                  | Funding Source 2<br>Desktop<br>MHSA-IT<br>(HMMPROP63/PMHS63-1512) |                  | Funding Source 3<br>Advanced Helpdesk<br>MHSA-IT<br>(HMMPROP63/PMHS63-1512) |                  | Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#) |            |
|--|-------------------------|------------------|--|------------|--|------------------|---|------------------|---|------------------|--|------------|
|  | Term: 07/01/15-06/30/16 |                  | Term:  |            | Term: 07/01/15-06/30/16  |                  | Term: 07/01/15-06/30/16   |                  | Term: 07/01/15-06/30/16   |                  | Term:  |            |
|  | FTE                     | Salaries         | FTE  | Salaries   | FTE  | Salaries         | FTE   | Salaries         | FTE   | Salaries         | FTE  | Salaries   |
| Director of Vocational Services            | 0.15                    | \$ 12,360        |  |            | 0.05   | 4,120            | 0.05  | 4,120            | 0.05  | 4,120            |  |            |
| Manager of Vocational IT Services          | 1.00                    | \$ 60,000        |  |            | 0.33   | 20,000           | 0.33  | 20,000           | 0.33  | 20,000           |  |            |
| Vocational Rehab. Counselor/IT Trainer     | 1.25                    | \$ 63,648        |  |            | 0.42   | 21,216           | 0.42  | 21,216           | 0.42  | 21,216           |  |            |
| IT Trainer                                 | 2.55                    | \$ 114,163       |  |            | 0.85   | 38,054           | 0.85  | 38,054           | 0.85  | 38,055           |  |            |
| Helpdesk/Desktop/Advanced Helpdesk Trainee | 5.36                    | \$ 126,690       |  |            | 1.96   | 46,350           | 1.83  | 43,260           | 1.57  | 37,080           |  |            |
| Admin Coordinator/Assistant                | 0.11                    | \$ 4,477         |  |            | 0.04   | 1,492            | 0.04  | 1,493            | 0.04  | 1,492            |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  | 0.00                    | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
|  |                         | \$ -             |  |            |  |                  |   |                  |   |                  |  |            |
| <b>Totals:</b>                             | <b>10.42</b>            | <b>\$381,338</b> | <b>0.00</b>  | <b>\$0</b> | <b>3.65</b>  | <b>\$131,232</b> | <b>3.52</b>   | <b>\$128,143</b> | <b>3.26</b>   | <b>\$121,963</b> | <b>0.00</b>  | <b>\$0</b> |

|                                  |        |           |       |  |        |          |        |          |        |          |       |  |
|----------------------------------|--------|-----------|-------|--|--------|----------|--------|----------|--------|----------|-------|--|
| <b>Employee Fringe Benefits:</b> | 33.50% | \$127,748 | 0.00% |  | 33.50% | \$43,963 | 33.50% | \$42,928 | 33.50% | \$40,857 | 0.00% |  |
|----------------------------------|--------|-----------|-------|--|--------|----------|--------|----------|--------|----------|-------|--|

**TOTAL SALARIES & BENEFITS**      **\$509,086**      **\$0**      **\$175,195**      **\$171,071**      **\$162,820**      **\$0**

**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

**DPH 4: Operating Expenses Detail**

Program Code: 38B6A2  
 Program Name: i-Ability/Vocational IT  
 Document Date: 7/1/15

Appendix #: B-6  
 Page #: 3

| Expenditure Categories & Line Items   | TOTAL             | General Fund<br>(Include all Funding<br>Sources with this Index<br>Code) | Funding Source 1                                     | Funding Source 2                                    | Funding Source 3  | Funding Source 4   |
|---|-------------------|--|--|---|---|--|
|   |                   |  | Helpdesk<br>MHTSA-IT<br>(HMHMPROP63/PMHS<br>63-1512) | Desktop<br>MHTSA-IT<br>(HMHMPROP63/PMHS<br>63-1512) | Advanced Helpdesk<br>MHTSA-IT<br>(HMHMPROP63/PMH<br>S63-1512) | (Include Funding<br>Source Name and<br>Index Code/Project<br>Detail/CFDA#) |
|   | 07/01/15-06/30/16 | Term: _____  | 07/01/15-06/30/16                                    | 07/01/15-06/30/16                                   | 07/01/15-06/30/16   | Term: _____  |
| <b>Occupancy:</b>   |                   |  |  |   |   |  |
| Rent  | \$ 7,100          |  | \$ 2,367   | \$ 2,367  | \$ 2,366  |  |
| Utilities(telephone, electricity, water, gas)   | \$ 4,700          |  | \$ 1,567   | \$ 1,567  | \$ 1,566  |  |
| Building Repair/Maintenance   | \$ 1,000          |  | \$ 333   | \$ 333  | \$ 334  |  |
| <b>Materials &amp; Supplies:</b>  |                   |  |  |   |   |  |
| Office Supplies   | \$ 2,883          |  | \$ 1,000   | \$ 950  | \$ 933  |  |
| Photocopying  | \$ 250            |  | \$ 90  | \$ 85   | \$ 75   |  |
| Printing  | \$ 300            |  | \$ 110   | \$ 100  | \$ 90   |  |
| Program Supplies  | \$ 4,000          |  | \$ 1,500   | \$ 1,350  | \$ 1,150  |  |
| Computer hardware/software  | \$ 1,250          |  | \$ 417   | \$ 417  | \$ 416  |  |
| <b>General Operating:</b>   |                   |  |  |   |   |  |
| Training/Staff Development  | \$ 3,000          |  | \$ 1,000   | \$ 1,000  | \$ 1,000  |  |
| Insurance   | \$ 2,200          |  | \$ 733   | \$ 733  | \$ 734  |  |
| Professional License  | \$ -              |  | \$ -   | \$ -  |   |  |
| Permits   | \$ -              |  | \$ -   | \$ -  |   |  |
| Equipment Lease & Maintenance   | \$ -              |  | \$ -   | \$ -  |   |  |
| <b>Staff Travel:</b>  |                   |  |  |   |   |  |
| Local Travel  | \$ 1,750          |  | \$ 583   | \$ 583  | \$ 584  |  |
| Out-of-Town Travel  | \$ -              |  | \$ -   | \$ -  |   |  |
| Field Expenses  | \$ -              |  | \$ -   | \$ -  |   |  |
| <b>Consultant/Subcontractor:</b>  |                   |  |  |   |   |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -   | \$ -  |   |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -   | \$ -  |   |  |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail<br>w/Dates, Hourly Rate and Amounts) | \$ -              |  | \$ -   | \$ -  |   |  |
| (add more Consultant lines as necessary)  | \$ -              |  | \$ -   | \$ -  |   |  |
| <b>Other:</b>   |                   |  |  |   |   |  |
| Recruitment/Direct Staff Expenses   | \$ 3,000          |  | \$ 1,000   | \$ 1,000  | \$ 1,000  |  |
|   | \$ -              |  | \$ -   | \$ -  |   |  |
|   | \$ -              |  | \$ -   | \$ -  |   |  |
|   | \$ -              |  | \$ -   | \$ -  |   |  |
|   | \$ -              |  | \$ -   | \$ -  |   |  |
|   | \$ -              |  | \$ -   | \$ -  |   |  |
| <b>TOTAL OPERATING EXPENSE</b>  | \$ 31,433         | \$ -   | \$ 10,700  | \$ 10,485   | \$ 10,248   | \$ -   |

**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

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

|   |   |                |          |          |                             |                      |
|---|---|----------------|----------|----------|-----------------------------|----------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.    |   |                |          |          | Appendix/Page #: B-7 page 1 |                      |
| Provider Name: RAMS   |   |                |          |          | Document Date: 7/1/2015     |                      |
| Provider Number: 3894   |   |                |          |          | Fiscal Year: FY15-16        |                      |
| Program Name:   | API Mental Health Collaborative         |                |          |          |                             |                      |
| Program Code (formerly Reporting Unit):   | TBD                                     |                |          |          |                             |                      |
| Mode/SFC (MH) or Modality (SA):   | 45/10-19                                |                |          |          |                             |                      |
| Service Description:  | OS-MH Promotion                         | 0              | 0        | 0        | 0                           | TOTAL                |
| FUNDING TERM:   | 07/01/15-06/30/16                       | -              | -        | -        | -                           |                      |
| <b>FUNDING USES</b>   |   |                |          |          |                             |                      |
| Salaries & Employee Benefits:   | \$102,873                               |                |          |          |                             | 102,873              |
| Operating Expenses:   | 211,971                                 |                |          |          |                             | 211,971              |
| Capital Expenses (greater than \$5,000):  | -                                       |                |          |          |                             | -                    |
| Subtotal Direct Expenses:   | 314,844                                 | -              | -        | -        | -                           | 314,844              |
| Indirect Expenses:  | 37,781                                  |                |          |          |                             | 37,781               |
| <b>TOTAL FUNDING USES:</b>  | <b>352,625</b>                          | <b>-</b>       | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>352,625</b>       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |          |          |                             |                      |
| MH STATE - MSA (PE)   | HMHMPROP63/PMHS63-1510                  | 352,625        |          |          |                             | 352,625              |
|   |   |                |          |          |                             | -                    |
|   |   |                |          |          |                             | -                    |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>352,625</b> | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>352,625</b>       |
| <b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |          |          |                             |                      |
|   |   |                |          |          |                             | -                    |
|   |   |                |          |          |                             | -                    |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |   | <b>-</b>       | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>-</b>             |
| <b>OTHER DPH FUNDING SOURCES</b>  | <b>Index Code/Project Detail/CFDA#:</b> |                |          |          |                             |                      |
|   |   |                |          |          |                             | -                    |
|   |   |                |          |          |                             | -                    |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | <b>-</b>       | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>-</b>             |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>352,625</b> | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>352,625</b>       |
| <b>NON-DPH FUNDING SOURCES</b>  |   |                |          |          |                             |                      |
|   |   |                |          |          |                             | -                    |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | <b>-</b>       | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>-</b>             |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>352,625</b> | <b>-</b> | <b>-</b> | <b>-</b>                    | <b>352,625</b>       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>   |   |                |          |          |                             |                      |
| Number of Beds Purchased (if applicable)  |   |                |          |          |                             |                      |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |   |                |          |          |                             |                      |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                |          |          |                             |                      |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | CR                                      |                |          |          |                             |                      |
| DPH Units of Service:   | 2,962                                   |                |          |          |                             |                      |
| Unit Type:  | Staff Hour                              | 0              | 0        | 0        | 0                           |                      |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)                                     | 119.05                                  |                |          |          |                             |                      |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 119.05                                  | 0.00           | 0.00     | 0.00     | 0.00                        |                      |
| Published Rate (Medi-Cal Providers Only):   |   |                |          |          |                             |                      |
| Unduplicated Clients (UDC):   | 35                                      |                |          |          |                             | <b>Total UDC: 35</b> |



**FY 14-15 BHS APPENDIX B  
BUDGET DOCUMENTS**

**DPH 4: Operating Expenses Detail**

Program Code: TBD  
 Program Name: API Mental Health Collaborative  
 Document Date: 7/1/15

Appendix #: B-7  
 Page #: 3

| Expenditure Categories & Line Items           | TOTAL             | General Fund                                       | Funding Source 1                   | Funding Source 2  | Funding Source 3  | Funding Source 4  |
|---|-------------------|--|------------------------------------|---|---|---|
|   |                   | (Include all Funding Sources with this Index Code) | MHSA-PEI (HMHMPROP63/PMHS 63-1510) | (Include Funding Source Name and Index Code/Project Detail/CFDA#) | (Include Funding Source Name and Index Code/Project Detail/CFDA#) | (Include Funding Source Name and Index Code/Project Detail/CFDA#) |
|   | 07/01/15-06/30/16 | Term: _____  | 07/01/15-06/30/16                  | Term: _____   | Term: _____   | Term: _____   |
| <b>Occupancy:</b>                             |                   |  |                                    |   |   |   |
| Rent  | \$ 4,080          |  | \$ 4,080                           |   |   |   |
| Utilities(telephone, electricity, water, gas) | \$ 1,600          |  | \$ 1,600                           |   |   |   |
| Building Repair/Maintenance                   | \$ 500            |  | \$ 500                             |   |   |   |
| <b>Materials &amp; Supplies:</b>              |                   |  |                                    |   |   |   |
| Office Supplies                               | \$ 841            |  | \$ 841                             |   |   |   |
| Photocopying                                  | \$ 150            |  | \$ 150                             |   |   |   |
| Printing                                      | \$ 300            |  | \$ 300                             |   |   |   |
| Program Supplies                              | \$ 2,000          |  | \$ 2,000                           |   |   |   |
| Computer hardware/software                    | \$ -              |  |                                    |   |   |   |
| <b>General Operating:</b>                     |                   |  |                                    |   |   |   |
| Training/Staff Development                    | \$ 500            |  | \$ 500                             |   |   |   |
| Insurance                                     | \$ 500            |  | \$ 500                             |   |   |   |
| Professional License                          | \$ -              |  |                                    |   |   |   |
| Permits                                       | \$ -              |  |                                    |   |   |   |
| Equipment Lease & Maintenance                 | \$ -              |  |                                    |   |   |   |
| <b>Staff Travel:</b>                          |                   |  |                                    |   |   |   |
| Local Travel                                  | \$ 1,200          |  | \$ 1,200                           |   |   |   |
| Out-of-Town Travel                            | \$ -              |  |                                    |   |   |   |
| Field Expenses                                | \$ -              |  |                                    |   |   |   |
| <b>Consultant/Subcontractor:</b>              |                   |  |                                    |   |   |   |
| Cambodian Community Development, Inc.         | \$ 20,000         |  | \$ 20,000                          |   |   |   |
| Filipino American Development Foundation      | \$ 60,000         |  | \$ 60,000                          |   |   |   |
| Lao Seri Association                          | \$ 20,000         |  | \$ 20,000                          |   |   |   |
| Samoan Community Development Center           | \$ 60,000         |  | \$ 60,000                          |   |   |   |
| Vietnamese Family Services Center             | \$ 20,000         |  | \$ 20,000                          |   |   |   |
| Vietnamese Youth Development Center           | \$ 20,000         |  | \$ 20,000                          |   |   |   |
| (add more Consultant lines as necessary)      | \$ -              |  |                                    |   |   |   |
| <b>Other:</b>                                 |                   |  |                                    |   |   |   |
| Recruitment/Direct Staff Expenses             | \$ 300            |  | \$ 300                             |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
|   | \$ -              |  | \$ -                               |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>                | <b>\$ 211,971</b> | <b>\$ -</b>  | <b>\$ 211,971</b>                  | <b>\$ -</b>   | <b>\$ -</b>   | <b>\$ -</b>   |

**FY 15-16 BHS APPENDIX B  
BUDGET DOCUMENTS**

**DPH 7: Contract-Wide Indirect Detail**

Contractor Name/Program Name: Richmond Area Multi-Services, Inc.  
 Document Date: 7/1/2015 page 5  
 Fiscal Year: FY15-16

**1. SALARIES & BENEFITS**

| Position Title                        | FTE        | Salaries          |
|---------------------------------------|------------|-------------------|
| Chief Executive Officer               | 0.31       | \$ 54,864         |
| Chief Financial Officer               | 0.31       | \$ 49,837         |
| Deputy Chief                          | 0.30       | \$ 36,836         |
| Director of Operations                | 0.31       | \$ 27,494         |
| Director of Information Technologies  | 0.31       | \$ 23,599         |
| Director of Human Resources           | 0.31       | \$ 25,285         |
| Accounting/Finance Manager/Specialist | 1.25       | \$ 65,832         |
| HR Benefit Specialist/HR Assistant    | 0.79       | \$ 37,847         |
| Operations Coordinator                | 0.31       | \$ 14,297         |
| Director of Training                  | 0.26       | \$ 21,561         |
| Janitor/Custodian                     | 0.02       | \$ 434            |
| Driver                                | 0.09       | \$ 2,253          |
|                                       |            |                   |
|                                       |            |                   |
| <b>SUBTOTAL SALARIES</b>              |            | <b>\$ 360,139</b> |
| <b>EMPLOYEE FRINGE BENEFITS</b>       | <b>27%</b> | <b>\$ 97,237</b>  |
| <b>TOTAL SALARIES &amp; BENEFITS</b>  |            | <b>\$ 457,376</b> |

**2. OPERATING COSTS**

| Expense line item:  | Amount            |
|---|-------------------|
| Rent  | \$ 26,700         |
| Utilities   | \$ 3,115          |
| Building Repair/Maintenance   | \$ 3,174          |
| Office Supplies   | \$ 19,332         |
| Printing & Reproduction   | \$ 2,908          |
| Training/Staff Development  | \$ 12,301         |
| Insurance   | \$ 14,306         |
| Professional License Fee  | \$ 3,735          |
| Equipment Rental  | \$ 1,090          |
| Local Travel  | \$ 3,959          |
| Audit Fees  | \$ 10,100         |
| Bank Fees   | \$ 2,899          |
| Recruitment/indirect Staff Expenses                                     | \$ 2,563          |
|   |                   |
| <b>TOTAL OPERATING COSTS</b>  | <b>\$ 106,182</b> |
| <b>TOTAL INDIRECT COSTS (Salaries &amp; Benefits + Operating Costs)</b> | <b>\$ 563,558</b> |







**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

## RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT 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”).
- C. 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 Agreement.
- D. 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 Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, 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



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- 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
  - 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, 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 Agreement, 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** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
  - j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
  - k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



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and 164.501. For the purposes of this Agreement, 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. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI 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)].
- b. **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 Contract [MOU] and Agreement, 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 Agreement 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. k. of the Agreement, 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



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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)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, 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 PHI 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 Contract.
- d. **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 Contract or this Agreement, 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).
- e. **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.d. 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.
- f. **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 six (6) 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



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- (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.
- g. **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.
- h. **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)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to 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.
- j. **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.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **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 Agreement; 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,



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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)]

- m. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, 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 Agreement 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 Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, 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 CONTRACT and this Agreement 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 Agreement 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.



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- 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).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, 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 CONTRACT or this Agreement 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 Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement 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 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.

**Attachments (links)**

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



**Appendix E**  
San Francisco Department of Public Health  
Business Associate Agreement

Office of Compliance and Privacy Affairs  
San Francisco Department of Public Health  
101 Grove Street, Room 330, San Francisco, CA 94102  
Office email: [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)  
Office telephone: 415-554-2787  
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040  
Confidential Compliance Hotline: 415-642-5790



## Appendix F



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: **Richmond District Area Multi-Services Inc - Adult**

Address: 639 14th Avenue, San Francisco, CA 94118

Tel No.: (415) 800-0699

Fax No.: (415) 751-7338

Funding Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

**BHS**

INVOICE NUMBER : M01 JL 15

Ct. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: GF,SDMC Reg FFP,Medicare,MH Realignment

Invoice Period : July 2015

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

| Unduplicated Clients for Exhibit: | Total Contracted Exhibit UDC | Delivered THIS PERIOD Exhibit UDC | Delivered to Date Exhibit UDC | % of TOTAL Exhibit UDC | Remaining Deliverables Exhibit UDC |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|
|                                   |                              |                                   |                               |                        |                                    |

\*Unduplicated Counts for AIDS Use Only.

| DELIVERABLES<br>Program Name/Reptg. Unit<br>Modality/Mode # - Svc Func (Mnt Only) | Total Contracted |         | Delivered THIS PERIOD |         | Unit Rate | AMOUNT DUE             | Delivered to Date       |         | % of TOTAL         |         | Remaining Deliverables  |                     |
|---|------------------|---------|-----------------------|---------|-----------|------------------------|-------------------------|---------|--------------------|---------|-------------------------|---------------------|
|   | UOS              | CLIENTS | UOS                   | CLIENTS |           |                        | UOS                     | CLIENTS | UOS                | CLIENTS | UOS                     | CLIENTS             |
| <b>B-1 Adult Outpatient Services Clinic PC# - 38943 - HHMCC</b>                   |                  |         |                       |         |           |                        |                         |         |                    |         |                         |                     |
| 15/ 01 - 09 OP - Case Mgt Brokerage   | 9,661            |         |                       |         | \$ 2.13   | \$ -                   | 0.000                   |         | 0.00%              |         | 9,661.000               | 20,577.93           |
| 15/ 10 - 57, 59 OP - MH Svcs  | 230,909          |         |                       |         | \$ 2.75   | \$ -                   | 0.000                   |         | 0.00%              |         | 230,909.000             | 634,999.75          |
| 15/ 80 - 89 OP - Medication Support   | 58,871           |         |                       |         | \$ 5.09   | \$ -                   | 0.000                   |         | 0.00%              |         | 58,871.000              | 299,653.39          |
| 15/ 70 - 79 OP - Crisis Intervention  | 1,038            |         |                       |         | \$ 4.09   | \$ -                   | 0.000                   |         | 0.00%              |         | 1,038.000               | 4,245.42            |
| <b>B-2 Employee Development Program PC# - 38862</b>                               |                  |         |                       |         |           |                        |                         |         |                    |         |                         |                     |
| 10/ 30 - 39 DS - Vocational   | 781              |         |                       |         | \$ 73.53  | \$ -                   | 0.000                   |         | 0.00%              |         | 781.000                 | 57,426.93           |
| <b>B-3 Broderick Street Residential - BHS PC# - 38948</b>                         |                  |         |                       |         |           |                        |                         |         |                    |         |                         |                     |
| 15/ 01 - 09 OP - Case Mgt Brokerage   | 4,339            |         |                       |         | \$ 2.13   | \$ -                   | 0.000                   |         | 0.00%              |         | 4,339.000               | 9,242.07            |
| 15/ 10 - 57, 59 OP - MH Svcs  | 28,088           |         |                       |         | \$ 2.75   | \$ -                   | 0.000                   |         | 0.00%              |         | 28,088.000              | 77,242.00           |
| 15/ 80 - 89 OP - Medication Support   | 40,123           |         |                       |         | \$ 5.09   | \$ -                   | 0.000                   |         | 0.00%              |         | 40,123.000              | 204,226.07          |
| 15/ 70 - 79 OP - Crisis Intervention  | 165              |         |                       |         | \$ 4.09   | \$ -                   | 0.000                   |         | 0.00%              |         | 165.000                 | 674.85              |
| <b>TOTAL</b>  | <b>373,975</b>   |         | <b>0.000</b>          |         |           |                        | <b>0.000</b>            |         | <b>0.00%</b>       |         | <b>373,975.000</b>      | <b>1,308,288.41</b> |
| <b>Budget Amount</b>  |                  |         |                       |         |           | <b>\$ 1,308,277.00</b> |                         |         |                    |         |                         |                     |
|   |                  |         |                       |         |           |                        | <b>Expenses To Date</b> |         | <b>% of Budget</b> |         | <b>Remaining Budget</b> |                     |
|   |                  |         |                       |         |           |                        | <b>\$ -</b>             |         | <b>0.00%</b>       |         | <b>\$ 1,308,277.00</b>  |                     |

**SUBTOTAL AMOUNT DUE** \$ -  
 Less: Initial Payment Recovery  
 (For DPH Use) Other Adjustments  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_

sent to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 30 Howard St., 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: **Richmond Area Multi-Services Inc - Adult**

Address: 639 14th Avenue, San Francisco, CA 94118

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336



Contract Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 15

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA (IT) Information Technology

Invoice Period: July 2015

Final Invoice:  (Check if Yes)

ACE Control Number: \_\_\_\_\_

| Program/Exhibit  | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|  | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-6 I-Ability Vocational IT - Help Desk PC# - 38B6A2 - HMHMPROP63/PMHS63-1612</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 10/30 - 39 DS - Vocational   | 521              | 18  |                       |     | -                 | -   | 0%         | 0%  | 521                    | 18  | 100%       | 100% |
| 10/30 - 39 DS - Vocational   | 484              | 14  |                       |     | -                 | -   | 0%         | 0%  | 484                    | 14  | 100%       | 100% |
| 10/30 - 39 DS - Vocational   | 323              | 10  |                       |     | -                 | -   | 0%         | 0%  | 323                    | 10  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                               | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                            | \$ 190,669.00        | \$ -                 | \$ -             | 0.00%        | \$ 190,669.00        |
| Fringe Benefits                           | \$ 63,874.00         | \$ -                 | \$ -             | 0.00%        | \$ 63,874.00         |
| <b>Total Personnel Expenses</b>           | <b>\$ 254,543.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 254,543.00</b> |
| <b>Operating Expenses</b>                 |                      |                      |                  |              |                      |
| Occupancy                                 | \$ 6,400.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,400.00          |
| Materials and Supplies                    | \$ 4,342.00          | \$ -                 | \$ -             | 0.00%        | \$ 4,342.00          |
| General Operating                         | \$ 2,600.00          | \$ -                 | \$ -             | 0.00%        | \$ 2,600.00          |
| Staff Travel                              | \$ 875.00            | \$ -                 | \$ -             | 0.00%        | \$ 875.00            |
| Consultant/Subcontractor                  | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Other: Recruitment/ Direct Staff Expenses | \$ 1,500.00          | \$ -                 | \$ -             | 0.00%        | \$ 1,500.00          |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>           | <b>\$ 15,717.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 15,717.00</b>  |
| Capital Expenditures                      | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>TOTAL DIRECT EXPENSES</b>              | <b>\$ 270,260.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 270,260.00</b> |
| Indirect Expenses                         | \$ 32,431.00         | \$ -                 | \$ -             | 0.00%        | \$ 32,431.00         |
| <b>TOTAL EXPENSES</b>                     | <b>\$ 302,691.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 302,691.00</b> |
| Less: Initial Payment Recovery            |                      |                      |                  |              |                      |
| Other Adjustments (DPH use only)          |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>                      |                      | <b>\$ -</b>          |                  |              |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

**Contractor: Richmond Area Multi-Services Inc - Adult**

Address: 639 14th Avenue, San Francisco, CA 94118

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336



Contract Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M13 JL 15

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA (PEI)

Invoice Period: July 2015

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

| Program/Exhibit   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-7 API Mental Health Collaborative - HMHMPROP63/PMHS63-1610</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 45/ 10 - 19 OS - MH Promotion                                       | 2,962            | 35  |                       |     | -                 | -   | 0%         | 0%  | 2,962                  | 35  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                               | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                            | \$ 42,510.00         | \$ -                 | \$ -             | 0.00%        | \$ 42,510.00         |
| Fringe Benefits                           | \$ 8,927.00          | \$ -                 | \$ -             | 0.00%        | \$ 8,927.00          |
| <b>Total Personnel Expenses</b>           | <b>\$ 51,437.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 51,437.00</b>  |
| <b>Operating Expenses</b>                 |                      |                      |                  |              |                      |
| Occupancy                                 | \$ 3,090.00          | \$ -                 | \$ -             | 0.00%        | \$ 3,090.00          |
| Materials and Supplies                    | \$ 1,645.00          | \$ -                 | \$ -             | 0.00%        | \$ 1,645.00          |
| General Operating                         | \$ 500.00            | \$ -                 | \$ -             | 0.00%        | \$ 500.00            |
| Staff Travel                              | \$ 600.00            | \$ -                 | \$ -             | 0.00%        | \$ 600.00            |
| Consultant/Subcontractor                  | \$ 100,000.00        | \$ -                 | \$ -             | 0.00%        | \$ 100,000.00        |
| Other: Recruitment/ Direct Staff Expenses | \$ 150.00            | \$ -                 | \$ -             | 0.00%        | \$ 150.00            |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>           | <b>\$ 105,985.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 105,985.00</b> |
| Capital Expenditures                      | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>TOTAL DIRECT EXPENSES</b>              | <b>\$ 157,422.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 157,422.00</b> |
| Indirect Expenses                         | \$ 18,891.00         | \$ -                 | \$ -             | 0.00%        | \$ 18,891.00         |
| <b>TOTAL EXPENSES</b>                     | <b>\$ 176,313.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 176,313.00</b> |

|                                  |             |        |
|----------------------------------|-------------|--------|
| Less: Initial Payment Recovery   |             | NOTES: |
| Other Adjustments (DPH use only) |             |        |
| <b>REIMBURSEMENT</b>             | <b>\$ -</b> |        |

certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those items are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

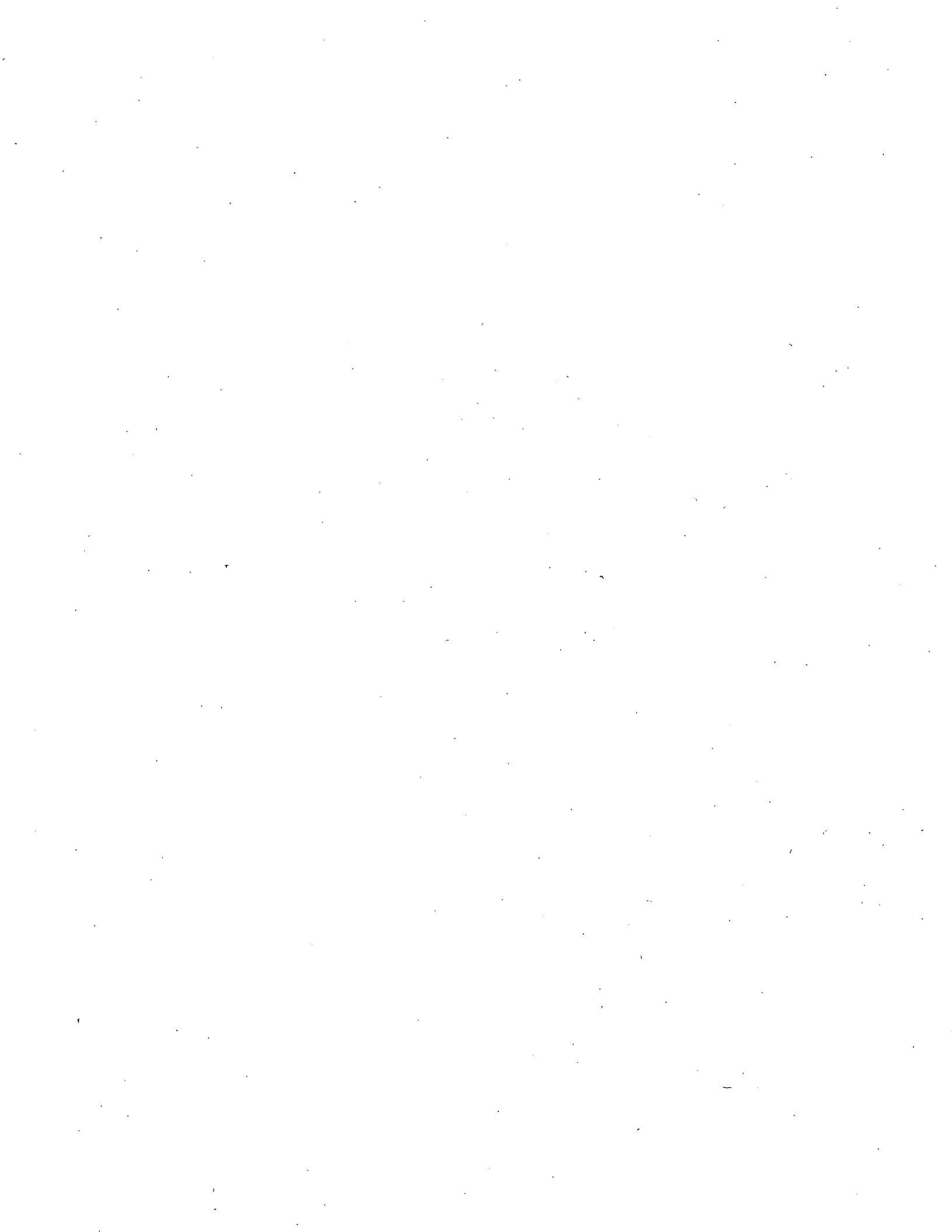
Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Behavioral Health Services-Budget/ Invoice Analyst  
30 Howard St., 4th Floor  
San Francisco, CA 94103

|                               |               |
|-------------------------------|---------------|
| DPH Authorization for Payment |               |
| _____<br>Authorized Signatory | _____<br>Date |



**Appendix J**

**THE DECLARATION OF COMPLIANCE**

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.







# CERTIFICATE OF LIABILITY INSURANCE

RICHARE-01 VPPGOSWAMI

DATE (MM/DD/YYYY)  
7/2/2014

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

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

PRODUCER License # 0726293  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  
505 N Brand Blvd, Suite 600  
Glendale, CA 91203

CONTACT NAME:  
PHONE (ACT, No. Ext): (818) 539-2300 FAX (ACT, No): (818) 539-2301  
EMAIL:  
ADDRESS:

INSURED  
Richmond Area Multi Services  
3626 Balboa St.  
San Francisco, CA 94121

| INSURER(S) AFFORDING COVERAGE                | NAIC # |
|--|--------|
| INSURER A: Scottsdale Insurance Company      | 41297  |
| INSURER B: Riverport Insurance Company       | 36884  |
| INSURER C: Quality Comp Inc                  |        |
| INSURER D: Zurich American Insurance Company | 16535  |
| INSURER E:                                   |        |
| INSURER F:                                   |        |

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

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

| INSTR. LTR. | TYPE OF INSURANCE   | ADOL/SUBR/INSD/WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------------|---|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Abuse Liab \$250k/\$1m<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                                   | OPS0064825    | 07/01/2014              | 07/01/2015              | EACH OCCURRENCE \$ 3,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 3,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
| B           | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |                                     | RIC0013911    | 07/01/2014              | 07/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|             | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$  |                                     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
| C           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> N/A | 0150580714    | 07/01/2014              | 01/01/2015              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |
| D           | Crime   |                                     | MPL576139700  | 07/01/2013              | 07/01/2016              | Limit 1,500,000  |
| A           | Professional Liab.  |                                     | OPS0064825    | 07/01/2014              | 07/01/2015              | Per Occurrence 3,000,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**

City & County of San Francisco Dept of Public Health  
Comm. Behavioral Health Svcs.  
1380 Howard Street  
San Francisco, CA 94103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**SCOTTSDALE INSURANCE COMPANY®**

**ENDORSEMENT  
NO. 5**

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED                             | AGENT NO.                  |
|---|---|---|----------------------------|
| OPS0064825                                      | 07/01/2014  | Richmond Area Multi-Services, Inc. (RAMS) | Negley Associates<br>29518 |

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

-----

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

-----

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

-----

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

-----

\*\*San Francisco Unified School District  
135 Van Ness Ave., Room #208  
San Francisco, CA 94102  
\*\* San Francisco Unified School District, its Board, Officers and Employees are named as Additional Insureds, but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insured available to the Additional Insureds with respects to any claims arising out of the agreement. Insurance applies separate to each insured.

-----

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

-----

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

-----

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



RICHARE-01

VSSURESF

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2014

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

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

**PRODUCER License # 0726293**  
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  
505 N Brand Blvd, Suite 600  
Glendale, CA 91203

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** (818) 539-2300 **FAX (A/C, No):** (818) 539-2301  
**E-MAIL ADDRESS:**

**INSURED**  
  
Richmond Area Multi Services  
3626 Balboa St.  
San Francisco, CA 94121

| INSURER(S) AFFORDING COVERAGE      | NAIC # |
|------------------------------------|--------|
| <b>INSURER A: Quality Comp Inc</b> |        |
| <b>INSURER B:</b>                  |        |
| <b>INSURER C:</b>                  |        |
| <b>INSURER D:</b>                  |        |
| <b>INSURER E:</b>                  |        |
| <b>INSURER F:</b>                  |        |

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

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

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                           |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  |                                     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | 0150580715    | 01/01/2015              | 01/01/2016              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence Only.

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



### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM July 1, 2014, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Richmond Area Multi-Services, Inc.

By Quality Comp, Inc.

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

The additional premium for this change shall be \$250.00.

#### Schedule

**Person or Organization**

City and County of San Francisco  
Human Services Agency  
Office of Grant Management  
P.O. Box 7988  
San Francisco, CA 94120-7988

**Job Description**

Administrative employees and behavioral health/vocational rehab/peer counselors

Countersigned by *Samantha McCullough*  
Samantha McCullough, Program Administrator, Authorized Representative

# rams

Richmond Area Multi-Services, Inc.

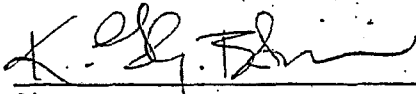
Community mental health

## AUTOMOBILE LIABILITY COVERAGE WAIVER

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

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

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



Signature

7/6/09

Date

3626 balboa street san francisco, california 94121 (415) 660.5955

a non-profit corporation



**FORM 3: CMD COMPLIANCE AFFIDAVIT**

1. I will ensure that my firm complies fully with the provisions of Chapter 14B of the San Francisco Administrative Code and its implementing Rules and Regulations and attest to the truth and accuracy of all information provided regarding such compliance.
2. Upon request, I will provide the CMD with copies of contracts, subcontract agreements, certified payroll records and other documents requested so the HRC and CMD (as applicable) may investigate claims of discrimination or non-compliance with either Chapter 12B or Chapter 14B.
3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.
4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

|  |  |
|--|--|
| Signature of Owner/Authorized Representative:  | <u>K. Ghane Bassiri</u>                            |
| Owner/Authorized Representative (Print)        | <u>Kavoos Ghane Bassiri</u>                        |
| Name of Firm (Print)                           | <u>Richmond Area Multi-Services, Inc. (RAMS)</u>   |
| Title and Position                             | <u>President &amp; CEO</u>                         |
| Address, City, ZIP                             | <u>3626 Balboa Street, San Francisco, CA 94121</u> |
| Federal Employer Identification Number (FEIN): | <u>23-7389436</u>                                  |
| Date:  | <u>6/11/2014</u>                                   |

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

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of February 4, 2014, in San Francisco, California, by and between **Richmond Area Multi-Services, Inc.** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4156-09/10 on June 21, 2010;

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

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

a. **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 Contract Number BPHM11000027, between Contractor and City, as amended by the:

First Amendment dated October 4, 2011 Contract Number BPHM11000027 and  
Second Amendment this amendment.

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

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

2a. Section 5 Compensation of the Agreement currently reads as follows:

5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Eighteen Million Seven Hundred Ten Thousand One Hundred Sixty Nine Dollars (\$18,710,169). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in

which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Two Million Six Hundred Two Thousand Sixty Two Dollars (\$22,602,062)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

2b. Appendix B(Calculation of Charges) dated October 5, 2011 is hereby deleted in it's entirely and replaced with Appendix B (Calculation of Charges) dated February 4, 2014.

2c. Appendix E to the Original Agreement dated October 1, 2010 is hereby deleted in it's entirely and replaced with Appendix E dated May 7, 2014.

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

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



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

**CITY**

**CONTRACTOR**

Recommended by:

**Richmond Area Multi-Services, Inc.**

**Barbara Garcia, MPA**  
Director of Health  
Department of Public Health

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

City vendor number: 15706

Approved as to Form:

**Dennis J. Herrera**  
City Attorney

By: 2/24/14

**Kathy Murphy**  
Deputy City Attorney

Approved:

*KDEMARC*  
for **Jaci Fong**  
Director of the Office of Contract Administration,  
and Purchaser

RECEIVED  
PURCHASING DEPARTMENT  
14 SEP -3 PM 12:01

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will

result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. **Program Budgets and Final Invoice**

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

Budget Summary.

- Appendix B-1 Adult & Older Adult Outpatient
- Appendix B-2 HireAbility
- Appendix B-3 Broderick Residential CBHS
- Appendix B-4 Broderick Residential HUH
- Appendix B-5 Peer Certificate
- Appendix B-6 Vocational IT
- Appendix B-7 APIHPC

B. **COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Two Million Six Hundred Two Thousand Sixty Two Dollars (\$22,602,062) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$609,188 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

|  |             |                       |
|--|-------------|-----------------------|
| July 1, 2010 through December 31, 2010<br>(Encumbered under BPHM065000007) | \$1,383,519 | Total: FY10/11 Amount |
| January 1, 2011 through June 30, 2011                                      | \$1,281,460 | \$2,664,979           |
| July 1, 2011 through June 30, 2012   | \$3,930,161 |                       |
| July 1, 2012 through June 30, 2013   | \$4,216,814 |                       |
| July 1, 2013 through June 30, 2014   | \$4,472,368 |                       |
| July 1, 2014 through June 30, 2015   | \$4,472,368 |                       |

|  |             |              |
|--|-------------|--------------|
| July 1, 2015 through December 31, 2015 | \$2,236,184 |              |
| July 1, 2010 through December 31, 2015 | G. Total    | \$21,992,874 |

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

(4) CONTRACTOR further understands that, \$1,383,519 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM065000007 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM065000007 for the Fiscal Year 2010-11.

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

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

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

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



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA").

#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract 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 Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. 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 Addendum.

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

#### 1. Definitions

- a. **Breach** 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].
- 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** 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** 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** 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** 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.
- h. **Electronic Health Record** shall have the meaning given to such term in 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, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
  - 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** 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** 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. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, 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 164.504(e)(2) and 164.504(e)(4)(i)].
  - b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, 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 Addendum 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, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
  - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, 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 PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(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 Contract.

- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, 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 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(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. [42 U.S.C. Section 17931]
- e. **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 Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- f. **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 six(6) 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. If a patient 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.
- g. **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.

- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [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."
  - i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
  - j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected 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 who unsecured Protected Information has been, or is reasonably believed by the business associate 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. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
  - k. **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)(ii), 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 Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement 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 Addendum or other arrangement within five (5) 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 Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
  - b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, 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 Contract 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 Addendum 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)(ii)(2)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, 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 Contract or Addendum 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 Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or Addendum 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 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/2/2014

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

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

|   |  |  |
|---|--|--|
| PRODUCER License # 0726293<br>Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.<br>505 N Brand Blvd, Suite 600<br>Glendale, CA 91203 | CONTACT NAME:<br>PHONE (A/C, No., Ext): (818) 539-2300 FAX (A/C, No): (818) 539-2301<br>E-MAIL:<br>ADDRESS:  |  |
|   | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>Scottsdale Insurance Company</b> NAIC # 41297<br>INSURER B: <b>Riverport Insurance Company</b> 36684<br>INSURER C: <b>Quality Comp Inc</b><br>INSURER D: <b>Zurich American Insurance Company</b> 16535<br>INSURER E:<br>INSURER F: |  |
| INSURED<br><br>Richmond Area Multi Services<br>3626 Balboa St.<br>San Francisco, CA 94121   |  |  |

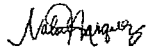
**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADDITIONAL INSURED           | SUBRINSURED                       | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|------------------------------|-----------------------------------|---------------|-------------------------|-------------------------|--|
| A        | X COMMERCIAL GENERAL LIABILITY   | X                            |                                   | OPS0064825    | 07/01/2014              | 07/01/2015              | EACH OCCURRENCE \$ 3,000,000                         |
|          | X CLAIMS-MADE <input type="checkbox"/> OCCUR   |                              |                                   |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
|          | X Abuse Liab \$250k/\$1m   |                              |                                   |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                              |                                   |               |                         |                         | PERSONAL & ADV INJURY \$ 3,000,000                   |
|          | OTHER:   |                              |                                   |               |                         |                         | GENERAL AGGREGATE \$ 4,000,000                       |
|          |  |                              |                                   |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                  |
| B        | AUTOMOBILE LIABILITY   |                              |                                   | RIC0013911    | 07/01/2014              | 07/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | X ANY AUTO ALL OWNED AUTOS   |                              |                                   |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | X HIRED AUTOS  |                              | X SCHEDULED AUTOS NON-OWNED AUTOS |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | UMBRELLA LIAB  |                              |                                   |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          | EXCESS LIAB  |                              |                                   |               |                         |                         | \$   |
|          | DED RETENTION \$   |                              |                                   |               |                         |                         | \$   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                              |                                   | 0150580714    | 07/01/2014              | 01/01/2015              | X PER STATUTE <input type="checkbox"/> OTH-ER        |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                  | Y/N <input type="checkbox"/> | N/A                               |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                      |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                              |                                   |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000              |
|          |  |                              |                                   |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000             |
| D        | Crime  |                              |                                   | MPL576139700  | 07/01/2013              | 07/01/2016              | Limit 1,500,000                                      |
| A        | Professional Liab.   |                              |                                   | OPS0064825    | 07/01/2014              | 07/01/2015              | Per Occurrence 3,000,000                             |

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

**CERTIFICATE HOLDER CANCELLATION**

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



**SCOTTSDALE INSURANCE COMPANY®**

**ENDORSEMENT  
NO. 1**

| ATTACHED TO AND FORMING A PART OF: POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED                             | AGENT NO.                  |
|--|---|---|----------------------------|
| OPS0064825                                       | 07/01/2014  | Richmond Area Multi-Services, Inc. (RAMS) | Negley Associates<br>29518 |

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

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

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

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

\*\*San Francisco Unified School District  
 135 Van Ness Ave., Room #208  
 San Francisco, CA 94102  
 \*\* San Francisco Unified School District, its Board,  
 Officers and Employees are named as Additional  
 Insureds, but only insofar as the operations under  
 contract are concerned. Such policies are primary  
 insurance to any other insured available to the  
 Additional Insureds with respects to any claims arising  
 out of the agreement. Insurance applies separate to  
 each insured.

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

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

RE: Early Childhood Mental Health Consultation at  
 Potrero Hill FRC



**SCOTTSDALE INSURANCE COMPANY®**

**ENDORSEMENT  
NO. 5**

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED                             | AGENT NO.                  |
|---|---|---|----------------------------|
| OPS0054825                                      | 07/01/2014  | Richmond Area Multi-Services, Inc. (RAMS) | Negley Associates<br>29518 |

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

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

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

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

\*\*San Francisco Unified School District  
 135 Van Ness Ave., Room #208  
 San Francisco, CA 94102  
 \*\* San Francisco Unified School District, its Board, Officers and Employees are named as Additional Insureds, but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insured available to the Additional Insureds with respects to any claims arising out of the agreement. Insurance applies separate to each insured.

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

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

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



*Workers' Compensation Solutions*

RE: Quality Comp, Inc. – Group Workers' Compensation Program

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California. The company is rated "A" Category "VIII" by A.M. Best & Company (NAIC#16608).

**Specific Excess Insurance**

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000  
Employers Liability: \$1,000,000 Limit

**Term of Coverage**

Effective Date: January 1, 2014  
Expiration: January 1, 2015

Please contact me if you should have any questions or require additional information. Thank you.

Sincerely,

*Caryn A. Riffi/jh*

Caryn A. Riffi, ARM  
Chief Operating Officer

CAR:jh



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

NUMBER 4515

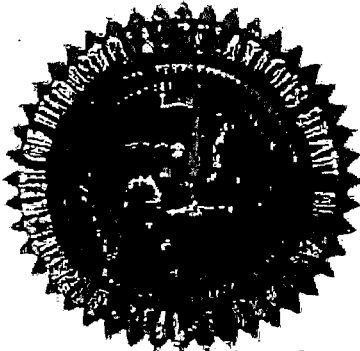
## CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.\*



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

John M. Rea  
JOHN M. REA

DIRECTOR

Mark T. Johnson  
MARK T. JOHNSON  
MANAGER

\* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.



**DEPARTMENT OF INDUSTRIAL RELATIONS**

**OFFICE OF SELF-INSURANCE PLANS**

11050 Olson Drive, Suite 230

Rancho Cordova, CA. 95670

Phone No. (916) 464-7000

FAX (916) 464-7007



**CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION**

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 4515 was issued by the Director of Industrial Relations to:

**Quality Comp, Inc.**

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California  
This day the 21st of January 2014

A handwritten signature in black ink, appearing to read "Jon Wroten".

Jon Wroten, Chief

ORIG: Jackie Harris  
Underwriting & Operations Manager  
Monument Insurance Services  
255 Great Valley Pkwy., Ste 200  
Malvern, Pa 19355

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

Is changed to read:

The following Waiver of Subrogation is hereby added to the policy:

See Form WC 04 03 06.

\* Item 4. Change To:

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

Total Estimated Annual Premium \$ 278,568

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

|                        |            |                        |           |
|------------------------|------------|------------------------|-----------|
| New Estimated Premium  | 278,568.00 | New Estimated Tax      | 13,450.00 |
| Less Previously Billed | 278,422.00 | Less Previously Billed | 13,450.00 |
| Additional Due         | 146.00     | Additional Due         | 0.00      |

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

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

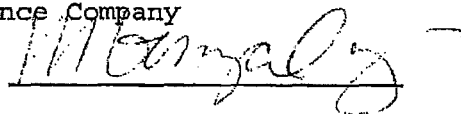
Endorsement Effective Date: 07/01/2013 Policy No. WC201300001911 Endorsement No. 1  
 Policy Effective Date: 07/01/2013 to 07/01/2014 Premium \$ 146.00  
 Insured: Richmond Area Multi Services, Inc.

DBA:

Carrier Name/Code: New York Marine and General Insurance Company  
 NCCI Carrier Code No. 28746

WC 89 06 00 A  
 Ed. 7-87

Countersigned by



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA**

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

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

The additional premium for this endorsement shall be 5.000% of the California workers' compensation premium otherwise due on such remuneration.

**Schedule****Person or Organization**

City and County of San Francisco  
Human Services Agency - Office of Grant Management  
P.O. Box 7988  
San Francisco, CA 94120-7988

**Job Description**

Administrative Employees and Behavioral Health/Vocational  
Rehab./Peer Counselors.  
1235 Mission Street  
San Francisco, CA 94103

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

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

Endorsement Effective Date: 07/01/2013    Policy No. WC201300001911    Endorsement No. 1  
Policy Effective Date: 07/01/2013 to 07/01/2014    Premium \$ 146.00  
Insured: Richmond Area Multi Services, Inc.

DBA:

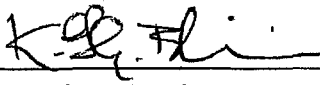
Carrier Name/Code: New York Marine and General Insurance Company

Countersigned by 



**FORM 3: CMD COMPLIANCE AFFIDAVIT**

1. I will ensure that my firm complies fully with the provisions of Chapter 14B of the San Francisco Administrative Code and its implementing Rules and Regulations and attest to the truth and accuracy of all information provided regarding such compliance.
2. Upon request, I will provide the CMD with copies of contracts, subcontract agreements, certified payroll records and other documents requested so the HRC and CMD (as applicable) may investigate claims of discrimination or non-compliance with either Chapter 12B or Chapter 14B.
3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.
4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

Signature of Owner/Authorized Representative: 

Owner/Authorized Representative (Print) Kavoos Ghane Bassiri

Name of Firm (Print) Richmond Area Multi-Services, Inc. (RAMS)

Title and Position President & CEO

Address, City, ZIP 3626 Balboa Street, San Francisco, CA 94121

Federal Employer Identification Number (FEIN): 23-7389436

Date: 6/11/2014









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

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of October 4, 2011, in San Francisco, California, by and between **Richmond Area Multi-Services, Inc.** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to increase contract amount, revise Appendix A (Community Behavioral Health Services), and add Appendix J (Declaration of Compliance);

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4156-09/10 on June 21, 2010;

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

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

a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 Contract Number BPHM11000027, between Contractor and City, as amended by the:

|                 |                 |
|-----------------|-----------------|
| First Amendment | This amendment. |
|-----------------|-----------------|

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

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

2a. Section 5. of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fourteen Million Five Hundred Four Thousand Four Hundred Fifty Nine Dollars (\$14,504,459). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Eighteen Million Seven Hundred Ten Thousand One Hundred Sixty Nine Dollars (\$18,710,169). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

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

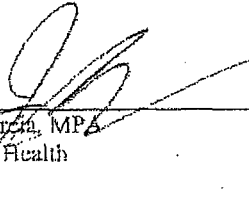

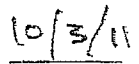
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

CONTRACTOR

Recommended by:

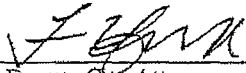
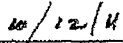
Richmond Area Multi-Services, inc.

|   |  |  |
|---|--|--|
|  |  |                       |
| Barbara Garcia, MPA<br>Director of Health   | Date   | Date   |
|   |  | Kavoos Ghane Bassiri, LMFT, CGP<br>Chief Executive Officer<br>3626 Balboa St.<br>San Francisco, CA 94121 |

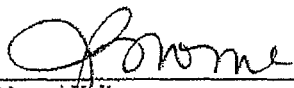
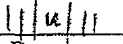
City vendor number: 15706

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  /   
Deputy City Attorney / Date

Approved:

 /   
Naomi Kelly  
Director Office of Contract  
Administration and Purchaser / Date

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**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will

result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

**2. Program Budgets and Final Invoice**

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

Budget Summary

- Appendix B-1 Adult & Older Adult Outpatient
- Appendix B-2 HireAbility
- Appendix B-3 Broderick Residential CBHS
- Appendix B-4 Broderick Residential HUH
- Appendix B-5 Peer Certificate
- Appendix B-6 Vocational IT
- Appendix B-7 APIHPC

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Eighteen Million Seven Hundred Ten Thousand One Hundred Sixty Nine Dollars (\$18,710,169) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$819,576 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

|  |             |                       |
|--|-------------|-----------------------|
| July 1, 2010 through December 31, 2010<br>(Encumbered under BPHM065000007) | \$1,383,519 | Total: FY10/11 Amount |
| January 1, 2011 through June 30, 2011                                      | \$1,281,460 | \$2,664,979           |
| July 1, 2011 through June 30, 2012   | \$3,930,161 |                       |
| July 1, 2012 through June 30, 2013   | \$4,216,814 |                       |
| July 1, 2013 through June 30, 2014   | \$3,173,108 |                       |
| July 1, 2014 through June 30, 2015   | \$3,167,846 |                       |

|   |           |              |
|---|-----------|--------------|
| June 30, 2015 through December 31, 2015 | \$737,685 |              |
| July 1, 2010 through December 31, 2015  | G. Total  | \$17,890,593 |

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

(4) CONTRACTOR further understands that, \$1,383,519 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM065000007 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM065000007 for the Fiscal Year 2010-11.

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

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

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

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





| DMH Legal Entity Number (MH): 00343  |                  | Prepared By/Phone #: Ken Choi/415-668-5960 x331 |                               | Fiscal Year: 12-13           |                                |                             |                             |                  |
|--|------------------|---|-------------------------------|------------------------------|--------------------------------|-----------------------------|-----------------------------|------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                  | Document Date: 1/2/2013                         |                               |                              |                                |                             |                             |                  |
| Contract Appendix Number:  | B-1              | B-2   | B-3                           | B-4                          | B-5                            | B-6                         | B-7                         |                  |
| Provider Number:   | Adult Outpatient | Employee Development Program                    | Broderick St Residential-CBHS | Broderick St Residential-HUH | Peer Specialist MH Certificate | i-Ability, Vocational IT    | API Health Fairty Coalition |                  |
| FUNDING TERM:  | 12-13            | 12-13   | 12-13                         | 12-13                        | 12-13                          | 12-13                       | 12-13                       | TOTAL            |
| <b>FUNDING USES</b>  |                  |   |                               |                              |                                |                             |                             |                  |
| Salaries & Employee Benefits:  | 1,535,734        | 84,717  | 493,354                       | 936,837                      | 68,588                         | 425,235                     | 0                           | 3,544,465        |
| Operating Expenses:  | 125,904          | 14,695  | 11,277                        | 222,994                      | 52,434                         | 30,122                      | 89,286                      | 546,712          |
| Capital Expenses:  |                  |   |                               |                              |                                |                             |                             |                  |
| Subtotal Direct Expenses:  | 1,661,638        | 99,412  | 504,631                       | 1,159,831                    | 121,022                        | 455,357                     | 89,286                      | 4,091,177        |
| Indirect Expenses:   | 199,397          | 11,929  | 60,556                        | 139,179                      | 14,523                         | 54,643                      | 10,714                      | 490,941          |
| Indirect %:  | 12%              | 12%   | 12%                           | 12%                          | 12%                            | 12%                         | 12%                         |                  |
| <b>TOTAL FUNDING USES</b>  | <b>1,861,035</b> | <b>111,341</b>                                  | <b>565,187</b>                | <b>1,299,010</b>             | <b>135,545</b>                 | <b>510,000</b>              | <b>100,000</b>              | <b>4,582,118</b> |
|  |                  |   |                               |                              |                                | Employee Fringe Benefits %: |                             | 24%              |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                  |   |                               |                              |                                |                             |                             |                  |
| MH FED - SDMC Regular FFP (50%)  | 862,640          | -   | 277,297                       | -                            | -                              | -                           | -                           | 1,139,937        |
| MH 3RD PARTY - Medicare  | 101,201          | -   | -                             | -                            | -                              | -                           | -                           | 101,201          |
| MH STATE - MHSA  | -                | -   | -                             | -                            | 135,545                        | 510,000                     | 100,000                     | 745,545          |
| MH Reallignment  | 515,080          | 49,778  | 200,393                       | -                            | -                              | -                           | -                           | 765,251          |
| MH COUNTY - General Fund   | 347,560          | 59,476  | 76,904                        | -                            | -                              | -                           | -                           | 483,940          |
| MH COUNTY - General Fund-CODB  | 34,554           | 2,087   | 10,593                        | -                            | -                              | -                           | -                           | 47,234           |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>1,861,035</b> | <b>111,341</b>                                  | <b>565,187</b>                | <b>-</b>                     | <b>135,545</b>                 | <b>510,000</b>              | <b>100,000</b>              | <b>3,283,108</b> |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                  |   |                               |                              |                                |                             |                             |                  |
|  |                  |   |                               |                              |                                |                             |                             |                  |
|  |                  |   |                               |                              |                                |                             |                             |                  |
|  |                  |   |                               |                              |                                |                             |                             |                  |
|  |                  |   |                               |                              |                                |                             |                             |                  |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                  |   |                               |                              |                                |                             |                             |                  |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  |                  |   |                               |                              |                                |                             |                             |                  |
| HUH - General Fund   |                  |   |                               | 916,206                      |                                |                             |                             | 916,206          |
| HUH - General Fund - CODB  |                  |   |                               | 17,500                       |                                |                             |                             | 17,500           |
|  |                  |   |                               |                              |                                |                             |                             |                  |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                  |   |                               | <b>933,706</b>               |                                |                             |                             | <b>933,706</b>   |
| <b>TOTAL DPH FUNDING SOURCES</b>   | <b>1,861,035</b> | <b>111,341</b>                                  | <b>565,187</b>                | <b>933,706</b>               | <b>135,545</b>                 | <b>510,000</b>              | <b>100,000</b>              | <b>4,218,814</b> |
| <b>NON-DPH FUNDING SOURCES</b>   |                  |   |                               |                              |                                |                             |                             |                  |
| NON DPH - Patient/Client Fees  |                  |   |                               | 365,304                      |                                |                             |                             | 365,304          |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                  |   |                               | <b>365,304</b>               |                                |                             |                             | <b>365,304</b>   |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   | <b>1,861,035</b> | <b>111,341</b>                                  | <b>565,187</b>                | <b>1,299,010</b>             | <b>135,545</b>                 | <b>510,000</b>              | <b>100,000</b>              | <b>4,582,118</b> |

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

|  |                    |                  |                    |                        |                                  |                  |
|--|--------------------|------------------|--------------------|------------------------|----------------------------------|------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                    |                  |                    |                        | Contract Appendix #: B#1, Page 1 |                  |
| Provider Name: RAMS  |                    |                  |                    |                        | Document Date: 1/2/2013          |                  |
| Provider Number: 3894  |                    |                  |                    |                        | Fiscal Year: 12-13               |                  |
| Program Name:  | Adult Outpatient   | Adult Outpatient | Adult Outpatient   | Adult Outpatient       |                                  |                  |
| Program Code (formerly Reporting Unit):  | 38943              | 38943            | 38943              | 38943                  |                                  |                  |
| Mode/SFC (MH) or Modality (SA):  | 15/01-09           | 15/10-57         | 15/60-69           | 15/70-79               |                                  |                  |
| Service Description:   | Case Mgt Brokerage | MH Svcs          | Medication Support | Crisis Intervention-OP | 0                                |                  |
| FUNDING TERM:  | 12-13              | 12-13            | 12-13              | 12-13                  | TOTAL                            |                  |
| <b>FUNDING USES</b>  |                    |                  |                    |                        |                                  |                  |
| Salaries & Employee Benefits:  | 65,542             | 1,075,669        | 386,902            | 7,621                  | 1,535,734                        |                  |
| Operating Expenses:  | 5,373              | 88,187           | 31,719             | 625                    | 125,904                          |                  |
| Capital Expenses (greater than \$5,000):   |                    |                  |                    |                        |                                  |                  |
| Subtotal Direct Expenses:  | 70,915             | 1,163,856        | 418,621            | 8,246                  | 1,661,638                        |                  |
| Indirect Expenses:   | 8,510              | 139,663          | 50,235             | 989                    | 199,397                          |                  |
| <b>TOTAL FUNDING USES:</b>   | <b>79,425</b>      | <b>1,303,519</b> | <b>468,856</b>     | <b>9,235</b>           | <b>1,861,035</b>                 |                  |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>CFDA #:</b>     |                  |                    |                        |                                  |                  |
| MH FED - SDMC Regular FFP (50%)  |                    | 36,816           | 604,216            | 217,327                | 4,281                            | 862,640          |
| MH 3RD PARTY - Medicare  |                    | 4,319            | 70,884             | 25,496                 | 502                              | 101,201          |
| MH Realignment   |                    | 21,983           | 360,776            | 129,766                | 2,555                            | 515,080          |
| MH COUNTY - General Fund   |                    | 14,833           | 243,440            | 87,562                 | 1,725                            | 347,560          |
| MH COUNTY - General Fund-CODB  |                    | 1,474            | 24,203             | 8,705                  | 172                              | 34,554           |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                    | <b>79,425</b>    | <b>1,303,519</b>   | <b>468,856</b>         | <b>9,235</b>                     | <b>1,861,035</b> |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>CFDA #:</b>     |                  |                    |                        |                                  |                  |
|  |                    |                  |                    |                        |                                  |                  |
|  |                    |                  |                    |                        |                                  |                  |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                    |                  |                    |                        |                                  |                  |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  | <b>CFDA #:</b>     |                  |                    |                        |                                  |                  |
|  |                    |                  |                    |                        |                                  |                  |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                    |                  |                    |                        |                                  |                  |
| <b>TOTAL DPH FUNDING SOURCES</b>   |                    | <b>79,425</b>    | <b>1,303,519</b>   | <b>468,856</b>         | <b>9,235</b>                     | <b>1,861,035</b> |
| <b>NON-DPH FUNDING SOURCES</b>   |                    |                  |                    |                        |                                  |                  |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                    |                  |                    |                        |                                  |                  |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   |                    | <b>79,425</b>    | <b>1,303,519</b>   | <b>468,856</b>         | <b>9,235</b>                     | <b>1,861,035</b> |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                    |                  |                    |                        |                                  |                  |
| Number of Beds Purchased (if applicable)   |                    |                  |                    |                        |                                  |                  |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                    |                  |                    |                        |                                  |                  |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                    |                  |                    |                        |                                  |                  |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):  | FFS                | FFS              | FFS                | FFS                    |                                  |                  |
| Units of Service:  | 38,556             | 490,045          | 95,490             | 2,338                  |                                  |                  |
| Unit Type:   | Staff Minute       | Staff Minute     | Staff Minute       | Staff Minute           |                                  |                  |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):                                       | 2.06               | 2.66             | 4.91               | 3.95                   |                                  |                  |
| Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):                             | 2.06               | 2.66             | 4.91               | 3.95                   |                                  |                  |
| Published Rate (Medi-Cal Providers Only):  | 2.06               | 2.66             | 4.91               | 3.95                   |                                  |                  |
| Unduplicated Clients (UDC):  | 1,200              | Included         | Included           | Included               | Total UDC:                       | 1,200            |

DPH 3: Salaries & Benefits Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

| Position Title   | TOTAL |             | General Fund |             | Funding Source 1 (overwrite here with Funding Source Name) |          | Funding Source 2 (overwrite here with Funding Source Name) |          | Funding Source 3 (overwrite here with Funding Source Name) |          | Funding Source 4 (overwrite here with Funding Source Name) |          |
|--|-------|-------------|--------------|-------------|--|----------|--|----------|--|----------|--|----------|
|  | Term: | 12-13       | Term:        | 12-13       | Term:  | 12-13    | Term:  | 12-13    | Term:  | 12-13    | Term:  | 12-13    |
|  | FTE   | Salaries    | FTE          | Salaries    | FTE  | Salaries | FTE  | Salaries | FTE  | Salaries | FTE  | Salaries |
| Director of Adult/Older Adult Outpatient Services                        | 1.00  | \$ 82,400   | 1.00         | 82,400      |  |          |  |          |  |          |  |          |
| Medical Director/Psychiatrist  | 0.42  | \$ 72,107   | 0.42         | 72,107      |  |          |  |          |  |          |  |          |
| Psychiatrist/Psychiatric NP/RN   | 2.19  | \$ 320,351  | 2.19         | 320,351     |  |          |  |          |  |          |  |          |
| Behavioral Health/Mental Health Therapist/Counselor/Worker/SW/Supervisor | 15.15 | \$ 634,900  | 15.15        | 634,900     |  |          |  |          |  |          |  |          |
| Intake Coordinator/Office Manager  | 0.50  | \$ 22,281   | 0.50         | 22,281      |  |          |  |          |  |          |  |          |
| Program Support Analyst/Administrative Assistant                         | 3.23  | \$ 98,080   | 3.23         | 98,080      |  |          |  |          |  |          |  |          |
| Housekeeper/Janitor  | 0.50  | \$ 13,390   | 0.50         | 13,390      |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
|  |       |             |              |             |  |          |  |          |  |          |  |          |
| Totals:  | 22.98 | \$1,243,509 | 22.98        | \$1,243,509 |  |          |  |          |  |          |  |          |

|                           |     |            |     |           |  |  |  |  |  |  |  |  |
|---------------------------|-----|------------|-----|-----------|--|--|--|--|--|--|--|--|
| Employee Fringe Benefits: | 24% | \$ 292,225 | 24% | \$292,225 |  |  |  |  |  |  |  |  |
|---------------------------|-----|------------|-----|-----------|--|--|--|--|--|--|--|--|

TOTAL SALARIES & BENEFITS \$1,535,734 \$1,535,734



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix #: B#1, Page 3

| Expenditure Category   | TOTAL            | General Fund     | Funding Source 1<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 2<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 3<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 4<br>(overwrite here with<br>Funding Source<br>Name) |
|--|------------------|------------------|---|---|---|---|
|  | Term: 12-13      | Term: 12-13      | Term: _____   | Term: _____   | Term: _____   | Term: _____   |
| Rental of Property   | \$ 73,689        | 73,689           |   |   |   |   |
| Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$ 11,378        | 11,378           |   |   |   |   |
| Office Supplies, Postage   | \$ 16,362        | 16,362           |   |   |   |   |
| Building Maintenance Supplies and Repair                         | \$ 1,500         | 1,500            |   |   |   |   |
| Printing and Reproduction  | \$ 1,000         | 1,000            |   |   |   |   |
| Insurance  | \$ 10,257        | 10,257           |   |   |   |   |
| Staff Training   | \$ 1,268         | 1,268            |   |   |   |   |
| Staff Travel-(Local & Out of Town)                               | \$ 350           | 350              |   |   |   |   |
| Rental of Equipment  | \$ 3,600         | 3,600            |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ -             |                  |   |   |   |   |
|  | \$ -             |                  |   |   |   |   |
| Amounts)   | \$ -             |                  |   |   |   |   |
| Amounts)   | \$ -             |                  |   |   |   |   |
| Amounts)   | \$ -             |                  |   |   |   |   |
| Amounts)   | \$ -             |                  |   |   |   |   |
| Other:   |                  |                  |   |   |   |   |
| Recruitment/Direct Staff Expenses                                | \$ 6,000         | 6,000            |   |   |   |   |
| Client-related Expenses  | \$ 500           | 500              |   |   |   |   |
|  |                  |                  |   |   |   |   |
|  |                  |                  |   |   |   |   |
|  |                  |                  |   |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$125,904</b> | <b>\$125,904</b> |   |   |   |   |

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

|  |                              |   |  |                                  |               |
|--|------------------------------|---|--|----------------------------------|---------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                              |   |  | Contract Appendix #: B#2, Page 1 |               |
| Provider Name: RAMS  |                              |   |  | Document Date: 1/2/2013          |               |
| Provider Number: 3894  |                              |   |  | Fiscal Year: 12-13               |               |
| Program Name:  | Employee Development Program |   |  |                                  |               |
| Program Code (formerly Reporting Unit):  | 38B62                        |   |  |                                  |               |
| Mode/SFC (MH) or Modality (SA):  | 10/30-39                     |   |  |                                  |               |
| Service Description:   | Vocational                   |   |  |                                  | TOTAL         |
| FUNDING TERM:  | 12-13                        |   |  |                                  |               |
| <b>FUNDING USES</b>  |                              |   |  |                                  |               |
| Salaries & Employee Benefits:  | 84,717                       |   |  |                                  | 84,717        |
| Operating Expenses:  | 14,695                       |   |  |                                  | 14,695        |
| Capital Expenses (greater than \$5,000):   |                              |   |  |                                  |               |
| Subtotal Direct Expenses:  | 99,412                       |   |  |                                  | 99,412        |
| Indirect Expenses:   | 11,929                       |   |  |                                  | 11,929        |
| TOTAL FUNDING USES:  | 111,341                      |   |  |                                  | 111,341       |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                              |   |  |                                  |               |
| CFDA #:  |                              |   |  |                                  |               |
| MH Realignment   | 49,778                       |   |  |                                  | 49,778        |
| MH COUNTY - General Fund   | 59,476                       |   |  |                                  | 59,476        |
| MH COUNTY - General Fund-CODB  | 2,087                        |   |  |                                  | 2,087         |
| TOTAL CBHS MENTAL HEALTH FUNDING SOURCES   | 111,341                      |   |  |                                  | 111,341       |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                              |   |  |                                  |               |
| GFDA #:  |                              |   |  |                                  |               |
|  |                              |   |  |                                  |               |
|  |                              |   |  |                                  |               |
| TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES   |                              |   |  |                                  |               |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  |                              |   |  |                                  |               |
| GFDA #:  |                              |   |  |                                  |               |
|  |                              |   |  |                                  |               |
| TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES   |                              |   |  |                                  |               |
| TOTAL DPH FUNDING SOURCES  | 111,341                      |   |  |                                  | 111,341       |
| <b>NON-DPH FUNDING SOURCES</b>   |                              |   |  |                                  |               |
| TOTAL NON-DPH FUNDING SOURCES  |                              |   |  |                                  |               |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)  | 111,341                      |   |  |                                  | 111,341       |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                              |   |  |                                  |               |
| Number of Beds Purchased (if applicable)   |                              |   |  |                                  |               |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                              |   |  |                                  |               |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                              |   |  |                                  |               |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):  | FFS                          |   |  |                                  |               |
| Units of Service:  | 1,561                        |   |  |                                  |               |
| Unit Type:   | Client Full Day              | 0 |  |                                  |               |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)  | 71.34                        |   |  |                                  |               |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                             | 71.34                        |   |  |                                  |               |
| Published Rate (Medi-Cal Providers Only):  |                              |   |  |                                  |               |
| Unduplicated Clients (UDC):  | 35                           | 0 |  |                                  | Total UDC: 39 |



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13  
 Program Name: Employee Development Program

Appendix #: B#2, Page 3

| Expenditure Category   | TOTAL           | General Fund    | Funding Source 1                          | Funding Source 2                          | Funding Source 3                          | Funding Source 4                          |
|--|-----------------|-----------------|---|---|---|---|
|  |                 |                 | (overwrite here with Funding Source Name) | (overwrite here with Funding Source Name) | (overwrite here with Funding Source Name) | (overwrite here with Funding Source Name) |
|  | Term: 12-13     | Term: 12-13     | Term: _____                               | Term: _____                               | Term: _____                               | Term: _____                               |
| Rental of Property   | \$ 4,806        | 4,806           |   |   |   |   |
| Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$ 2,857        | 2,857           |   |   |   |   |
| Office Supplies, Postage   | \$ 2,899        | 2,899           |   |   |   |   |
| Building Maintenance Supplies and Repair                         | \$ 120          | 120             |   |   |   |   |
| Printing and Reproduction  | \$ 43           | 43              |   |   |   |   |
| Insurance  | \$ 647          | 647             |   |   |   |   |
| Staff Training   | \$ 416          | 416             |   |   |   |   |
| Staff Travel-(Local & Out of Town)                               | \$ 100          | 100             |   |   |   |   |
| Rental of Equipment  | \$ -            |                 |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Other:   |                 |                 |   |   |   |   |
| Recruitment/Direct Staff Expenses                                | \$ 373          | 373             |   |   |   |   |
| Client-related Expenses  | \$ 2,434        | 2,434           |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$14,695</b> | <b>\$14,695</b> |   |   |   |   |



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

| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                                   |                                   |                                   |                                   | Contract Appendix #: B#3, Page 1 |                |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|----------------|
| Provider Name: RAMS  |                                   |                                   |                                   |                                   | Document Date: 1/2/2013          |                |
| Provider Number: 3894  |                                   |                                   |                                   |                                   | Fiscal Year: 12-13               |                |
| Program Name:  | Broderick Street Residential-CBHS | Broderick Street Residential-CBHS | Broderick Street Residential-CBHS | Broderick Street Residential-CBHS | TOTAL                            |                |
| Program Code (formerly Reporting Unit):  | 38948                             | 38948                             | 38948                             | 38948                             |                                  |                |
| Mode/SFC (MH) or Modality (SA):  | 15/01-09 Case Mgt Brokerage       | 15/10-57 MH Svcs                  | 15/60-69 Medication Support       | 15/70-79 Crisis Intervention-OP   |                                  |                |
| Service Description:   |                                   |                                   |                                   |                                   |                                  |                |
| FUNDING TERM:  | 12-13                             | 12-13                             | 12-13                             | 12-13                             |                                  |                |
| <b>FUNDING USES</b>  |                                   |                                   |                                   |                                   |                                  |                |
| Salaries & Employee Benefits:  | 24,031                            | 122,795                           | 343,080                           | 3,448                             | 493,354                          |                |
| Operating Expenses:  | 549                               | 2,807                             | 7,842                             | 79                                | 11,277                           |                |
| Capital Expenses (greater than \$5,000):   |                                   |                                   |                                   |                                   |                                  |                |
| Subtotal Direct Expenses:  | 24,580                            | 125,602                           | 350,922                           | 3,527                             | 504,631                          |                |
| Indirect Expenses:   | 2,951                             | 15,072                            | 42,110                            | 423                               | 60,556                           |                |
| <b>TOTAL FUNDING USES:</b>   | <b>27,531</b>                     | <b>140,674</b>                    | <b>393,032</b>                    | <b>3,950</b>                      | <b>565,187</b>                   |                |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>CFDA #:</b>                    |                                   |                                   |                                   |                                  |                |
| MH FED - SDMC Regular FFP (50%)  |                                   | 13,507                            | 69,019                            | 192,833                           | 1,938                            | 277,297        |
| MH Realignment   |                                   | 9,761                             | 49,877                            | 139,354                           | 1,401                            | 200,393        |
| MH COUNTY - General Fund   |                                   | 3,747                             | 19,141                            | 53,479                            | 537                              | 76,904         |
| MH COUNTY - General Fund-CODB  |                                   | 516                               | 2,637                             | 7,366                             | 74                               | 10,593         |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                                   | <b>27,531</b>                     | <b>140,674</b>                    | <b>393,032</b>                    | <b>3,950</b>                     | <b>565,187</b> |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>CFDA #:</b>                    |                                   |                                   |                                   |                                  |                |
|  |                                   |                                   |                                   |                                   |                                  |                |
|  |                                   |                                   |                                   |                                   |                                  |                |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                                   |                                   |                                   |                                   |                                  |                |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  | <b>CFDA #:</b>                    |                                   |                                   |                                   |                                  |                |
|  |                                   |                                   |                                   |                                   |                                  |                |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                                   |                                   |                                   |                                   |                                  |                |
| <b>TOTAL DPH FUNDING SOURCES</b>   |                                   | <b>27,531</b>                     | <b>140,674</b>                    | <b>393,032</b>                    | <b>3,950</b>                     | <b>565</b>     |
| <b>NON-DPH FUNDING SOURCES</b>   |                                   |                                   |                                   |                                   |                                  |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                                   |                                   |                                   |                                   |                                  |                |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   |                                   | <b>27,531</b>                     | <b>140,674</b>                    | <b>393,032</b>                    | <b>3,950</b>                     | <b>565,187</b> |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                                   |                                   |                                   |                                   |                                  |                |
| Number of Beds Purchased (if applicable)   |                                   |                                   |                                   |                                   |                                  |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                                   |                                   |                                   |                                   |                                  |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                                   |                                   |                                   |                                   |                                  |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):  |                                   | FFS                               | FFS                               | FFS                               | FFS                              |                |
| Units of Service:  |                                   | 13,365                            | 52,885                            | 80,047                            | 1,000                            |                |
| Unit Type:   |                                   | Staff Minute                      | Staff Minute                      | Staff Minute                      | Staff Minute                     |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):                                       |                                   | 2.06                              | 2.66                              | 4.91                              | 3.95                             |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                             |                                   | 2.06                              | 2.66                              | 4.91                              | 3.95                             |                |
| Published Rate (Medi-Cal Providers Only):  |                                   | 2.06                              | 2.66                              | 4.91                              | 3.95                             |                |
| Unduplicated Clients (UDC):  |                                   | 36                                | Included                          | Included                          | Included                         | Total UDC: 36  |



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix # B#3, Page 3

| Expenditure Category   | TOTAL           | General Fund    | Funding Source 1<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 2<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 3<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 4<br>(overwrite here with<br>Funding Source<br>Name) |
|--|-----------------|-----------------|---|---|---|---|
|  | Term: 12-13     | Term: 12-13     | Term:   | Term:   | Term:   | Term:   |
| Rental of Property   | \$ -            |                 |   |   |   |   |
| Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$ -            |                 |   |   |   |   |
| Office Supplies, Postage   | \$ 1,476        | 1,476           |   |   |   |   |
| Building Maintenance Supplies and Repair                         | \$ -            | 0               |   |   |   |   |
| Printing and Reproduction  | \$ 50           | 50              |   |   |   |   |
| Insurance  | \$ 3,151        | 3,151           |   |   |   |   |
| Staff Training   | \$ 2,000        | 2,000           |   |   |   |   |
| Staff Travel-(Local & Out of Town)                               | \$ 500          | 500             |   |   |   |   |
| Rental of Equipment  | \$ -            |                 |   |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Amounts)   | \$ -            |                 |   |   |   |   |
| Other:   |                 |                 |   |   |   |   |
| Recruitment/Direct Staff Expenses                                | \$ 4,000        | 4,000           |   |   |   |   |
| Client-related Expenses  | \$ 100          | 100             |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
|  | \$ -            |                 |   |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$11,277</b> | <b>\$11,277</b> |   |   |   |   |

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

|   |  |   |                |                      |                   |
|---|--|---|----------------|----------------------|-------------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA):  |  | Richmond Area Multi-Services, Inc. (RAMS) |                | Contract Appendix #: | B#4, Page 1       |
| Provider Name:  |  | RAMS                                      |                | Document Date:       | 1/2/2013          |
| Provider Number:  |  | 3894                                      |                | Fiscal Year:         | 12-13             |
| Program Name:   | Broderick St Residential-HUH                     | Broderick St Residential-HUH              |                |                      |                   |
| Program Code (formerly Reporting Unit):   | 38948  | 38948                                     |                |                      |                   |
| Mode/SFC (MH) or Modality (SA):   | 60/78  | 60/78                                     |                |                      |                   |
| Service Description:  | Other Non-Medical Client Support Exp             | Other Non-Medical Client Support Exp      |                |                      | TOTAL             |
| FUNDING TERM:   | 12-13  | 12-13                                     |                |                      |                   |
| <b>FUNDING USES:</b>  |  |   |                |                      |                   |
| Salaries & Employee Benefits:   | 673,384  | 263,453                                   |                |                      | 936,837           |
| Operating Expenses:   | 160,283  | 62,711                                    |                |                      | 222,994           |
| Capital Expenses (greater than \$5,000):  |  |   |                |                      |                   |
| Subtotal Direct Expenses:   | 833,667  | 326,164                                   |                |                      | 1,159,831         |
| Indirect Expenses:  | 100,039  | 39,140                                    |                |                      | 139,179           |
| <b>TOTAL FUNDING USES:</b>  | <b>933,706</b>                                   | <b>365,304</b>                            |                |                      | <b>1,299,010</b>  |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>   | <b>CFDA #:</b>                                   |   |                |                      |                   |
|   |  |   |                |                      |                   |
|   |  |   |                |                      |                   |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>   |  |   |                |                      |                   |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>   | <b>CFDA #:</b>                                   |   |                |                      |                   |
|   |  |   |                |                      |                   |
|   |  |   |                |                      |                   |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>                                       |  |   |                |                      |                   |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                     | <b>CFDA #:</b>                                   |   |                |                      |                   |
| HUH - General Fund  |  | 916,206                                   |                |                      | 916,206           |
| HUH - General Fund - CODB   |  | 17,500                                    |                |                      |                   |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                               |  | <b>933,706</b>                            |                |                      | <b>933,706</b>    |
| <b>TOTAL DPH FUNDING SOURCES</b>  |  | <b>933,706</b>                            |                |                      | <b>933,706</b>    |
| <b>NON-DPH FUNDING SOURCES</b>  |  |   |                |                      |                   |
| NON DPH - Patient/Client Fees   |  |   | 365,304        |                      | 365,304           |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |  |   | <b>365,304</b> |                      | <b>365,304</b>    |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |  | <b>933,706</b>                            | <b>365,304</b> |                      | <b>1,299,010</b>  |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>  |  |   |                |                      |                   |
| Number of Beds Purchased (if applicable)  |  |   |                |                      |                   |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                   |  |   |                |                      |                   |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program |  |   |                |                      |                   |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):                                       | CR   | CR  |                |                      |                   |
| Units of Service:   | 11,081   |   |                |                      |                   |
| Unit Type:  | Staff Hour or Client Day, depending on contract. |   |                |                      |                   |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)                                     | 84.26  |   |                |                      |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                          | 84.26  |   |                |                      |                   |
| Published Rate (Medi-Cal Providers Only):   |  |   |                |                      |                   |
| Unduplicated Clients (UDC):   | 36   | N/A                                       |                |                      | <b>Total UDC:</b> |
|   |  |   |                |                      | 36                |

DPH 3: Salaries & Benefits Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix # B#4 Page 2

| Position Title   | TOTAL           |                | General Fund    |                | Funding Source 1 (HUH) |                | Funding Source 2 (Non DPH Patient/Client Fees) |                | Funding Source 3 (overwrite here with Funding Source Name) |          | Funding Source 4 (overwrite here with Funding Source Name) |          |
|--|-----------------|----------------|-----------------|----------------|------------------------|----------------|--|----------------|--|----------|--|----------|
|  | Term: 12-13 FTE | 12-13 Salaries | Term: 12-13 FTE | 12-13 Salaries | Term: 12-13 FTE        | 12-13 Salaries | Term: 12-13 FTE                                | 12-13 Salaries | Term: FTE  | Salaries | Term: FTE  | Salaries |
| Administrator  | 1.00            | 81,600         |                 |                | 0.72                   | 58,653         | 0.28   | 22,947         |  |          |  |          |
| Administrative Coordinator/Office Manager                        | 1.00            | 40,290         |                 |                | 0.72                   | 28,960         | 0.28   | 11,330         |  |          |  |          |
| Clinical Nurse Manager   | 0.20            | 16,320         |                 |                | 0.14                   | 11,731         | 0.06   | 4,589          |  |          |  |          |
| Certified Nurse Aide/Home Aide                                   | 9.40            | 336,880        |                 |                | 6.76                   | 242,144        | 2.64   | 94,736         |  |          |  |          |
| Driver/Administrative Assistant                                  | 1.00            | 32,885         |                 |                | 0.72                   | 23,637         | 0.28   | 9,248          |  |          |  |          |
| Administrative Assistant/Receptionist                            | 1.40            | 49,009         |                 |                | 1.01                   | 35,227         | 0.39   | 13,782         |  |          |  |          |
| Chef/Cook/Cook Assistant   | 3.36            | 114,435        |                 |                | 2.42                   | 82,254         | 0.95   | 32,181         |  |          |  |          |
| Maintenance Workers (Janitor/Custodian and Maintenance Engineer) | 2.30            | 69,164         |                 |                | 1.85                   | 49,714         | 0.65   | 19,450         |  |          |  |          |
| Totals:  | 19.66           | \$740,583      |                 |                | 14.13                  | \$532,320      | 5.53   | \$208,263      |  |          |  |          |

|                           |     |           |  |  |     |           |     |          |  |  |  |  |
|---------------------------|-----|-----------|--|--|-----|-----------|-----|----------|--|--|--|--|
| Employee Fringe Benefits: | 26% | \$196,264 |  |  | 27% | \$141,055 | 27% | \$55,190 |  |  |  |  |
|---------------------------|-----|-----------|--|--|-----|-----------|-----|----------|--|--|--|--|

TOTAL SALARIES & BENEFITS      \$936,837      \$0      \$673,365      \$263,453

DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix #: B#4, Page 3

| Expenditure Category   | TOTAL            | General Fund | Funding Source 1 (HUH) | Funding Source 2 (Non DPH Patient/Client Fees) | Funding Source 3 (overwrite here with Funding Source Name) | Funding Source 4 (overwrite here with Funding Source Name) |
|--|------------------|--------------|------------------------|--|--|--|
|  | Term: 12-13      | Term: _____  | Term: 12-13            | Term: 12-13                                    | Term: _____  | Term: _____  |
| Rental of Property   | \$ -             |              |                        |  |  |  |
| Utilities(Elec, Water, Gas, Phone, Scavenger)                    | 60,000           |              | 43,127                 | 16,873   |  |  |
| Office Supplies, Postage   | 30,000           |              | 21,563                 | 8,437  |  |  |
| Building Maintenance Supplies and Repair                         | 32,744           |              | 23,536                 | 9,208  |  |  |
| Printing and Reproduction  | 700              |              | 503                    | 197  |  |  |
| Insurance  | 12,200           |              | 8,769                  | 3,431  |  |  |
| Staff Training   | 1,000            |              | 719                    | 281  |  |  |
| Staff Travel-(Local & Out of Town)                               | 250              |              | 180                    | 70   |  |  |
| Rental of Equipment  | 4,100            |              | 2,947                  | 1,153  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) |                  |              |                        |  |  |  |
| Amounts)   |                  |              |                        |  |  |  |
| Amounts)   |                  |              |                        |  |  |  |
| Amounts)   |                  |              |                        |  |  |  |
| Amounts)   |                  |              |                        |  |  |  |
| Other:   |                  |              |                        |  |  |  |
| Recruitment/Direct Staff Expenses                                | 4,500            |              | 3,235                  | 1,265  |  |  |
| Client-related Expenses  | 77,500           |              | 55,704                 | 21,796   |  |  |
|  | \$ -             |              |                        |  |  |  |
|  | \$ -             |              |                        |  |  |  |
|  | \$ -             |              |                        |  |  |  |
|  | \$ -             |              |                        |  |  |  |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$222,994</b> |              | <b>\$160,283</b>       | <b>\$62,711</b>                                |  |  |

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

|  |                                   |                       |                |
|--|-----------------------------------|-----------------------|----------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                                   | Contract Appendix #:  | B#5, Page 1    |
| Provider Name: RAMS  |                                   | Document Date:        | 1/2/2013       |
| Provider Number: 3894  |                                   | Fiscal Year:          | 12-13          |
| Program Name:  | Peer Specialist<br>MH Certificate |                       |                |
| Program Code (formerly Reporting Unit):  | 3894IN                            |                       |                |
| Mode/SFC (MH) or Modality (SA):  | 45/10-19                          |                       |                |
| Service Description:   | MH Promotion                      |                       | TOTAL          |
| FUNDING TERM:  | 12-13                             |                       |                |
| <b>FUNDING USES</b>  |                                   |                       |                |
| Salaries & Employee Benefits:  | 68,588                            |                       | 68,588         |
| Operating Expenses:  | 52,434                            |                       | 52,434         |
| Capital Expenses (greater than \$5,000):   |                                   |                       |                |
| Subtotal Direct Expenses:  | 121,022                           |                       | 121,022        |
| Indirect Expenses:   | 14,523                            |                       | 14,523         |
| <b>TOTAL FUNDING USES:</b>   | <b>135,545</b>                    |                       | <b>135,545</b> |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                                   | <b>Project Detail</b> |                |
| MH STATE - MHSA  | PMHS63-0808                       | 135,545               | 135,545        |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                                   | <b>135,545</b>        | <b>135,545</b> |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                                   | <b>CFDA #:</b>        |                |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                                   |                       |                |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  |                                   | <b>CFDA #:</b>        |                |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                                   |                       |                |
| <b>TOTAL DPH FUNDING SOURCES</b>   |                                   | <b>135,545</b>        | <b>135,545</b> |
| <b>NON-DPH FUNDING SOURCES</b>   |                                   |                       |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                                   |                       |                |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   |                                   | <b>135,545</b>        | <b>135,545</b> |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                                   |                       |                |
| Number of Beds Purchased (if applicable)   |                                   |                       |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                                   |                       |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                                   |                       |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): CR                                       |                                   |                       |                |
| Units of Service:  | 2,246                             |                       |                |
| Unit Type:   | Staff Hour                        |                       |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  | 60.34                             |                       |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                             | 60.34                             |                       |                |
| Published Rate (Medi-Cal Providers Only):  |                                   |                       |                |
| Unduplicated Clients (UDC):  | 30                                |                       | Total UDC: 30  |

DPH 3: Salaries & Benefits Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix #: B#5, Page 2

| Position Title                          | TOTAL     |                | General Fund |          | Funding Source 1 (MHSA) |                | Funding Source 2 (overwrite here with Funding Source Name) |          | Funding Source 3 (overwrite here with Funding Source Name) |          | Funding Source 4 (overwrite here with Funding Source Name) |          |
|---|-----------|----------------|--------------|----------|-------------------------|----------------|--|----------|--|----------|--|----------|
|   | Term: FTE | 12-13 Salaries | Term: FTE    | Salaries | Term: FTE               | 12-13 Salaries | Term: FTE  | Salaries | Term: FTE  | Salaries | Term: FTE  | Salaries |
| Certificate Program Coordinator/Manager | 0.75      | \$ 45,000      |              |          | 0.75                    | 45,000         |  |          |  |          |  |          |
| Teaching/Administrative Assistant       | 0.33      | \$ 9,870       |              |          | 0.33                    | 9,870          |  |          |  |          |  |          |
| Totals:                                 | 1.08      | \$54,870       |              |          | 1.08                    | \$54,870       |  |          |  |          |  |          |

|                           |     |           |  |  |     |          |  |  |  |  |  |  |
|---------------------------|-----|-----------|--|--|-----|----------|--|--|--|--|--|--|
| Employee Fringe Benefits: | 25% | \$ 13,718 |  |  | 25% | \$13,718 |  |  |  |  |  |  |
|---------------------------|-----|-----------|--|--|-----|----------|--|--|--|--|--|--|

TOTAL SALARIES & BENEFITS \$68,588  \$68,588



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix # B#5, Page 3

| Expenditure Category   | TOTAL           | General Fund | Funding Source 1<br>(MHSA) | Funding Source 2<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 3<br>(overwrite here with<br>Funding Source<br>Name) | Funding Source 4<br>(overwrite here with<br>Funding Source<br>Name) |
|--|-----------------|--------------|----------------------------|---|---|---|
|  | Term: 12-13     | Term:        | Term: 12-13                | Term:   | Term:   | Term:   |
| Rental of Property   | \$ 2,260        |              | 2,260                      |   |   |   |
| Utilities(Elec. Water, Gas, Phone, Scavenger)                    | \$ 2,800        |              | 2,800                      |   |   |   |
| Office Supplies, Postage   | \$ 6,519        |              | 6,519                      |   |   |   |
| Building Maintenance Supplies and Repair                         | \$ 150          |              | 150                        |   |   |   |
| Printing and Reproduction  | \$ 480          |              | 480                        |   |   |   |
| Insurance  | \$ 585          |              | 585                        |   |   |   |
| Staff Training   | \$ 500          |              | 500                        |   |   |   |
| Staff Travel-(Local & Out of Town)                               | \$ 1,300        |              | 1,300                      |   |   |   |
| Rental of Equipment  | \$ -            |              |                            |   |   |   |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ -            |              |                            |   |   |   |
| San Francisco State University                                   | \$ 29,250       |              | 29,250                     |   |   |   |
| Guest Lecturers/Instructors                                      | \$ 500          |              | 500                        |   |   |   |
| Amounts)   | \$ -            |              |                            |   |   |   |
| Amounts)   | \$ -            |              |                            |   |   |   |
| Amounts)   | \$ -            |              |                            |   |   |   |
| Other:   |                 |              |                            |   |   |   |
| Student Incentives & Stipends                                    | \$ 8,000        |              | 8,000                      |   |   |   |
| Direct Staff Expenses  | \$ 90           |              | 90                         |   |   |   |
|  | \$ -            |              |                            |   |   |   |
|  | \$ -            |              |                            |   |   |   |
|  | \$ -            |              |                            |   |   |   |
|  | \$ -            |              |                            |   |   |   |
|  | \$ -            |              |                            |   |   |   |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$52,434</b> |              | <b>\$52,434</b>            |   |   |   |

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

| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                                      |                                     |  | Contract Appendix # | B#6, Page 1    |
|--|--------------------------------------|-------------------------------------|--|---------------------|----------------|
| Provider Name: RAMS  |                                      |                                     |  | Document Date:      | 1/2/2013       |
| Provider Number: 3894  |                                      |                                     |  | Fiscal Year:        | 12-13          |
| Program Name:  | i-Ability, Vocational IT -- Helpdesk | i-Ability, Vocational IT -- Desktop | i-Ability, Vocational IT -- Consumer Connect |                     |                |
| Program Code (formerly Reporting Unit):  | 38B6A2                               | 38B6A2                              | 38B6A2                                       |                     |                |
| Mode/SFC (MH) or Modality (SA):  | 10/30-39                             | 10/30-39                            | 10/30-39                                     |                     |                |
| Service Description:   | Vocational                           | Vocational                          | Vocational                                   |                     | TOTAL          |
| FUNDING TERM:  | 12-13                                | 12-13                               | 12-13  |                     |                |
| <b>FUNDING USES</b>  |                                      |                                     |  |                     |                |
| Salaries & Employee Benefits:  | 191,436                              | 180,942                             | 52,858                                       |                     | 4 35           |
| Operating Expenses:  | 9,063                                | 9,063                               | 11,996                                       |                     | 3              |
| Capital Expenses (greater than \$5,000):   |                                      |                                     |  |                     |                |
| <b>Subtotal Direct Expenses:</b>   | <b>200,499</b>                       | <b>190,005</b>                      | <b>64,854</b>                                |                     | <b>455,357</b> |
| Indirect Expenses:   | 24,060                               | 22,801                              | 7,782  |                     | 54,643         |
| <b>TOTAL FUNDING USES:</b>   | <b>224,559</b>                       | <b>212,806</b>                      | <b>72,636</b>                                |                     | <b>510,000</b> |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                                      |                                     |  |                     |                |
|  | <b>Project Detail</b>                |                                     |  |                     |                |
| MH STATE - MHSA  | PMHS63-0812                          | 224,559                             | 212,806                                      | 72,636              | 510,000        |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                                      |                                     |  |                     |                |
|  | 224,559                              | 212,806                             | 72,636                                       | -                   | 510,000        |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>TOTAL DPH FUNDING SOURCES</b>   |                                      |                                     |  |                     |                |
|  | 224,559                              | 212,806                             | 72,636                                       | -                   | 510,000        |
| <b>NON-DPH FUNDING SOURCES</b>   |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     |                |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   |                                      |                                     |  |                     |                |
|  | 224,559                              | 212,806                             | 72,636                                       | -                   | 510,000        |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                                      |                                     |  |                     |                |
| Number of Beds Purchased (if applicable)   |                                      |                                     |  |                     |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                                      |                                     |  |                     |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                                      |                                     |  |                     |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR CR                                 |                                      |                                     |  |                     |                |
| Units of Service: 680 617 22   |                                      |                                     |  |                     |                |
| Unit Type: Client Full Day Client Full Day Client Full Day                                 |                                      |                                     |  |                     |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): 330.00 345.00 3,350.00                |                                      |                                     |  |                     |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 330.00 345.00 3,350.00      |                                      |                                     |  |                     |                |
| Published Rate (Medi-Cal Providers Only):  |                                      |                                     |  |                     |                |
| Unduplicated Clients (UDC): 18 16 4  |                                      |                                     |  |                     |                |
|  |                                      |                                     |  |                     | Total UDC:     |
|  |                                      |                                     |  |                     | 38             |



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

Appendix #: B#6, Page 3

| Expenditure Category   | TOTAL           | General Fund | Funding Source 1<br>MHSA -<br>Helpdesk | Funding Source 2<br>MHSA -<br>Desktop | Funding Source 3<br>MHSA -<br>Consumer Connect | Funding Source 4<br>(overwrite here with<br>Funding Source<br>Name) |
|--|-----------------|--------------|--|---------------------------------------|--|---|
|  | Term: 12-13     | Term:        | Term: 12-13                            | Term: 12-13                           | Term: 12-13                                    | Term:   |
| Rental of Property   | \$ 6,650        |              | 2,771                                  | 2,771                                 | 1,108  |   |
| Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$ 4,200        |              | 1,583                                  | 1,583                                 | 1,034  |   |
| Office Supplies, Postage   | \$ 9,172        |              | 1,125                                  | 1,125                                 | 6,922  |   |
| Building Maintenance Supplies and Repair                         | \$ 400          |              | 167                                    | 167                                   | 66   |   |
| Printing and Reproduction  | \$ 300          |              | 125                                    | 125                                   | 50   |   |
| Insurance  | \$ 2,200        |              | 917                                    | 917                                   | 366  |   |
| Staff Training   | \$ 2,000        |              | 833                                    | 833                                   | 334  |   |
| Staff Travel (Local & Out of Town)                               | \$ 3,200        |              | 917                                    | 917                                   | 1,366  |   |
| Rental of Equipment  |                 |              |  |                                       |  |   |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) |                 |              |  |                                       |  |   |
| Amounts)   |                 |              |  |                                       |  |   |
| Amounts)   |                 |              |  |                                       |  |   |
| Amounts)   |                 |              |  |                                       |  |   |
| Amounts)   |                 |              |  |                                       |  |   |
| Amounts)   |                 |              |  |                                       |  |   |
| Other:   |                 |              |  |                                       |  |   |
| Recruitment/Direct Staff Expenses                                | \$ 2,000        |              | 625                                    | 625                                   | 750  |   |
|  | \$ -            |              |  |                                       |  |   |
|  | \$ -            |              |  |                                       |  |   |
|  | \$ -            |              |  |                                       |  |   |
|  | \$ -            |              |  |                                       |  |   |
|  | \$ -            |              |  |                                       |  |   |
|  | \$ -            |              |  |                                       |  |   |
| <b>TOTAL OPERATING EXPENSE</b>                                   | <b>\$30,122</b> |              | <b>\$9,063</b>                         | <b>\$9,063</b>                        | <b>\$11,996</b>                                |   |

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

|  |                             |                                  |                |
|--|-----------------------------|----------------------------------|----------------|
| DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc. (RAMS) |                             | Contract Appendix #: B#7, Page 1 |                |
| Provider Name: RAMS  |                             | Document Date: 1/2/2013          |                |
| Provider Number: 3894  |                             | Fiscal Year: 12-13               |                |
| Program Name:  | API Health Parity Coalition |                                  |                |
| Program Code (formerly Reporting Unit):  |                             |                                  |                |
| Mode/SFC (MH) or Modality (SA):  | 45/10-19                    |                                  |                |
| Service Description:   | MH Promotion                |                                  | TOTAL          |
| FUNDING TERM:  | 12-13                       |                                  |                |
| <b>FUNDING USES</b>  |                             |                                  |                |
| Salaries & Employee Benefits:  |                             |                                  |                |
| Operating Expenses:  | 89,286                      |                                  | 89,286         |
| Capital Expenses (greater than \$5,000):   |                             |                                  |                |
| Subtotal Direct Expenses:  | 89,286                      |                                  | 89,286         |
| Indirect Expenses:   | 10,714                      |                                  | 10,714         |
| <b>TOTAL FUNDING USES:</b>   | <b>100,000</b>              |                                  | <b>100,000</b> |
| <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>  | <b>Project Detail</b>       |                                  |                |
| MH STATE - MESA  | PMHS63-1307                 | 100,000                          | 100,000        |
|  |                             |                                  |                |
| <b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>  |                             | <b>100,000</b>                   | <b>100,000</b> |
| <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  | <b>CFDA #:</b>              |                                  |                |
|  |                             |                                  |                |
| <b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>  |                             |                                  |                |
| <b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>  | <b>CFDA #:</b>              |                                  |                |
|  |                             |                                  |                |
| <b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>                                  |                             |                                  |                |
| <b>TOTAL DPH FUNDING SOURCES</b>   |                             | <b>100,000</b>                   | <b>100,000</b> |
| <b>NON-DPH FUNDING SOURCES</b>   |                             |                                  |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>   |                             |                                  |                |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>   |                             | <b>100,000</b>                   | <b>100,000</b> |
| <b>CBHS UNITS OF SERVICE AND UNIT COST</b>   |                             |                                  |                |
| Number of Beds Purchased (if applicable)   |                             |                                  |                |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)                      |                             |                                  |                |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program    |                             |                                  |                |
| Cost Reimbursement (CR) or Fee-For-Service (FFS):  | CR                          |                                  |                |
| Units of Service:  | 1                           |                                  |                |
| Unit Type:   |                             |                                  |                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  | 100,000                     |                                  |                |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):                             | 100,000                     |                                  |                |
| Published Rate (Medi-Cal Providers Only):  |                             |                                  |                |
| Unduplicated Clients (UDC):  | N/A                         |                                  | Total UDC: N/A |



DPH 4: Operating Expenses Detail

Provider Number: 3894  
 Provider Name: RAMS  
 Document Date: 1/2/13

| Expenditure Category  | TOTAL       | General Fund | Funding Source 1 (MHSA) | Funding Source 2 (overwrite here with Funding Source Name) | Funding Source 3 (overwrite here with Funding Source Name) | Funding Source 4 (overwrite here with Funding Source Name) |
|---|-------------|--------------|-------------------------|--|--|--|
|   | Term: 12-13 | Term:        | Term: 12-13             | Term:  | Term:  | Term:  |
| Rental of Property  | \$ -        |              |                         |  |  |  |
| Utilities(Elec, Water, Gas, Phone, Scavenger)   | \$ -        |              |                         |  |  |  |
| Office Supplies, Postage  | \$ 2,086.00 |              | 2,086                   |  |  |  |
| Building Maintenance Supplies and Repair  | \$ -        |              |                         |  |  |  |
| Printing and Reproduction   | \$ -        |              |                         |  |  |  |
| Insurance   | \$ -        |              |                         |  |  |  |
| Staff Training  | \$ -        |              |                         |  |  |  |
| Staff Travel-(Local & Out of Town)  | \$ 200.00   |              | 200                     |  |  |  |
| Rental of Equipment   | \$ -        |              |                         |  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  | \$ -        |              |                         |  |  |  |
| Project Organizer, Hidi Tuason, MPH While the specific monthly payment may vary, the subcontractor will receive an avg. monthly payment \$5,000 to perform the following: convene current APIHPC members and re-connect inactive members, follow proposed timeline deliverables, outreach and recruit potential health related agencies, develop service plans and participate in MHSA required meetings. | \$ 50,000   |              | 50,000                  |  |  |  |
| Workforce Development Trainer, Jei Africa, PsyD. This subcontract will not perform work until May of 2013 and that rates, number of hours and scope of work is in negotiation. RAMS will provide DPH with a subcontract within 30 days of the contract being certified.   | \$ 7,000    |              | 7,000                   |  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  | \$ -        |              |                         |  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  | \$ -        |              |                         |  |  |  |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  | \$ -        |              |                         |  |  |  |
| Other:  |             |              |                         |  |  |  |
| Stipends for Participating Organizations:   | \$ 30,000   |              | 30,000                  |  |  |  |
| -- Vietnamese Youth Development Center  | \$ -        |              |                         |  |  |  |
| -- Samoan Community Development Center  | \$ -        |              |                         |  |  |  |
| -- Bayanihan Community Center/Filipino American Development Foundation  | \$ -        |              |                         |  |  |  |
|   | \$ -        |              |                         |  |  |  |
|   | \$ -        |              |                         |  |  |  |

TOTAL OPERATING EXPENSE

\$89,286

\$89,286

DPH 6: Contract-Wide Indirect Detail

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

Document Date:

01/02/13

1. SALARIES & BENEFITS

| Position Title                       | FTE    |    | Salaries       |
|--------------------------------------|--------|----|----------------|
| Chief Executive Officer              | 0.3809 | \$ | 58,390         |
| Chief Financial Officer              | 0.3809 | \$ | 55,225         |
| Deputy Chief                         | 0.3809 | \$ | 40,818         |
| Director of Operations               | 0.3809 | \$ | 28,013         |
| Director of Information Technologies | 0.3809 | \$ | 27,019         |
| Director of Human Resources          | 0.3809 | \$ | 28,013         |
| Accounting Specialist/Assistant      | 1.3713 | \$ | 58,282         |
| Program Consultant                   | 0.0095 | \$ | 1,981          |
| HR Specialist                        | 0.3809 | \$ | 17,522         |
| Director of Training                 | 0.3142 | \$ | 21,275         |
| Office Manager/Admin Assistant       | 0.0667 | \$ | 2,785          |
| Janitor                              | 0.0191 | \$ | 440            |
| Driver                               | 0.1143 | \$ | 2,674          |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
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|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
|                                      |        |    |                |
| EMPLOYEE FRINGE BENEFITS             | 24%    | \$ | 82,185         |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |        | \$ | <b>424,622</b> |

2. OPERATING COSTS

| Expenditure Category             | Amount           |
|----------------------------------|------------------|
| Occupancy                        | \$ 15,299        |
| Office Supplies                  | \$ 9,631         |
| Insurance                        | \$ 8,138         |
| Audit/Legal/Recruit/Payroll Fees | \$ 16,407        |
| Staff Training/Meeting/Mileage   | \$ 16,844        |
| <b>TOTAL OPERATING COSTS</b>     | <b>\$ 66,319</b> |

TOTAL INDIRECT COSTS \$ 490,941  
 (Salaries & Benefits + Operating Costs)



**Appendix F**  
**Invoice**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER : M01 JL S  
 Ct. Blanket No.: BPHM TBD  
 Ct. PO No.: POHM TBD  
 Fund Source: GF,SDMC,FFP,Medical,Realignment  
 Invoice Period : July 2013  
 Final Invoice: (Check If Yes)  
 ACE Control Number:

Contractor: Richmond District Area Multi-Services Inc - Adult  
 Address: 3626 Balboa St., San Francisco, CA 94121  
 Tel No.: (415) 668-5955  
 Fax No.: (415) 668-0246  
 Funding Term: 07/01/2013 - 06/30/2014  
 PHP Division: Community Behavioral Health Services

| Unduplicated Clients for Exhibit: | Total Contracted Exhibit UDC | Delivered THIS PERIOD Exhibit UDC | Delivered to Date Exhibit UDC | % of TOTAL Exhibit UDC | Remaining Deliverables Exhibit UDC |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|

\*Unduplicated Counts for ADR Use Only

| DELIVERABLES<br>Program Name/Req'tg. Unit<br>Modality/Mode # - Svc Func (as req) | Total Contracted |         | Delivered THIS PERIOD |         | Unit Rate | AMOUNT DUE | Delivered to Date |         | % of TOTAL   |        | Remaining Deliverables |                          |
|--|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|--------------|--------|------------------------|--------------------------|
|  | UOS              | CLIENTS | UOS                   | CLIENTS |           |            | UOS               | CLIENTS | UOS          | CLIENT | UOS                    | CLIENTS                  |
| <b>B-1 Adult Outpatient PC# - 38943</b>  |                  |         |                       |         |           |            |                   |         |              |        |                        |                          |
| 15/01 - 09 Case Mgt Brokerage  | 38,556           |         |                       |         | \$ 2.06   | \$ -       | 0.000             |         | 0.00%        |        | 38,556.000             | \$ 79,425.38             |
| 15/10 - 57 MH Svcs   | 480,045          |         |                       |         | \$ 2.66   | \$ -       | 0.000             |         | 0.00%        |        | 480,045.000            | 1,303,519.70             |
| 15/80 - 69 Medication Support  | 85,490           |         |                       |         | \$ 4.81   | \$ -       | 0.000             |         | 0.00%        |        | 85,490.000             | 468,855.90               |
| 15/70 - 79 Crisis Intervention-OP  | 2,338            |         |                       |         | \$ 3.95   | \$ -       | 0.000             |         | 0.00%        |        | 2,338.000              | 9,235.10 \$ 1,861,036.06 |
| <b>B-2 Employee Development Program PC# - 38862</b>                              |                  |         |                       |         |           |            |                   |         |              |        |                        |                          |
| 10/30 - 39 Vocational  | 1,561            |         |                       |         | \$ 71.34  | \$ -       | 0.000             |         | 0.00%        |        | 1,561.000              | 111,361.74 \$ 111,361.74 |
| <b>B-3 Broderick Street Residential - CBHS PC# - 38948</b>                       |                  |         |                       |         |           |            |                   |         |              |        |                        |                          |
| 15/01 - 09 Case Mgt Brokerage  | 13,365           |         |                       |         | \$ 2.06   | \$ -       | 0.000             |         | 0.00%        |        | 13,365.000             | 27,531.90                |
| 15/10 - 57 MH Svcs   | 52,885           |         |                       |         | \$ 2.66   | \$ -       | 0.000             |         | 0.00%        |        | 52,885.000             | 140,674.10               |
| 15/80 - 69 Medication Support  | 80,047           |         |                       |         | \$ 4.81   | \$ -       | 0.000             |         | 0.00%        |        | 80,047.000             | 393,080.77               |
| 15/70 - 79 Crisis Intervention-OP  | 1,000            |         |                       |         | \$ 3.95   | \$ -       | 0.000             |         | 0.00%        |        | 1,000.000              | 3,950.00 \$ 665,186.77   |
| <b>TOTAL</b>   | <b>775,287</b>   |         | <b>0.000</b>          |         |           |            | <b>0.000</b>      |         | <b>0.00%</b> |        | <b>775,287.000</b>     | <b>\$ 2,537,604.67</b>   |

SUBTOTAL AMOUNT DUE \$  
 Less: Initial Payment Recovery  
 (For DPH Use) Other Adjustments  
 NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 Community Programs Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94109

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: M02 JL 3

CI. Blanket No.: BPHM TBD

CI. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1408

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number: XXXXXXXXXXXXXXXXXXXX

Contractor: Richmond Area Multi-Services Inc - Adult

Address: 3626 Balboa St., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

| Program/Exhibit                                 | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| B-5 Peer Specialist MH Certificate PC# - 3894IN |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 45/ 10 - 19 MH Promotion                        | 2,246            | 30  |                       |     |                   |     | 0%         | 0%  | 2,246                  | 30  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                      | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|----------------------------------|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                   | \$ 54,870.00         | \$ -                 | \$ -             | 0.00%        | \$ 54,870.00         |
| Fringe Benefits                  | \$ 13,718.00         | \$ -                 | \$ -             | 0.00%        | \$ 13,718.00         |
| <b>Total Personnel Expenses</b>  | <b>\$ 68,588.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 68,588.00</b>  |
| <b>Operating Expenses</b>        |                      |                      |                  |              |                      |
| Occupancy                        | \$ 5,210.00          | \$ -                 | \$ -             | 0.00%        | \$ 5,210.00          |
| Materials and Supplies           | \$ 6,999.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,999.00          |
| General Operating                | \$ 1,085.00          | \$ -                 | \$ -             | 0.00%        | \$ 1,085.00          |
| Staff Travel                     | \$ 1,300.00          | \$ -                 | \$ -             | 0.00%        | \$ 1,300.00          |
| Consultant/ Subcontractor        | \$ 29,750.00         | \$ -                 | \$ -             | 0.00%        | \$ 29,750.00         |
| Other: Direct Staff Expenses     | \$ 90.00             | \$ -                 | \$ -             | 0.00%        | \$ 90.00             |
| Student Incentives & Supplies    | \$ 8,000.00          | \$ -                 | \$ -             | 0.00%        | \$ 8,000.00          |
|                                  | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>  | <b>\$ 52,434.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 52,434.00</b>  |
| Capital Expenditures             | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>TOTAL DIRECT EXPENSES</b>     | <b>\$ 121,022.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 121,022.00</b> |
| Indirect Expenses                | \$ 14,523.00         | \$ -                 | \$ -             | 0.00%        | \$ 14,523.00         |
| <b>TOTAL EXPENSES</b>            | <b>\$ 135,545.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 135,545.00</b> |
| Less: Initial Payment Recovery   |                      |                      |                  |              |                      |
| Other Adjustments (DPH use only) |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>             |                      | \$ -                 |                  |              |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc - Adult

Address: 3626 Balboa St., San Francisco, CA 94121

Tel No.: (415) 668-5955  
Fax No.: (415) 668-0246

Contract Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 0812

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number:

| Program/Exhibit                                      | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|  | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| B-6 i-Ability Vocational IT - Help Desk PC# - 38B6A2 |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 10 / 30 - 39 Vocational IT - Help Desk               | 680              | 18  |                       |     | -                 | -   | 0%         | 0%  | 680                    | 18  | 100%       | 100% |
| 10 / 30 - 39 Vocational IT - Desktop                 | 617              | 16  |                       |     | -                 | -   | 0%         | 0%  | 617                    | 16  | 100%       | 100% |
| 10 / 30 - 39 Vocational IT - Cosumer Connect         | 22               | 4   |                       |     | -                 | -   | 0%         | 0%  | 22                     | 4   | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                               | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                            | \$ 273,374.00        | \$ -                 | \$ -             | 0.00%        | \$ 273,374.00        |
| Fringe Benefits                           | \$ 60,143.00         | \$ -                 | \$ -             | 0.00%        | \$ 60,143.00         |
| <b>Total Personnel Expenses</b>           | <b>\$ 333,517.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 333,517.00</b> |
| <b>Operating Expenses</b>                 |                      |                      |                  |              |                      |
| Occupancy                                 | \$ 8,824.00          | \$ -                 | \$ -             | 0.00%        | \$ 8,824.00          |
| Materials and Supplies                    | \$ 7,429.00          | \$ -                 | \$ -             | 0.00%        | \$ 7,429.00          |
| General Operating                         | \$ 3,294.00          | \$ -                 | \$ -             | 0.00%        | \$ 3,294.00          |
| Staff Travel                              | \$ 2,510.00          | \$ -                 | \$ -             | 0.00%        | \$ 2,510.00          |
| Consultant/Subcontractor                  | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Other: Recruitment/ Direct Staff Expenses | \$ 1,569.00          | \$ -                 | \$ -             | 0.00%        | \$ 1,569.00          |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>           | <b>\$ 23,626.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 23,626.00</b>  |
| Capital Expenditures                      | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>TOTAL DIRECT EXPENSES</b>              | <b>\$ 357,143.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 357,143.00</b> |
| Indirect Expenses                         | \$ 42,857.00         | \$ -                 | \$ -             | 0.00%        | \$ 42,857.00         |
| <b>TOTAL EXPENSES</b>                     | <b>\$ 400,000.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 400,000.00</b> |
| Less: Initial Payment Recovery            |                      |                      |                  |              |                      |
| Other Adjustments (DPH use only)          |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>                      |                      | \$ -                 |                  |              |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Richmond Area Multi-Services Inc - Adult

Address: 3626 Balboa St., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1407

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

| Program/Exhibit                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|-----|
|  | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC |
| <b>B-7 API Health Parity Coalition</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 45/ 10 - 19 MH Promotion               | 1                |     |                       |     | -                 |     | 0%         |     | 1                      |     | 100%       |     |

Unduplicated Counts for AIDS Use Only.

| Description                      | BUDGET        | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|----------------------------------|---------------|----------------------|------------------|-------------|-------------------|
| Total Salaries                   | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Fringe Benefits                  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>Total Personnel Expenses</b>  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>Operating Expenses</b>        |               |                      |                  |             |                   |
| Occupancy                        | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Materials and Supplies           | \$ 2,086.00   | \$ -                 | \$ -             | 0.00%       | \$ 2,086.00       |
| General Operating                | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Staff Travel                     | \$ 200.00     | \$ -                 | \$ -             | 0.00%       | \$ 200.00         |
| Consultant/ Subcontractor        | \$ 87,000.00  | \$ -                 | \$ -             | 0.00%       | \$ 87,000.00      |
| Other:                           | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
|                                  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
|                                  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>Total Operating Expenses</b>  | \$ 89,286.00  | \$ -                 | \$ -             | 0.00%       | \$ 89,286.00      |
| Capital Expenditures             | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>TOTAL DIRECT EXPENSES</b>     | \$ 89,286.00  | \$ -                 | \$ -             | 0.00%       | \$ 89,286.00      |
| Indirect Expenses                | \$ 10,714.00  | \$ -                 | \$ -             | 0.00%       | \$ 10,714.00      |
| <b>TOTAL EXPENSES</b>            | \$ 100,000.00 | \$ -                 | \$ -             | 0.00%       | \$ 100,000.00     |
| Less: Initial Payment Recovery   |               |                      |                  |             |                   |
| Other Adjustments (DPH use only) |               |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>             |               | \$ -                 |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date





RICHARE-01

RKUMAR

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/28/2013

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

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

|  |  |  |                                 |
|--|--|--|---------------------------------|
| <b>PRODUCER</b><br>Chapman<br>a Division of Arthur J. Gallagher & Co.<br>Insurance Brokers of California, Inc.<br>PO Box 5455<br>Pasadena, CA 91117-0455 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 1 (626) 405-8031 |  | FAX (A/C, No): 1 (626) 405-0585 |
|  | <b>E-MAIL ADDRESS:</b>   |  |                                 |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  |  | <b>NAIC #</b>                   |
| <b>INSURER A: Scottsdale Insurance Company</b>   |  |  |                                 |
| <b>INSURER B: Riverport Insurance Company</b>  |  |  | 36684                           |
| <b>INSURER C: New York Marine and General Insurance Company</b>  |  |  | 16608                           |
| <b>INSURER D: Zurich American Insurance Company</b>  |  |  | 16535                           |
| <b>INSURER E:</b>  |  |  |                                 |
| <b>INSURER F:</b>  |  |  |                                 |

**INSURED**  
  
 Richmond Area Multi Services  
 3626 Balboa St.  
 San Francisco, CA 94121

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

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

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSR WVD                                  | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|----------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY  | X   | OPS0062221     | 7/1/2013                | 7/1/2014                | EACH OCCURRENCE \$ 3,000,000                                      |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |   |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000              |
|          | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                 |   |                |                         |                         | MED EXP (Any one person) \$ 5,000                                 |
|          | <input checked="" type="checkbox"/> Prof Liab \$3mm/\$4mm                                      |   |                |                         |                         | PERSONAL & ADV INJURY \$ 3,000,000                                |
|          | <input checked="" type="checkbox"/> Abuse Liab \$250k/\$1m                                     |   |                |                         |                         | GENERAL AGGREGATE \$ 4,000,000                                    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |                |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                               |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |                |                         |                         | \$  |
| B        | AUTOMOBILE LIABILITY   |   | RIC0013128     | 7/1/2013                | 7/1/2014                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                  |
|          | <input checked="" type="checkbox"/> ANY AUTO   | <input type="checkbox"/> SCHEDULED AUTOS            |                |                         |                         | BODILY INJURY (Per person) \$                                     |
|          | <input type="checkbox"/> ALL OWNED AUTOS   | <input checked="" type="checkbox"/> NON-OWNED AUTOS |                |                         |                         | BODILY INJURY (Per accident) \$                                   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |   |                |                         |                         | PROPERTY DAMAGE (Per accident) \$                                 |
|          |  |   |                |                         |                         | \$  |
|          | UMBRELLA LIAB  | <input type="checkbox"/> OCCUR                      |                |                         |                         | EACH OCCURRENCE \$  |
|          | EXCESS LIAB  | <input type="checkbox"/> CLAIMS-MADE                |                |                         |                         | AGGREGATE \$  |
|          | DED  | RETENTION \$  |                |                         |                         | \$  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   | WC201300001911 | 7/1/2013                | 7/1/2014                | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS "OTH-ER" |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y/N   |                |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A   |                |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                           |
|          |  |   |                |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                          |
| D        | Crime  |   | MPL576139700   | 7/1/2013                | 7/1/2016                | Limit 1,500,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage excluded, evidence only.

**CERTIFICATE HOLDER****CANCELLATION**

City & County of San Francisco Dept of Public Health  
 Comm. Behavioral Health Svcs.  
 1380 Howard Street  
 San Francisco, CA 94103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

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

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

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

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

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





SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. 2

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

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

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

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

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

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

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

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

RE: Early Childhood Mental Health Consultation at  
 Potrero Hill FRC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. 3

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

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

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

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

**ENDORSEMENT  
NO.**

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

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

**SCHEDULE**

**Name of Person or Organization:**

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. 6

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

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

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

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. 7

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

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

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

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

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



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

DPHM12000080

Agreement between the City and County of San Francisco and

Richmond Area Multi-Services, Inc.

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Richmond Area Multi-Services, Inc. 3626 Balboa Street, San Francisco, CA 94121, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse Programs.

WHEREAS, Request for Proposal (RFP23-2009) was issued on July 31, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4156-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

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

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

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015, 2015.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fourteen Million Five Hundred Four Thousand Four Hundred Fifty Nine Dollars (\$14,504,459). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the



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

CITY

CONTRACTOR

Recommended by:

Mitchell H. Katz, M.D.  
Director of Health

10/26/10  
Date

Richmond Area Multi-Services, Inc.

Approved as to Form:

Dennis J. Herrera  
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By:

Terence Howzell, Deputy  
City Attorney

10/14/10  
Date

Kavous G. Bassiri  
CEO  
3626 Balboa Street  
San Francisco, CA 94121

10/10/10  
Date

Approved:

Naomi Kelly  
Director of the Office of  
Contract Administration and  
Purchaser

12/15/10  
Date

City vendor number: 15706

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: SFDPH Private Policy Compliance Standards
- I: Emergency Response

RECEIVED  
PURCHASING DEPARTMENT

10 DEC 13 PM 1:40

RECEIVED  
PURCHASING DEPARTMENT  
10 DEC 10 PM 3:21

RECEIVED  
PURCHASING DEPARTMENT  
10 DEC 10 AM 8:21

**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

**B. Final Closing Invoice**

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will

result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

**2. Program Budgets and Final Invoice**

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

Budget Summary

- Appendix B-1 Adult/Older Adult Outpatient Services Program
- Appendix B-2 Hire-Ability Vocational Services – Employee Development program
- Appendix B-3 Broderick Street Adult Residential Program
- Appendix B-4 Peer Specialist Mental Health Certificate Program

**B. COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fourteen Million Five Hundred Four Thousand Four Hundred Fifty Nine Dollars (\$14,504,459) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,387,258 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

|  |                  |                       |
|--|------------------|-----------------------|
| July 1, 2010 through December 31, 2010<br>(Encumbered under BPHM065000007) | \$1,383,519      | Total: FY10/11 Amount |
| January 1, 2011 through June 30, 2011                                      | \$1,281,460      | \$2,664,979           |
| July 1, 2011 through June 30, 2012   | \$2,606,976      |                       |
| July 1, 2012 through June 30, 2013   | \$2,590,082      |                       |
| July 1, 2013 through June 30, 2014   | \$2,590,082      |                       |
| July 1, 2014 through June 30, 2015   | \$2,590,082      |                       |
| June 30, 2015 through December 31, 2015                                    | To be Determined |                       |
| <b>July 1, 2010 through December 31, 2015</b>                              | <b>G. Total</b>  | <b>\$13,042,201</b>   |

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

**(4) CONTRACTOR further understands that, \$1,383,519 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM05000098 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM05000098 for the Fiscal Year 2010-11.**

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

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

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

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

|    | A   | B | C                        | D   | E   | F   | G                                   | H         | I |
|----|---|---|--------------------------|---|---|---|-------------------------------------|-----------|---|
| 1  | DPH 1: Department of Public Health Contract Budget Summary            |   |                          |   |   |   |                                     |           |   |
| 2  | CONTRACT TYPE - This contract is                                      |   | New                      | Renewal                                   | Modification                                | X   |                                     |           |   |
| 3  | modification, Effective Date of Mod.: 7/1/2010                        |   | # of Mod: 1              |   | VENDOR ID (DPH USE ONLY):                   |   |                                     |           |   |
| 4  | LEGAL ENTITY NUMBER: 00943  |   |                          |   |   |   |                                     |           |   |
| 5  | BAL ENTITY/CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS) |   |                          |   |   |   |                                     |           |   |
| 6  | APPENDIX NUMBER:  |   | B-1<br>Adult OP<br>38943 | B-2<br>Hire-Ability<br>3895VO &<br>38B6A2 | B-3<br>Broderick St<br>Residential<br>38945 | B-4<br>Peer<br>Specialist<br>MH<br>Certificate<br>38944 | B-5<br>Vocational<br>IT<br>Programs |           |   |
| 7  | PROVIDER NUMBER:  |   | 3894                     | 3894                                      | 3894  | 3894  | 3894                                |           |   |
| 8  | PROVIDER NAME:  |   | RAMS                     | RAMS                                      | RAMS  | RAMS  | RAMS                                | TOTAL     |   |
| 9  | CBHS FUNDING TERM:  |   | 7/1/10 - 6/30/11         | 7/1/10 - 6/30/11                          | 7/1/10 - 6/30/11                            | 7/1/10 - 6/30/11  | 7/1/10 - 6/30/11                    |           |   |
| 10 | FUNDING USES:   |   |                          |   |   |   |                                     |           |   |
| 11 | SALARIES & EMPLOYEE BENEFITS  |   | 1,446,107                | 122,125                                   | 486,520                                     | 32,711  | 50,367                              | 2,137,820 |   |
| 12 | OPERATING EXPENSE   |   | 142,957                  | 24,304                                    | 9,310                                       | 55,312  | 9,742                               | 241,625   |   |
| 13 | CAPITAL OUTLAY (COST \$5,000 AND OVER)                                |   |                          |   |   |   |                                     |           |   |
| 14 | SUBTOTAL DIRECT COSTS   |   | 1,589,064                | 146,429                                   | 495,830                                     | 88,023  | 60,099                              | 2,379,445 |   |
| 15 | INDIRECT COST AMOUNT  |   | 180,688                  | 17,571                                    | 59,500                                      | 10,563  | 7,212                               | 285,534   |   |
| 16 | INDIRECT %  |   | 12%                      | 12%                                       | 12%   | 12%   | 12%                                 |           |   |
| 17 | TOTAL FUNDING USES:   |   | 1,779,752                | 164,000                                   | 555,330                                     | 98,586  | 67,311                              | 2,664,979 |   |
| 18 | CBHS MENTAL HEALTH FUNDING SOURCES                                    |   |                          |   |   |   |                                     |           |   |
| 19 | FEDERAL REVENUES - click below  |   |                          |   |   |   |                                     |           |   |
| 20 | SDMC Regular FFP (50%)  |   | 889,876                  |   | 255,372                                     |   |                                     | 1,145,248 |   |
| 21 | ARRA SDMC FFP (11.5%)   |   | 206,273                  |   | 59,195                                      |   |                                     | 265,468   |   |
| 22 | STATE REVENUES - click below  |   |                          |   |   |   |                                     |           |   |
| 23 | MHSA  |   |                          |   |   | 75,000  | 67,311                              | 142,311   |   |
| 24 |   |   |                          |   |   |   |                                     |           |   |
| 25 | GRANTS - click below  |   |                          |   |   |   |                                     |           |   |
| 26 |   |   |                          |   |   |   |                                     |           |   |
| 27 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 28 | PRIOR YEAR ROLL OVER - click below                                    |   |                          |   |   |   |                                     |           |   |
| 29 | MHSA  |   |                          |   |   | 23,566  |                                     | 23,566    |   |
| 30 | WORK ORDERS - click below   |   |                          |   |   |   |                                     |           |   |
| 31 |   |   |                          |   |   |   |                                     |           |   |
| 32 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                |   |                          |   |   |   |                                     |           |   |
| 34 | Medicare  |   | 101,201                  |   |   |   |                                     | 101,201   |   |
| 35 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 36 | REALIGNMENT FUNDS   |   | 315,502                  | 74,193                                    | 133,809                                     |   |                                     | 523,504   |   |
| 37 | COUNTY GENERAL FUND   |   | 266,820                  | 89,807                                    | 106,954                                     |   |                                     | 463,581   |   |
| 38 | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES                              |   | 1,779,752                | 164,000                                   | 555,330                                     | 98,586  | 67,311                              | 2,664,979 |   |
| 39 | CBHS SUBSTANCE ABUSE FUNDING SOURCES                                  |   |                          |   |   |   |                                     |           |   |
| 40 | FEDERAL REVENUES - click below  |   |                          |   |   |   |                                     |           |   |
| 41 |   |   |                          |   |   |   |                                     |           |   |
| 42 | STATE REVENUES - click below  |   |                          |   |   |   |                                     |           |   |
| 43 |   |   |                          |   |   |   |                                     |           |   |
| 44 | GRANTS/PROJECTS - click below   |   |                          |   |   |   |                                     |           |   |
| 45 |   |   |                          |   |   |   |                                     |           |   |
| 46 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 47 | WORK ORDERS - click below   |   |                          |   |   |   |                                     |           |   |
| 48 |   |   |                          |   |   |   |                                     |           |   |
| 49 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                |   |                          |   |   |   |                                     |           |   |
| 51 |   |   |                          |   |   |   |                                     |           |   |
| 52 | Please enter other funding source here if not in pull down            |   |                          |   |   |   |                                     |           |   |
| 53 | COUNTY GENERAL FUND   |   |                          |   |   |   |                                     |           |   |
| 54 | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES                            |   |                          |   |   |   |                                     |           |   |
| 55 | TOTAL DPH REVENUES  |   | 1,779,752                | 164,000                                   | 555,330                                     | 98,586  | 67,311                              | 2,664,979 |   |
| 56 | NON-DPH REVENUES - click below  |   |                          |   |   |   |                                     |           |   |
| 57 |   |   |                          |   |   |   |                                     |           |   |
| 58 | TOTAL NON-DPH REVENUES  |   |                          |   |   |   |                                     |           |   |
| 59 | TOTAL REVENUES (DPH AND NON-DPH)                                      |   | 1,779,752                | 164,000                                   | 555,330                                     | 98,586  | 67,311                              | 2,664,979 |   |
| 60 | Prepared by/Phone #: Ken Choi/Ravoo Bassiri 415-668-5955              |   |                          |   |   |   |                                     |           |   |

|    | A  | B | C                         | D                         | E                         | F                         | G    | H         |
|----|--|---|---------------------------|---------------------------|---------------------------|---------------------------|------|-----------|
| 1  | DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC) |   |                           |                           |                           |                           |      |           |
| 2  | FISCAL YEAR: 10-11   |   |                           |                           | APPENDIX #: B-1 Page 1    |                           |      |           |
| 3  | LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)             |   |                           |                           | PROVIDER #: 3894          |                           |      |           |
| 4  | PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)                 |   |                           |                           |                           |                           |      |           |
| 5  | REPORTING UNIT NAME:   |   | Outpatient Adult Services | Outpatient Adult Services | Outpatient Adult Services | Outpatient Adult Services |      |           |
| 6  | REPORTING UNIT:  |   | 38943                     | 38943                     | 38943                     | 38943                     |      |           |
| 7  | MODE OF SVCS / SERVICE FUNCTION CODE                                     |   | 15/01-08                  | 15/10-59                  | 15/60-69                  | 15/70-79                  |      |           |
| 8  | SERVICE DESCRIPTION  |   | Case Mgt Brokerage        | MH Svcs                   | Medication Support        | Intervention-OP           | #/Hr | TOTAL     |
| 9  | CBHS FUNDING TERM:   |   | 7/1/10 - 6/30/11          | 7/1/10 - 6/30/11          | 7/1/10 - 6/30/11          | Totals                    |      |           |
| 10 | <b>FUNDING USES:</b>   |   |                           |                           |                           |                           |      |           |
| 11 | SALARIES & EMPLOYEE BENEFITS   |   | 187,948                   | 852,660                   | 377,886                   | 17,743                    |      | 1,446,107 |
| 12 | OPERATING EXPENSE  |   | 19,568                    | 84,280                    | 37,354                    | 1,755                     |      | 142,957   |
| 13 | CAPITAL OUTLAY (COST \$5,000 AND OVER)                                   |   |                           |                           |                           |                           |      |           |
| 14 | SUBTOTAL DIRECT COSTS  |   | 217,516                   | 936,940                   | 415,220                   | 19,498                    |      | 1,589,064 |
| 15 | INDIRECT COST AMOUNT   |   | 26,102                    | 112,420                   | 49,826                    | 2,340                     |      | 190,688   |
| 16 | TOTAL FUNDING USES:  |   | 243,618                   | 1,049,360                 | 465,046                   | 21,838                    |      | 1,779,752 |
| 17 | <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>                                |   |                           |                           |                           |                           |      |           |
| 18 | FEDERAL REVENUES - click below   |   |                           |                           |                           |                           |      |           |
| 19 | SDMC Regular FFP (50%)   |   | 121,808                   | 524,625                   | 232,523                   | 10,619                    |      | 889,675   |
| 20 | ARRA SDMC FFP (11.5%)  |   | 28,235                    | 121,808                   | 53,899                    | 2,591                     |      | 206,273   |
| 21 | STATE REVENUES - click below   |   |                           |                           |                           |                           |      |           |
| 24 | GRANTS - click below   |   | CFDA #:                   |                           |                           |                           |      |           |
| 25 |  |   |                           |                           |                           |                           |      |           |
| 26 |  |   |                           |                           |                           |                           |      |           |
| 27 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 28 | PRIOR YEAR ROLL OVER - click below                                       |   |                           |                           |                           |                           |      |           |
| 29 |  |   |                           |                           |                           |                           |      |           |
| 30 | WORK ORDERS - click below  |   |                           |                           |                           |                           |      |           |
| 31 |  |   |                           |                           |                           |                           |      |           |
| 32 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                   |   |                           |                           |                           |                           |      |           |
| 34 | MediCare   |   | 13,852                    | 59,663                    | 26,444                    | 1,242                     |      | 101,201   |
| 35 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 36 | REALIGNMENT FUNDS  |   | 43,198                    | 186,061                   | 82,461                    | 3,872                     |      | 315,592   |
| 37 | COUNTY GENERAL FUND  |   | 36,524                    | 167,303                   | 69,719                    | 3,274                     |      | 266,820   |
| 38 | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:                                |   | 243,618                   | 1,049,260                 | 465,046                   | 21,838                    |      | 1,779,752 |
| 39 | <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>                             |   |                           |                           |                           |                           |      |           |
| 40 | FEDERAL REVENUES - click below   |   |                           |                           |                           |                           |      |           |
| 41 |  |   |                           |                           |                           |                           |      |           |
| 42 | STATE REVENUES - click below   |   |                           |                           |                           |                           |      |           |
| 43 |  |   |                           |                           |                           |                           |      |           |
| 44 | GRANTS/PROJECTS - click below  |   | CFDA #:                   |                           |                           |                           |      |           |
| 45 |  |   |                           |                           |                           |                           |      |           |
| 46 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 47 | WORK ORDERS - click below  |   |                           |                           |                           |                           |      |           |
| 48 |  |   |                           |                           |                           |                           |      |           |
| 49 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                   |   |                           |                           |                           |                           |      |           |
| 51 |  |   |                           |                           |                           |                           |      |           |
| 52 | Please enter other here if not in pull down                              |   |                           |                           |                           |                           |      |           |
| 53 | COUNTY GENERAL FUND  |   |                           |                           |                           |                           |      |           |
| 54 | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES                               |   |                           |                           |                           |                           |      |           |
| 55 | TOTAL DPH REVENUES   |   | 243,618                   | 1,049,260                 | 465,046                   | 21,838                    |      | 1,779,752 |
| 56 | NON-DPH REVENUES - click below   |   |                           |                           |                           |                           |      |           |
| 57 |  |   |                           |                           |                           |                           |      |           |
| 58 | TOTAL NON-DPH REVENUES   |   |                           |                           |                           |                           |      |           |
| 59 | TOTAL REVENUES (DPH AND NON-DPH)   |   | 243,618                   | 1,049,260                 | 465,046                   | 21,838                    |      | 1,779,752 |
| 60 | <b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>                            |   |                           |                           |                           |                           |      |           |
| 61 | UNITS OF SERVICE <sup>1</sup>  |   |                           |                           |                           |                           |      |           |
| 62 | UNITS OF TIME <sup>2</sup>   |   |                           |                           |                           |                           |      |           |
| 63 | COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)                     |   | 2.02                      | 2.61                      | 4.82                      | 3.88                      |      |           |
| 64 | COST PER UNIT-DPH RATE (DPH REVENUES ONLY)                               |   | 2.02                      | 2.61                      | 4.82                      | 3.88                      |      |           |
| 65 | PUBLISHED RATE (MEDICAL PROVIDERS ONLY)                                  |   | 2.02                      | 2.61                      | 4.82                      | 3.88                      |      |           |
| 66 | UNDULICATED CLIENTS  |   | 1200                      | included                  | included                  | included                  |      |           |

<sup>1</sup>Units of Service: Days, Client-Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 16 = Minutes/MH Mode 10, SFC 20-25=Hours

|    | A   | B   | C   | D           | E                                | G        | H                                | J        | K                                    | M        | N                                    | P        | Q |
|----|---|---|---|-------------|----------------------------------|----------|----------------------------------|----------|--------------------------------------|----------|--------------------------------------|----------|---|
| 1  | DPH 3: Salaries & Benefits Detail                 |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 2  |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 3  | Provider Number (same as line 7 on DPH 1):        | 3894                                      |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 4  | Provider Name (same as line 8 on DPH 1):          | Richmond Area Multi-Services, Inc. (RAMS) |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 5  |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 6  |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 7  |   | TOTAL                                     | GENERAL FUND & (Agency-generated) OTHER REVENUE |             | GRANT #1: _____<br>(grant title) |          | GRANT #2: _____<br>(grant title) |          | WORK ORDER #1: _____<br>(dept. name) |          | WORK ORDER #2: _____<br>(dept. name) |          |   |
| 8  |   | Proposed Transaction                      | Proposed Transaction                            |             | Proposed Transaction             |          | Proposed Transaction             |          | Proposed Transaction                 |          | Proposed Transaction                 |          |   |
| 9  |   | Term: 7/1/10-6/30/11                      | Term: 7/1/10-6/30/11                            |             | Term: _____                      |          | Term: _____                      |          | Term: _____                          |          | Term: _____                          |          |   |
| 10 |   | FTE                                       | FTE   |             | FTE                              |          | FTE                              |          | FTE                                  |          | FTE                                  |          |   |
| 11 | POSITION TITLE                                    | SALARIES                                  |   | SALARIES    |                                  | SALARIES |                                  | SALARIES |                                      | SALARIES |                                      | SALARIES |   |
| 12 | Director of Adult/Older Adult Outpatient Services | 1.00                                      | \$  | 80,000.00   | 1.00                             |          |                                  |          |                                      |          |                                      |          |   |
| 13 | Medical Director                                  | 0.50                                      | \$  | 78,000.00   | 0.50                             |          |                                  |          |                                      |          |                                      |          |   |
| 14 | Psychiatrist                                      | 1.15                                      | \$  | 194,480.00  | 1.15                             |          |                                  |          |                                      |          |                                      |          |   |
| 15 | Nurse Practitioner/Registered Nurse               | 0.79                                      | \$  | 92,902.00   | 0.79                             |          |                                  |          |                                      |          |                                      |          |   |
| 16 | Behavioral Health Counselor/Worker                | 14.50                                     | \$  | 586,283.00  | 14.50                            |          |                                  |          |                                      |          |                                      |          |   |
| 17 | Peer Counselor                                    | 0.20                                      | \$  | 5,824.00    | 0.20                             |          |                                  |          |                                      |          |                                      |          |   |
| 18 | Intake Coordinator/Office Manager                 | 0.50                                      | \$  | 21,632.00   | 0.50                             |          |                                  |          |                                      |          |                                      |          |   |
| 19 | Program Support Analyst/Assistant                 | 2.74                                      | \$  | 94,084.00   | 2.74                             |          |                                  |          |                                      |          |                                      |          |   |
| 20 | Housekeeper/Janitor                               | 0.50                                      | \$  | 13,000.00   | 0.50                             |          |                                  |          |                                      |          |                                      |          |   |
| 21 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 22 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 23 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 24 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 25 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 26 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 27 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 28 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 29 | TOTALS  | 21.88                                     |   | \$1,166,215 | 21.88                            |          |                                  |          |                                      |          |                                      |          |   |
| 30 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 31 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 32 | EMPLOYEE FRINGE BENEFITS                          | 24%                                       |   | \$279,892   | 24%                              |          |                                  |          |                                      |          |                                      |          |   |
| 33 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 34 |   |   |   |             |                                  |          |                                  |          |                                      |          |                                      |          |   |
| 35 | TOTAL SALARIES & BENEFITS                         |   |   | \$1,446,107 |                                  |          |                                  |          |                                      |          |                                      |          |   |



|    | A  | B   | C         | D         | E | F | G              | H           |  |
|----|--|---|-----------|-----------|---|---|----------------|-------------|--|
| 1  | DPH 4: Operating Expenses Detail                                 |   |           |           |   |   |                |             |  |
| 2  |  |   |           |           |   |   | APPENDIX #:    | B-1, Page 3 |  |
| 3  |  |   |           |           |   |   | Document Date: | 03/03/11    |  |
| 4  | Provider Number (same as line 7 on DPH 1):                       | 3894                                      |           |           |   |   |                |             |  |
| 5  | Provider Name (same as line 8 on DPH 1):                         | Richmond Area Multi-Services, Inc. (RAMS) |           |           |   |   |                |             |  |
| 6  |  |   |           |           |   |   |                |             |  |
| 7  |  |   |           |           |   |   |                |             |  |
| 8  |  |   |           |           |   |   |                |             |  |
| 9  |  |   |           |           |   |   |                |             |  |
| 10 |  |   |           |           |   |   |                |             |  |
| 11 | Expenditure Category   |   |           |           |   |   |                |             |  |
| 12 | Rental of Property   | \$  | 82,284.00 | 82,284    |   |   |                |             |  |
| 13 | Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$  | 16,602.00 | 16,602    |   |   |                |             |  |
| 14 | Office Supplies, Postage   | \$  | 8,400.00  | 8,400     |   |   |                |             |  |
| 15 | Building Maintenance Supplies and Repair                         | \$  | 10,800.00 | 10,800    |   |   |                |             |  |
| 16 | Printing and Reproduction  | \$  | 767.00    | 767       |   |   |                |             |  |
| 17 | Insurance  | \$  | 10,254.00 | 10,254    |   |   |                |             |  |
| 18 | Staff Training   | \$  | 2,500.00  | 2,500     |   |   |                |             |  |
| 19 | Staff Travel-(Local & Out of Town)                               | \$  | 350.00    | 350       |   |   |                |             |  |
| 20 | Rental of Equipment  | \$  | 4,257.00  | 4,257     |   |   |                |             |  |
| 21 | CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$  | -         |           |   |   |                |             |  |
| 22 |  | \$  | -         |           |   |   |                |             |  |
| 23 |  | \$  | -         |           |   |   |                |             |  |
| 24 |  | \$  | -         |           |   |   |                |             |  |
| 25 |  | \$  | -         |           |   |   |                |             |  |
| 26 |  | \$  | -         |           |   |   |                |             |  |
| 27 | OTHER  | \$  | -         |           |   |   |                |             |  |
| 28 | Recruitment  | \$  | 150.00    | 150       |   |   |                |             |  |
| 29 | Payroll Processing   | \$  | 4,745.00  | 4,745     |   |   |                |             |  |
| 30 | Client-Related Expenses  | \$  | 1,848.00  | 1,848     |   |   |                |             |  |
| 31 |  | \$  | -         |           |   |   |                |             |  |
| 32 |  | \$  | -         |           |   |   |                |             |  |
| 33 |  |   |           |           |   |   |                |             |  |
| 34 | TOTAL OPERATING EXPENSE  |   | \$142,957 | \$142,957 |   |   |                |             |  |

|    | A  | B  | C                                   | D | E                       | F | G | H       |
|----|--|--|-------------------------------------|---|-------------------------|---|---|---------|
| 1  | DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC) |  |                                     |   |                         |   |   |         |
| 2  | FISCAL YEAR: 10-11   |  |                                     |   | APPENDIX #: B-2, Page 1 |   |   |         |
| 3  | LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)             |  |                                     |   | PROVIDER #: 3694        |   |   |         |
| 4  | PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)                 |  |                                     |   |                         |   |   |         |
| 5  |  | REPORTING UNIT NAME::                                | Employees<br>Development<br>Program |   |                         |   |   |         |
| 6  |  | REPORTING UNIT:                                      | 3895V0                              |   | 3886A2                  |   |   |         |
| 7  |  | MODE OF SVCS / SERVICE FUNCTION CODE                 | 10/30-39                            |   | 10/30-39                |   |   |         |
| 8  |  | SERVICE DESCRIPTION                                  | Vocational                          |   | Vocational              |   |   |         |
| 9  |  | CBHS FUNDING TERM:                                   | 7/1/10 - 6/30/11                    |   | 7/1/10 - 6/30/11        |   |   |         |
| 10 | FUNDING USES:  |  |                                     |   |                         |   |   |         |
| 11 |  | SALARIES & EMPLOYEE BENEFITS                         | 81,357                              |   | 40,768                  |   |   | 122,125 |
| 12 |  | OPERATING EXPENSE                                    | 15,191                              |   | 6,173                   |   |   | 21,364  |
| 13 |  | CAPITAL OUTLAY (COST \$5,000 AND OVER)               | 0                                   |   | 0                       |   |   | 0       |
| 14 |  | SUBTOTAL DIRECT COSTS                                | 97,548                              |   | 46,941                  |   |   | 144,489 |
| 15 |  | INDIRECT COST AMOUNT                                 | 11,706                              |   | 5,865                   |   |   | 17,571  |
| 16 |  | TOTAL FUNDING USES:                                  | 109,254                             |   | 52,806                  |   |   | 162,060 |
| 17 | CBHS-MENTAL HEALTH FUNDING SOURCES                                       |  |                                     |   |                         |   |   |         |
| 18 | FEDERAL REVENUES - click below   |  |                                     |   |                         |   |   |         |
| 19 |  |  |                                     |   |                         |   |   |         |
| 20 |  |  |                                     |   |                         |   |   |         |
| 21 | STATE REVENUES - click below   |  |                                     |   |                         |   |   |         |
| 22 |  |  |                                     |   |                         |   |   |         |
| 23 |  |  |                                     |   |                         |   |   |         |
| 24 | GRANTS - click below CFDA #:   |  |                                     |   |                         |   |   |         |
| 25 |  |  |                                     |   |                         |   |   |         |
| 26 |  |  |                                     |   |                         |   |   |         |
| 27 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 28 | PRIOR YEAR ROLL OVER - click below                                       |  |                                     |   |                         |   |   |         |
| 29 |  |  |                                     |   |                         |   |   |         |
| 30 | WORK ORDERS - click below  |  |                                     |   |                         |   |   |         |
| 31 |  |  |                                     |   |                         |   |   |         |
| 32 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                   |  |                                     |   |                         |   |   |         |
| 34 |  |  |                                     |   |                         |   |   |         |
| 35 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 36 |  | REALIGNMENT FUNDS                                    | 49426                               |   | 24,767                  |   |   | 74,193  |
| 37 |  | COUNTY GENERAL FUND                                  | 59828                               |   | 28979                   |   |   | 88,807  |
| 38 |  | TOTAL CBHS-MENTAL HEALTH FUNDING SOURCES             | 109,254                             |   | 52,806                  |   |   | 162,060 |
| 39 | CBHS-SUBSTANCE ABUSE FUNDING SOURCES:                                    |  |                                     |   |                         |   |   |         |
| 40 | FEDERAL REVENUES - click below   |  |                                     |   |                         |   |   |         |
| 41 |  |  |                                     |   |                         |   |   |         |
| 42 | STATE REVENUES - click below   |  |                                     |   |                         |   |   |         |
| 43 |  |  |                                     |   |                         |   |   |         |
| 44 | GRANTS/PROJECTS - click below CFDA #:                                    |  |                                     |   |                         |   |   |         |
| 45 |  |  |                                     |   |                         |   |   |         |
| 46 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 47 | WORK ORDERS - click below  |  |                                     |   |                         |   |   |         |
| 48 |  |  |                                     |   |                         |   |   |         |
| 49 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                   |  |                                     |   |                         |   |   |         |
| 51 |  |  |                                     |   |                         |   |   |         |
| 52 | Please enter other here if not in pull down                              |  |                                     |   |                         |   |   |         |
| 53 | COUNTY GENERAL FUND  |  |                                     |   |                         |   |   |         |
| 54 |  | TOTAL CBHS-SUBSTANCE ABUSE FUNDING SOURCES           |                                     |   |                         |   |   |         |
| 55 |  | TOTAL DPH REVENUES                                   | 109,254                             |   | 52,806                  |   |   | 162,060 |
| 56 | NON-DPH REVENUES - click below   |  |                                     |   |                         |   |   |         |
| 57 |  |  |                                     |   |                         |   |   |         |
| 58 | TOTAL NON-DPH REVENUES   |  |                                     |   |                         |   |   |         |
| 59 |  | TOTAL REVENUES (DPH AND NON-DPH)                     | 109,254                             |   | 52,806                  |   |   | 162,060 |
| 60 | CBHS UNITS OF SVCS/TIME AND UNIT COST:                                   |  |                                     |   |                         |   |   |         |
| 61 |  | UNITS OF SERVICE <sup>1</sup>                        | 1,581                               |   | 570                     |   |   |         |
| 62 |  | UNITS OF TIME <sup>2</sup>                           |                                     |   |                         |   |   |         |
| 63 |  | COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) | 70.00                               |   | 96.00                   |   |   |         |
| 64 |  | COST PER UNIT-DPH RATE (DPH REVENUES ONLY)           | 70.00                               |   | 96.00                   |   |   |         |
| 65 |  | PUBLISHED RATE (MEDICAL PROVIDERS ONLY)              | 70.00                               |   | 96.00                   |   |   |         |
| 66 |  | UNDULICATED CLIENTS                                  | 35                                  |   | 15                      |   |   |         |

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-26=Hours



|    | A  | B  | C   | D        | E              | F | G | H           |
|----|--|----|---|----------|----------------|---|---|-------------|
| 1  | DPH 4: Operating Expenses Detail                                 |    |   |          |                |   |   |             |
| 2  |  |    |   |          |                |   |   |             |
| 3  |  |    |   |          |                |   |   |             |
| 4  | Provider Number (same as line 7 on DPH 1):                       |    | 3894                                      |          | APPENDIX #:    |   |   | B-2, Page 3 |
| 5  | Provider Name (same as line 8 on DPH 1):                         |    | Richmond Area Multi-Services, Inc. (RAMS) |          | Document Date: |   |   | 03/03/11    |
| 6  |  |    |   |          |                |   |   |             |
| 7  |  |    |   |          |                |   |   |             |
| 8  |  |    |   |          |                |   |   |             |
| 9  |  |    |   |          |                |   |   |             |
| 10 |  |    |   |          |                |   |   |             |
| 11 | Expenditure Category   |    |   |          |                |   |   |             |
| 12 | Rental of Property   | \$ | 13,053.00                                 | 13,053   |                |   |   |             |
| 13 | Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$ | 5,585.00                                  | 5,585    |                |   |   |             |
| 14 | Office Supplies, Postage   | \$ | 1,080.00                                  | 1,080    |                |   |   |             |
| 15 | Building Maintenance Supplies and Repair                         | \$ | 1,412.00                                  | 1,412    |                |   |   |             |
| 16 | Printing and Reproduction  | \$ | 622.00                                    | 622      |                |   |   |             |
| 17 | Insurance  | \$ | 980.00                                    | 980      |                |   |   |             |
| 18 | Staff Training   | \$ | 200.00                                    | 200      |                |   |   |             |
| 19 | Staff Travel-(Local & Out of Town)                               | \$ | 630.00                                    | 630      |                |   |   |             |
| 20 | Rental of Equipment  | \$ | -   |          |                |   |   |             |
| 21 | CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$ | -   |          |                |   |   |             |
| 22 |  | \$ | -   |          |                |   |   |             |
| 23 |  | \$ | -   |          |                |   |   |             |
| 24 |  | \$ | -   |          |                |   |   |             |
| 25 |  | \$ | -   |          |                |   |   |             |
| 26 |  | \$ | -   |          |                |   |   |             |
| 27 | OTHER  | \$ | -   |          |                |   |   |             |
| 28 | Recruitment  | \$ | 75.00                                     | 75       |                |   |   |             |
| 29 | Payroll Processing   | \$ | 317.00                                    | 317      |                |   |   |             |
| 30 | Client-Related Expenses-Food, Others/Misc.                       | \$ | 350.00                                    | 350      |                |   |   |             |
| 31 |  | \$ | -   |          |                |   |   |             |
| 32 |  | \$ | -   |          |                |   |   |             |
| 33 |  |    |   |          |                |   |   |             |
| 34 | TOTAL OPERATING EXPENSE  |    | \$24,304                                  | \$24,304 |                |   |   |             |

|    | A  | B                                    | C                                    | D                                    | E                                    | F    | G | H       |
|----|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------|---|---------|
| 1  | DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC) |                                      |                                      |                                      |                                      |      |   |         |
| 2  | FISCAL YEAR: 10-11   |                                      |                                      |                                      | APPENDIX #: B-3, Page 1              |      |   |         |
| 3  | LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc (RAMS)              |                                      |                                      |                                      | PROVIDER #: 3894                     |      |   |         |
| 4  | PROVIDER NAME: Richmond Area Multi-Services, Inc (RAMS)                  |                                      |                                      |                                      |                                      |      |   |         |
| 5  | REPORTING UNIT NAME:   | Broderick Street Residential Program | Broderick Street Residential Program | Broderick Street Residential Program | Broderick Street Residential Program |      |   |         |
| 6  | REPORTING UNIT:  | 3894B                                | 3894B                                | 3894B                                | 3894B                                |      |   |         |
| 7  | MODE OF SVCS / SERVICE FUNCTION CODE                                     | 15/01-08 Case Mgr Brokerage          | 15/10-56 MH Svcs                     | 15/60-69 Medication Support          | 15/70-79 Crisis Intervention-OP      |      |   |         |
| 8  | SERVICE DESCRIPTION  | Case Mgr Brokerage                   | MH Svcs                              | Medication Support                   | Crisis Intervention-OP               | #N/A |   | TOTAL   |
| 9  | CBHS FUNDING TERM:   | 7/1/10 - 6/30/11                     | 7/1/10 - 6/30/11                     | 7/1/10 - 6/30/11                     | 7/1/10 - 6/30/11                     |      |   |         |
| 10 | <b>FUNDING USES:</b>   |                                      |                                      |                                      |                                      |      |   |         |
| 11 | SALARIES & EMPLOYEE BENEFITS   | 62,056                               | 120,271                              | 296,147                              | 6,046                                |      |   | 486,520 |
| 12 | OPERATING EXPENSE  | 1,187                                | 2,302                                | 5,667                                | 154                                  |      |   | 9,310   |
| 13 | CAPITAL OUTLAY (COST \$5,000 AND OVER)                                   |                                      |                                      |                                      |                                      |      |   |         |
| 14 | SUBTOTAL DIRECT COSTS  | 63,243                               | 122,573                              | 301,814                              | 6,200                                |      |   | 495,830 |
| 15 | INDIRECT COST AMOUNT   | 7,589                                | 14,709                               | 36,218                               | 984                                  |      |   | 59,500  |
| 16 | TOTAL FUNDING USES:  | 70,832                               | 137,282                              | 338,032                              | 9,184                                |      |   | 555,330 |
| 17 | <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>                                |                                      |                                      |                                      |                                      |      |   |         |
| 18 | FEDERAL REVENUES - click below   |                                      |                                      |                                      |                                      |      |   |         |
| 19 | SDMC Regular FFP (50%)   | 32,573                               | 63,130                               | 155,446                              | 4,223                                |      |   | 255,372 |
| 20 | ARRA SDMC FFP (11.59%)   | 7,561                                | 14,633                               | 36,032                               | 979                                  |      |   | 59,195  |
| 21 | STATE REVENUES - click below   |                                      |                                      |                                      |                                      |      |   |         |
| 24 | GRANTS - click below CFDA #:   |                                      |                                      |                                      |                                      |      |   |         |
| 25 |  |                                      |                                      |                                      |                                      |      |   |         |
| 26 |  |                                      |                                      |                                      |                                      |      |   |         |
| 27 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 28 | PRIOR YEAR ROLL OVER - click below                                       |                                      |                                      |                                      |                                      |      |   |         |
| 29 |  |                                      |                                      |                                      |                                      |      |   |         |
| 30 | WORK ORDERS - click below  |                                      |                                      |                                      |                                      |      |   |         |
| 31 |  |                                      |                                      |                                      |                                      |      |   |         |
| 32 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                   |                                      |                                      |                                      |                                      |      |   |         |
| 34 |  |                                      |                                      |                                      |                                      |      |   |         |
| 35 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 36 | REALIGNMENT FUNDS  | 17,067                               | 33,079                               | 81,450                               | 2,219                                |      |   | 133,809 |
| 37 | COUNTY GENERAL FUND  | 13,641                               | 26,440                               | 66,104                               | 1,768                                |      |   | 108,954 |
| 38 | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES                                 | 70,832                               | 137,282                              | 338,032                              | 9,184                                |      |   | 555,330 |
| 39 | <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>                             |                                      |                                      |                                      |                                      |      |   |         |
| 40 | FEDERAL REVENUES - click below   |                                      |                                      |                                      |                                      |      |   |         |
| 41 |  |                                      |                                      |                                      |                                      |      |   |         |
| 42 | STATE REVENUES - click below   |                                      |                                      |                                      |                                      |      |   |         |
| 43 |  |                                      |                                      |                                      |                                      |      |   |         |
| 44 | GRANTS/PROJECTS - click below CFDA #:                                    |                                      |                                      |                                      |                                      |      |   |         |
| 45 |  |                                      |                                      |                                      |                                      |      |   |         |
| 46 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 47 | WORK ORDERS - click below  |                                      |                                      |                                      |                                      |      |   |         |
| 48 |  |                                      |                                      |                                      |                                      |      |   |         |
| 49 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                   |                                      |                                      |                                      |                                      |      |   |         |
| 51 |  |                                      |                                      |                                      |                                      |      |   |         |
| 52 | Please enter other here if not in pull down                              |                                      |                                      |                                      |                                      |      |   |         |
| 53 | COUNTY GENERAL FUND  |                                      |                                      |                                      |                                      |      |   |         |
| 54 | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES                               |                                      |                                      |                                      |                                      |      |   |         |
| 55 | TOTAL DPH REVENUES   | 70,832                               | 137,282                              | 338,032                              | 9,184                                |      |   | 555,330 |
| 56 | NON-DPH REVENUES - click below   |                                      |                                      |                                      |                                      |      |   |         |
| 57 |  |                                      |                                      |                                      |                                      |      |   |         |
| 58 | TOTAL NON-DPH REVENUES   |                                      |                                      |                                      |                                      |      |   |         |
| 59 | TOTAL REVENUES (DPH AND NON-DPH)   | 70,832                               | 137,282                              | 338,032                              | 9,184                                |      |   | 555,330 |
| 60 | <b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>                            |                                      |                                      |                                      |                                      |      |   |         |
| 61 | UNITS OF SERVICE <sup>1</sup>  |                                      |                                      |                                      |                                      |      |   |         |
| 62 | UNITS OF TIME <sup>2</sup>   |                                      |                                      |                                      |                                      |      |   |         |
| 63 | COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)                     | 35.065                               | 62.598                               | 70.131                               | 2.367                                |      |   |         |
| 64 | COST PER UNIT-DPH RATE (DPH REVENUES ONLY)                               | 2.02                                 | 2.61                                 | 4.82                                 | 3.88                                 |      |   |         |
| 65 | PUBLISHED RATE (MEDICAL PROVIDERS ONLY)                                  | 2.02                                 | 2.61                                 | 4.82                                 | 3.88                                 |      |   |         |
| 66 | UNDULICATED CLIENTS  | 36                                   | Included                             | Included                             | Included                             |      |   |         |

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



|    | A  | B   | C        | D       | E | F | G | H                       |
|----|--|---|----------|---------|---|---|---|-------------------------|
| 1  | DPH 4: Operating Expenses Detail                                 |   |          |         |   |   |   |                         |
| 2  |  |   |          |         |   |   |   |                         |
| 3  |  |   |          |         |   |   |   |                         |
| 4  | Provider Number (same as line 7 on DPH 1):                       | 3894                                      |          |         |   |   |   | APPENDIX #: B-3, Page 3 |
| 5  | Provider Name (same as line 8 on DPH 1):                         | Richmond Area Multi-Services, Inc. (RAMS) |          |         |   |   |   | Document Date: 03/03/11 |
| 6  |  |   |          |         |   |   |   |                         |
| 7  |  |   |          |         |   |   |   |                         |
| 8  |  |   |          |         |   |   |   |                         |
| 9  |  |   |          |         |   |   |   |                         |
| 10 |  |   |          |         |   |   |   |                         |
| 11 | Expenditure Category   |   |          |         |   |   |   |                         |
| 12 | Rental of Property   | \$  | 408.00   | 408     |   |   |   |                         |
| 13 | Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$  | 81.00    | 81      |   |   |   |                         |
| 14 | Office Supplies, Postage   | \$  | 1,476.00 | 1,476   |   |   |   |                         |
| 15 | Building Maintenance Supplies and Repair                         | \$  | 34.00    | 34      |   |   |   |                         |
| 16 | Printing and Reproduction  | \$  | 50.00    | 50      |   |   |   |                         |
| 17 | Insurance  | \$  | 3,027.00 | 3,027   |   |   |   |                         |
| 18 | Staff Training   | \$  | 2,000.00 | 2,000   |   |   |   |                         |
| 19 | Staff Travel-(Local & Out of Town)                               | \$  | 690.00   | 690     |   |   |   |                         |
| 20 | Rental of Equipment  | \$  | 24.00    | 24      |   |   |   |                         |
| 21 | CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$  | -        |         |   |   |   |                         |
| 22 |  | \$  | -        |         |   |   |   |                         |
| 23 |  | \$  | -        |         |   |   |   |                         |
| 24 |  | \$  | -        |         |   |   |   |                         |
| 25 |  | \$  | -        |         |   |   |   |                         |
| 26 |  | \$  | -        |         |   |   |   |                         |
| 27 | OTHER  | \$  | -        |         |   |   |   |                         |
| 28 | Recruitment  | \$  | 75.00    | 75      |   |   |   |                         |
| 29 | Payroll Processing   | \$  | 1,405.00 | 1,405   |   |   |   |                         |
| 30 | Client-Related Expenses-Food, Others/Misc.                       | \$  | 40.00    | 40      |   |   |   |                         |
| 31 |  | \$  | -        |         |   |   |   |                         |
| 32 |  | \$  | -        |         |   |   |   |                         |
| 33 |  |   |          |         |   |   |   |                         |
| 34 | TOTAL OPERATING EXPENSE  |   | \$9,310  | \$9,310 |   |   |   |                         |

|    | A  | B | C | D  | E                       | F    | G    | H      |
|----|--|---|---|--|-------------------------|------|------|--------|
| 1  | DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC) |   |   |  |                         |      |      |        |
| 2  | FISCAL YEAR:   |   |   | 10-11  | APPENDIX #: B-4, Page 1 |      |      |        |
| 3  | LEGAL ENTITY NAME:   |   |   | Richmond Area Multi-Services, Inc. (RAMS)          |                         |      |      |        |
| 4  | PROVIDER NAME:   |   |   | Richmond Area Multi-Services, Inc. (RAMS)          |                         |      |      |        |
| 5  | REPORTING UNIT NAME:   |   |   | Peer<br>Specialist<br>Mental Health<br>Certificate |                         |      |      |        |
| 6  | REPORTING UNIT:  |   |   | 3894IN   |                         |      |      |        |
| 7  | MODE OF SVCS / SERVICE FUNCTION CODE                                     |   |   | 45/10-19   |                         |      |      |        |
| 8  | SERVICE DESCRIPTION  |   |   | MH Promotion                                       | #N/A                    | #N/A | #N/A | #N/A   |
| 9  | CBHS FUNDING TERM:   |   |   | 10/10 - 6/30/11                                    |                         |      |      |        |
| 10 | <b>FUNDING USES:</b>   |   |   |  |                         |      |      |        |
| 11 | SALARIES & EMPLOYEE BENEFITS   |   |   | 32,711   |                         |      |      | 32,711 |
| 12 | OPERATING EXPENSE  |   |   | 55,312   |                         |      |      | 55,312 |
| 13 | CAPITAL OUTLAY (COST \$5,000 AND OVER)                                   |   |   |  |                         |      |      |        |
| 14 | SUBTOTAL DIRECT COSTS  |   |   | 88,023   |                         |      |      | 88,023 |
| 15 | INDIRECT COST AMOUNT   |   |   | 10,563   |                         |      |      | 10,563 |
| 16 | TOTAL FUNDING USES:  |   |   | 98,586   |                         |      |      | 98,586 |
| 17 | <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>                                |   |   |  |                         |      |      |        |
| 18 | FEDERAL REVENUES - click below   |   |   |  |                         |      |      |        |
| 19 |  |   |   |  |                         |      |      |        |
| 20 |  |   |   |  |                         |      |      |        |
| 21 | STATE REVENUES - click below   |   |   |  |                         |      |      |        |
| 22 | MHSA   |   |   | 75,000   |                         |      |      | 75,000 |
| 23 |  |   |   |  |                         |      |      |        |
| 24 | GRANTS - click below   |   |   | CFDA #:  |                         |      |      |        |
| 25 |  |   |   |  |                         |      |      |        |
| 26 |  |   |   |  |                         |      |      |        |
| 27 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 28 | PRIOR YEAR ROLL OVER - click below                                       |   |   |  |                         |      |      |        |
| 29 | MHSA   |   |   | 23,586   |                         |      |      | 23,586 |
| 30 | WORK ORDERS - click below  |   |   |  |                         |      |      |        |
| 31 |  |   |   |  |                         |      |      |        |
| 32 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                   |   |   |  |                         |      |      |        |
| 34 |  |   |   |  |                         |      |      |        |
| 35 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 36 | REALIGNMENT FUNDS  |   |   |  |                         |      |      |        |
| 37 | COUNTY GENERAL FUND  |   |   |  |                         |      |      |        |
| 38 | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES                                 |   |   | 98,586   |                         |      |      | 98,586 |
| 39 | <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>                             |   |   |  |                         |      |      |        |
| 40 | FEDERAL REVENUES - click below   |   |   |  |                         |      |      |        |
| 41 |  |   |   |  |                         |      |      |        |
| 42 | STATE REVENUES - click below   |   |   |  |                         |      |      |        |
| 43 |  |   |   |  |                         |      |      |        |
| 44 | GRANTS/PROJECTS - click below  |   |   | CFDA #:  |                         |      |      |        |
| 45 |  |   |   |  |                         |      |      |        |
| 46 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 47 | WORK ORDERS - click below  |   |   |  |                         |      |      |        |
| 48 |  |   |   |  |                         |      |      |        |
| 49 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                   |   |   |  |                         |      |      |        |
| 51 |  |   |   |  |                         |      |      |        |
| 52 | Please enter other here if not in pull down                              |   |   |  |                         |      |      |        |
| 53 | COUNTY GENERAL FUND  |   |   |  |                         |      |      |        |
| 54 | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES                               |   |   |  |                         |      |      |        |
| 55 | TOTAL DPH REVENUES   |   |   | 98,586   |                         |      |      | 98,586 |
| 56 | NON-DPH REVENUES - click below   |   |   |  |                         |      |      |        |
| 57 |  |   |   |  |                         |      |      |        |
| 58 | TOTAL NON-DPH REVENUES   |   |   |  |                         |      |      |        |
| 59 | TOTAL REVENUES (DPH AND NON-DPH)   |   |   | 98,586   |                         |      |      | 98,586 |
| 60 | <b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>                            |   |   |  |                         |      |      |        |
| 61 | UNITS OF SERVICE <sup>1</sup>  |   |   | 30   |                         |      |      |        |
| 62 | UNITS OF TIME <sup>2</sup>   |   |   |  |                         |      |      |        |
| 63 | COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)                     |   |   | CR   |                         |      |      |        |
| 64 | COST PER UNIT-DPH RATE (DPH REVENUES ONLY)                               |   |   | CR   |                         |      |      |        |
| 65 | PUBLISHED RATE (MEDICAL PROVIDERS ONLY)                                  |   |   |  |                         |      |      |        |
| 66 | UNDUPLICATED CLIENTS   |   |   | 30   |                         |      |      |        |

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours





|    | A  | B   | C         | D        | E | F | G              | H           |
|----|--|---|-----------|----------|---|---|----------------|-------------|
| 1  | DPH 4: Operating Expenses Detail                                 |   |           |          |   |   |                |             |
| 2  |  |   |           |          |   |   | APPENDIX #:    | B-4, Page 3 |
| 3  |  |   |           |          |   |   | Document Date: | 03/03/11    |
| 4  | Provider Number (same as line 7 on DPH 1):                       | 3894                                      |           |          |   |   |                |             |
| 5  | Provider Name (same as line 8 on DPH 1):                         | Richmond Area Multi-Services, Inc. (RAMS) |           |          |   |   |                |             |
| 6  |  |   |           |          |   |   |                |             |
| 7  |  |   |           |          |   |   |                |             |
| 8  |  |   |           |          |   |   |                |             |
| 9  |  |   |           |          |   |   |                |             |
| 10 |  |   |           |          |   |   |                |             |
| 11 | Expenditure Category   |   |           |          |   |   |                |             |
| 12 | Rental of Property   | \$  | 2,207.00  | 2,207    |   |   |                |             |
| 13 | Utilities(Elec, Water, Gas, Phone, Scavenger)                    | \$  | 1,061.00  | 1,061    |   |   |                |             |
| 14 | Office Supplies, Postage   | \$  | 4,762.00  | 4,762    |   |   |                |             |
| 15 | Building Maintenance Supplies and Repair                         | \$  | 150.00    | 150      |   |   |                |             |
| 16 | Printing and Reproduction  | \$  | 480.00    | 480      |   |   |                |             |
| 17 | Insurance  | \$  | 169.00    | 169      |   |   |                |             |
| 18 | Staff Training   | \$  | 990.00    | 990      |   |   |                |             |
| 19 | Staff Travel-(Local & Out of Town)                               | \$  | 1,000.00  | 1,000    |   |   |                |             |
| 20 | Rental of Equipment  | \$  | -         |          |   |   |                |             |
| 21 | CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | \$  | -         |          |   |   |                |             |
| 22 | San Francisco State University                                   | \$  | 34,353.00 | 34,353   |   |   |                |             |
| 23 | Guest Lecturers/Instructors                                      | \$  | 1,800.00  | 1,800    |   |   |                |             |
| 24 |  | \$  | -         |          |   |   |                |             |
| 25 |  | \$  | -         |          |   |   |                |             |
| 26 |  | \$  | -         |          |   |   |                |             |
| 27 | OTHER  | \$  | -         |          |   |   |                |             |
| 28 | Student Incentives & Stipends                                    | \$  | 8,250.00  | 8,250    |   |   |                |             |
| 29 | Payroll Processing Fees  | \$  | 90.00     | 90       |   |   |                |             |
| 30 |  | \$  | -         |          |   |   |                |             |
| 31 |  | \$  | -         |          |   |   |                |             |
| 32 |  | \$  | -         |          |   |   |                |             |
| 33 |  |   |           |          |   |   |                |             |
| 34 | TOTAL OPERATING EXPENSE  |   | \$55,312  | \$55,312 |   |   |                |             |

|    | A  | B                | C  | D                                | E    | F    | G      | H |
|----|--|------------------|--|----------------------------------|------|------|--------|---|
| 1  | DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC) |                  |  |                                  |      |      |        |   |
| 2  | FISCAL YEAR:   |                  | 10-11  | APPENDIX #: B-5, Page 1          |      |      |        |   |
| 3  | LEGAL ENTITY NAME:   |                  | Richmond Area Multi-Services, Inc. (RAMS) PROVIDER #: 3894 |                                  |      |      |        |   |
| 4  | PROVIDER NAME:   |                  | Richmond Area Multi-Services, Inc. (RAMS)                  |                                  |      |      |        |   |
| 5  | REPORTING UNIT NAME:   |                  | Vocational IT - Help Desk                                  | Vocational IT - Document imaging |      |      |        |   |
| 6  | REPORTING UNIT:  |                  |  |                                  |      |      |        |   |
| 7  | MODE OF SVCS / SERVICE FUNCTION CODE                                     | 10/30-39         | 10/30-39   |                                  |      |      |        |   |
| 8  | SERVICE DESCRIPTION  | Vocational       | Vocational   | #N/A                             | #N/A | #N/A | TOTAL  |   |
| 9  | CBHS FUNDING TERM:   | 2/1/11 - 6/30/11 | 2/1/11 - 6/30/11   |                                  |      |      |        |   |
| 10 | <b>FUNDING USES:</b>   |                  |  |                                  |      |      |        |   |
| 11 | SALARIES & EMPLOYEE BENEFITS   | 45,296           | 5,061  |                                  |      |      | 50,357 |   |
| 12 | OPERATING EXPENSE  | 7,395            | 2,347  |                                  |      |      | 9,742  |   |
| 13 | CAPITAL OUTLAY (COST \$5,000 AND OVER)                                   |                  |  |                                  |      |      |        |   |
| 14 | SUBTOTAL DIRECT COSTS  | 52,691           | 7,408  |                                  |      |      | 60,099 |   |
| 15 | INDIRECT COST AMOUNT   | 6,323            | 889  |                                  |      |      | 7,212  |   |
| 16 | TOTAL FUNDING USES:  | 59,014           | 8,297  |                                  |      |      | 67,311 |   |
| 17 | <b>CBHS MENTAL HEALTH FUNDING SOURCES</b>                                |                  |  |                                  |      |      |        |   |
| 18 | FEDERAL REVENUES - click below   |                  |  |                                  |      |      |        |   |
| 19 |  |                  |  |                                  |      |      |        |   |
| 20 |  |                  |  |                                  |      |      |        |   |
| 21 | STATE REVENUES - click below   |                  |  |                                  |      |      |        |   |
| 22 | MHSA   | 59,014           | 8,297  |                                  |      |      | 67,311 |   |
| 23 |  |                  |  |                                  |      |      |        |   |
| 24 | GRANTS - click below   | CFDA #:          |  |                                  |      |      |        |   |
| 25 |  |                  |  |                                  |      |      |        |   |
| 26 |  |                  |  |                                  |      |      |        |   |
| 27 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 28 | PRIOR YEAR ROLL OVER - click below                                       |                  |  |                                  |      |      |        |   |
| 29 | MHSA   |                  |  |                                  |      |      |        |   |
| 30 | WORK ORDERS - click below  |                  |  |                                  |      |      |        |   |
| 31 |  |                  |  |                                  |      |      |        |   |
| 32 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 33 | 3RD PARTY PAYOR REVENUES - click below                                   |                  |  |                                  |      |      |        |   |
| 34 |  |                  |  |                                  |      |      |        |   |
| 35 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 36 | REALIGNMENT FUNDS  |                  |  |                                  |      |      |        |   |
| 37 | COUNTY GENERAL FUND  |                  |  |                                  |      |      |        |   |
| 38 | TOTAL CBHS MENTAL HEALTH FUNDING SOURCES                                 | 59,014           | 8,297  |                                  |      |      | 67,311 |   |
| 39 | <b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>                             |                  |  |                                  |      |      |        |   |
| 40 | FEDERAL REVENUES - click below   |                  |  |                                  |      |      |        |   |
| 41 |  |                  |  |                                  |      |      |        |   |
| 42 | STATE REVENUES - click below   |                  |  |                                  |      |      |        |   |
| 43 |  |                  |  |                                  |      |      |        |   |
| 44 | GRANTS/PROJECTS - click below  | CFDA #:          |  |                                  |      |      |        |   |
| 45 |  |                  |  |                                  |      |      |        |   |
| 46 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 47 | WORK ORDERS - click below  |                  |  |                                  |      |      |        |   |
| 48 |  |                  |  |                                  |      |      |        |   |
| 49 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 50 | 3RD PARTY PAYOR REVENUES - click below                                   |                  |  |                                  |      |      |        |   |
| 51 |  |                  |  |                                  |      |      |        |   |
| 52 | Please enter other here if not in pull down                              |                  |  |                                  |      |      |        |   |
| 53 | COUNTY GENERAL FUND  |                  |  |                                  |      |      |        |   |
| 54 | TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES                               |                  |  |                                  |      |      |        |   |
| 55 | TOTAL DPH REVENUES   | 59,014           | 8,297  |                                  |      |      | 67,311 |   |
| 56 | NON-DPH REVENUES - click below   |                  |  |                                  |      |      |        |   |
| 57 |  |                  |  |                                  |      |      |        |   |
| 58 | TOTAL NON-DPH REVENUES   |                  |  |                                  |      |      |        |   |
| 59 | TOTAL REVENUES (DPH AND NON-DPH)   | 59,014           | 8,297  |                                  |      |      | 67,311 |   |
| 60 | CBHS UNITS OF SVCS/TIME AND UNIT COST:                                   |                  |  |                                  |      |      |        |   |
| 61 | UNITS OF SERVICE <sup>1</sup>  | 1                | 1  |                                  |      |      |        |   |
| 62 | UNITS OF TIME <sup>2</sup>   |                  |  |                                  |      |      |        |   |
| 63 | COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)                     | CR               | CR   |                                  |      |      |        |   |
| 64 | COST PER UNIT-DPH RATE (DPH REVENUES ONLY)                               | CR               | CR   |                                  |      |      |        |   |
| 65 | PUBLISHED RATE (MEDICAL PROVIDERS ONLY)                                  |                  |  |                                  |      |      |        |   |
| 66 | UNDUPLICATED CLIENTS   | 4                | 0  |                                  |      |      |        |   |

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

|    | A  | B                    | C   | D   | E   | G                              | H                              | J       | K | M | N | P                       | Q                       |
|----|--|----------------------|---|---|---|--------------------------------|--------------------------------|---------|---|---|---|-------------------------|-------------------------|
| 1  | DPH 3: Salaries & Benefits Detail          |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 2  |  |                      |   |   |   |                                |                                |         |   |   |   | APPENDIX #: B-5, Page 2 |                         |
| 3  | Provider Number (same as line 7 on DPH 1): |                      | 3894  |   |   |                                |                                |         |   |   |   |                         | Document Date: 03/03/11 |
| 4  | Provider Name (same as line 8 on DPH 1):   |                      | Richmond Area Multi-Services, Inc. (RAMS)       |   |   |                                |                                |         |   |   |   |                         |                         |
| 5  |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 6  |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 7  |  | TOTAL                | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1:<br>MNSA Help Desk (grant title) | GRANT #2:<br>MNSA Doc Imaging (grant title) | WORK ORDER #1:<br>(dept. name) | WORK ORDER #2:<br>(dept. name) |         |   |   |   |                         |                         |
| 8  |  | Proposed Transaction | Proposed Transaction                            | Proposed Transaction                      | Proposed Transaction                        | Proposed Transaction           | Proposed Transaction           |         |   |   |   |                         |                         |
| 9  |  | Term: 2/1/11-8/30/11 | Term: _____                                     | Term: 2/1/11-8/30/11                      | Term: 2/1/11-8/30/11                        | Term: _____                    | Term: _____                    |         |   |   |   |                         |                         |
| 10 |  | FTE                  | FTE   | FTE                                       | FTE   | FTE                            | FTE                            |         |   |   |   |                         |                         |
| 11 |  | SALARIES             | SALARIES  | SALARIES                                  | SALARIES                                    | SALARIES                       | SALARIES                       |         |   |   |   |                         |                         |
| 12 | Director of Vocational Services            | 0.09                 | \$2,744   |   | 0.07  | 2,195                          | 0.02                           | 548     |   |   |   |                         |                         |
| 13 | IT Coordinator                             | 0.80                 | \$17,340  |   | 0.84  | 13,872                         | 0.16                           | 3,468   |   |   |   |                         |                         |
| 14 | Vocational Rehab Counselor                 | 0.05                 | \$1,267   |   | 0.08  | 1,267                          | 0.00                           | 0       |   |   |   |                         |                         |
| 15 | Desktop & Help Desk Vocational Trainer     | 0.80                 | \$13,872  |   | 0.80  | 13,872                         | 0.00                           | 0       |   |   |   |                         |                         |
| 16 | Desktop and Help Desk Technician Assistant | 0.48                 | \$4,590   |   | 0.48  | 4,590                          | 0.00                           | 0       |   |   |   |                         |                         |
| 17 | Admin Coordinator/Assistant                | 0.04                 | \$572   |   | 0.04  | 572                            | 0.00                           | 0       |   |   |   |                         |                         |
| 18 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 19 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 20 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 21 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 22 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 23 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 24 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 25 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 26 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 27 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 28 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 29 | TOTALS                                     | 2.29                 | \$40,185  |   | 2.11  | \$36,168                       | 0.18                           | \$4,017 |   |   |   |                         |                         |
| 30 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 31 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 32 | EMPLOYEE PRINCE BENEFITS                   | 25%                  | \$10,172  |   | 25%   | \$9,128                        | 26%                            | \$1,044 |   |   |   |                         |                         |
| 33 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 34 |  |                      |   |   |   |                                |                                |         |   |   |   |                         |                         |
| 35 | TOTAL SALARIES & BENEFITS                  |                      | \$50,357  |   |   | \$45,296                       |                                | \$5,061 |   |   |   |                         |                         |



|    |  |              |                   |
|----|--|--------------|-------------------|
| 1  | DPH 6: Contract-Wide Indirect Detail                       |              |                   |
| 2  | CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS) |              |                   |
| 3  | DATE: 3/3/2011   | FISCAL YEAR: | 10-11             |
| 4  | LEGAL ENTITY #: 00343                                      |              |                   |
| 5  |  |              |                   |
| 6  | <b>1. SALARIES &amp; BENEFITS</b>                          |              |                   |
| 7  | Position Title   | FTE          | Salaries          |
| 8  | Chief Executive Officer                                    | 0.235        | \$ 36,454         |
| 9  | Chief Financial Officer                                    | 0.235        | \$ 31,588         |
| 10 | Deputy Chief   | 0.106        | \$ 10,465         |
| 11 | Operations Manager   | 0.235        | \$ 15,661         |
| 12 | Director of Information Technologies                       | 0.235        | \$ 15,424         |
| 13 | Director of Human Resources                                | 0.235        | \$ 15,424         |
| 14 | IT/BIS Specialist  | 0.052        | \$ 1,918          |
| 15 | Accounting Manager   | 0.235        | \$ 15,424         |
| 16 | Accounting Specialist                                      | 0.705        | \$ 28,475         |
| 17 | HR Specialist  | 0.235        | \$ 9,492          |
| 18 | Director of Training                                       | 0.200        | \$ 15,329         |
| 19 | Office Manager/Admin Assistant                             | 0.041        | \$ 1,718          |
| 20 | Janitor  | 0.012        | \$ 271            |
| 21 |  |              |                   |
| 22 |  |              |                   |
| 23 |  |              |                   |
| 24 |  |              |                   |
| 25 |  |              |                   |
| 26 |  |              |                   |
| 27 |  |              |                   |
| 28 |  |              |                   |
| 29 |  |              |                   |
| 30 |  |              |                   |
| 31 |  |              |                   |
| 32 |  |              |                   |
| 33 |  |              |                   |
| 34 | EMPLOYEE FRINGE BENEFITS                                   | 0.250        | \$ 49,411         |
| 35 | <b>TOTAL SALARIES &amp; BENEFITS</b>                       |              | <b>\$ 247,054</b> |
| 36 |  |              |                   |
| 37 | <b>2. OPERATING COSTS</b>                                  |              |                   |
| 38 | Expenditure Category                                       | Amount       |                   |
| 39 | Occupancy  | \$           | 9,630             |
| 40 | Office Supplies  | \$           | 6,813             |
| 41 | Insurance  | \$           | 3,767             |
| 42 | Audit/Legal/Recruit/Payroll Fees                           | \$           | 9,152             |
| 43 | Staff Training/Meeting/Mileage                             | \$           | 9,118             |
| 44 |  |              |                   |
| 45 | <b>TOTAL OPERATING COSTS</b>                               | <b>\$</b>    | <b>38,480</b>     |
| 46 |  |              |                   |
| 47 | <b>TOTAL INDIRECT COSTS</b>                                | <b>\$</b>    | <b>285,534</b>    |
| 48 | <b>(Salaries &amp; Benefits + Operating Costs)</b>         |              |                   |

## Appendix F

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number: \_\_\_\_\_

Contractor: Richmond District Area Multi-Services Inc - Adult

Address: 3626 Balboa St., San Francisco, CA 94121

Tel No.: (415) 688-6955  
Fax No.: (415) 668-0246

Funding Term: 07/01/2011 - 06/30/2012

PHB Division: Community Behavioral Health Services

INVOICE NUMBER : M01\_JL\_1

Cl. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: GF,ARRA,BDMC FFP,Medical,Realtime

Invoice Period: July 2011

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

| Unduplicated Clients for Exhibit: | Total Contracted Exhibit UDC | Delivered THIS PERIOD Exhibit UDC | Delivered to Date Exhibit UDC | % of TOTAL Exhibit UDC | Remaining Deliverables Exhibit UDC |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|

| DELIVERABLES<br>Program Name/Reptg. Unit<br>Modality/Mode # - Svc Func (MH oor) | Total Contracted |         | Delivered THIS PERIOD |         | Unit Rate | AMOUNT DUE | Delivered to Date |         | % of TOTAL   |         | Remaining Deliverables |                        |
|---|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|--------------|---------|------------------------|------------------------|
|   | UOS              | CLIENTS | UOS                   | CLIENTS |           |            | UOS               | CLIENTS | UOS          | CLIENTS | UOS                    | CLIENTS                |
| <b>B-1 Outpatient Adult Services RU# 38943</b>                                  |                  |         |                       |         |           |            |                   |         |              |         |                        |                        |
| 15/ 01 - 09 Case Management   | 118,944          |         |                       |         | \$ 2.02   | \$ -       | 0.000             |         | 0.00%        |         | 118,944.000            | \$ 240,268.88          |
| 15/ 10 - 59 MH Svcs   | 366,480          |         |                       |         | \$ 2.61   | \$ -       | 0.000             |         | 0.00%        |         | 366,480.000            | 1,034,812.80           |
| 15/ 60 - 69 Medication Support  | 95,155           |         |                       |         | \$ 4.82   | \$ -       | 0.000             |         | 0.00%        |         | 95,155.000             | 458,647.10             |
| 15/ 70 - 79 Crisis Intervention-OP  | 5,551            |         |                       |         | \$ 3.88   | \$ -       | 0.000             |         | 0.00%        |         | 5,551.000              | 21,537.88              |
| <b>B-2 Employee Development Program RU# 3895VD</b>                              |                  |         |                       |         |           |            |                   |         |              |         |                        |                        |
| 10/ 30 - 39 Vocational  | 1,539            |         |                       |         | \$ 70.00  | \$ -       | 0.000             |         | 0.00%        |         | 1,539.000              | 107,730.00             |
| <b>B-2.1 Ability RU# 3895A2</b>   |                  |         |                       |         |           |            |                   |         |              |         |                        |                        |
| 10/ 30 - 39 Vocational  | 562              |         |                       |         | \$ 95.00  | \$ -       | 0.000             |         | 0.00%        |         | 562.000                | 53,952.00              |
| <b>B-3 Broderick Street Residential Program RU# 38948</b>                       |                  |         |                       |         |           |            |                   |         |              |         |                        |                        |
| 15/ 01 - 09 Case Management   | 34,583           |         |                       |         | \$ 2.02   | \$ -       | 0.000             |         | 0.00%        |         | 34,583.000             | 69,857.66              |
| 15/ 10 - 59 MH Svcs   | 51,875           |         |                       |         | \$ 2.61   | \$ -       | 0.000             |         | 0.00%        |         | 51,875.000             | 135,393.75             |
| 15/ 60 - 69 Medication Support  | 69,166           |         |                       |         | \$ 4.82   | \$ -       | 0.000             |         | 0.00%        |         | 69,166.000             | 333,380.12             |
| 15/ 70 - 79 Crisis Intervention-OP  | 2,335            |         |                       |         | \$ 3.88   | \$ -       | 0.000             |         | 0.00%        |         | 2,335.000              | 9,059.80               |
| <b>TOTAL</b>  | <b>776,190</b>   |         | <b>0.000</b>          |         |           |            | <b>0.000</b>      |         | <b>0.00%</b> |         | <b>776,190.000</b>     | <b>\$ 2,464,637.99</b> |

NOTES:  
SUBTOTAL AMOUNT DUE \$ -  
Less: Initial Payment Recovery (For DPH Use) \$ -  
Other Adjustments \$ -  
NET REIMBURSEMENT \$ -

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to:  
DPH Fiscal/Invoice Processing  
1380 Howard St. - 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: M02 JL 1

Contractor: Richmond Area Multi-Services Inc - Adult

Ct. Blanket No.: BPHM TBD

Address: 3626 Balboa St., San Francisco, CA 94121

User Cd \_\_\_\_\_

Tel No.: (415) 668-5955

Ct. PO No.: POHM TBD

Fax No.: (415) 668-0246

Fund Source: MHSA - Prop63 - PMHS63 - 1208

Invoice Period: July 2011

Funding Term: 07/01/2011 - 06/30/2012

Final Invoice: \_\_\_\_\_ (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: \_\_\_\_\_

| Program/Exhibit                                      | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|  | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-4 Peer Specialist MH Certificate RU# 3894IN</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 45/ 10 - 19 MH Promotion                             | 30               | 30  |                       |     | -                 | -   | 0%         | 0%  | 30                     | 30  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                      | BUDGET              | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE   |
|----------------------------------|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries                   | \$ 19,909.00        | \$ -                 | \$ -             | 0.00%        | \$ 19,909.00        |
| Fringe Benefits                  | \$ 4,977.00         | \$ -                 | \$ -             | 0.00%        | \$ 4,977.00         |
| <b>Total Personnel Expenses</b>  | <b>\$ 24,886.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 24,886.00</b> |
| <b>Operating Expenses</b>        |                     |                      |                  |              |                     |
| Occupancy                        | \$ 2,600.00         | \$ -                 | \$ -             | 0.00%        | \$ 2,600.00         |
| Materials and Supplies           | \$ 3,988.00         | \$ -                 | \$ -             | 0.00%        | \$ 3,988.00         |
| General Operating                | \$ 881.00           | \$ -                 | \$ -             | 0.00%        | \$ 881.00           |
| Staff Travel                     | \$ 760.00           | \$ -                 | \$ -             | 0.00%        | \$ 760.00           |
| Consultant/ Subcontractor        | \$ 27,505.00        | \$ -                 | \$ -             | 0.00%        | \$ 27,505.00        |
| Other: Payroll Processing Fees   | \$ 68.00            | \$ -                 | \$ -             | 0.00%        | \$ 68.00            |
| Student Incentives & Supplies    | \$ 6,276.00         | \$ -                 | \$ -             | 0.00%        | \$ 6,276.00         |
|                                  | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| <b>Total Operating Expenses</b>  | <b>\$ 42,078.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 42,078.00</b> |
| Capital Expenditures             | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| <b>TOTAL DIRECT EXPENSES</b>     | <b>\$ 66,964.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 66,964.00</b> |
| Indirect Expenses                | \$ 8,036.00         | \$ -                 | \$ -             | 0.00%        | \$ 8,036.00         |
| <b>TOTAL EXPENSES</b>            | <b>\$ 75,000.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 75,000.00</b> |
| Less: Initial Payment Recovery   |                     |                      |                  |              |                     |
| Other Adjustments (DPH use only) |                     |                      |                  |              |                     |
| <b>REIMBURSEMENT</b>             |                     | <b>\$ -</b>          |                  |              |                     |

NOTES: \_\_\_\_\_

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
 1380 Howard St 4th Floor  
 San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: MO6 JL 1

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1212

Invoice Period: July 2011

Final Invoice:  (Check if Yes)

ACE Control Number: \_\_\_\_\_

Contractor: **Richmond Area Multi-Services Inc - Adult**

Address: 3626 Balboa St., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Contract Term: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

| Program/Exhibit                           | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |         | REMAINING DELIVERABLES |     | % OF TOTAL |         |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|---------|------------------------|-----|------------|---------|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC     | UOS                    | UDC | UOS        | UDC     |
| <b>B-5 Vocational IT</b>                  |                  |     |                       |     |                   |     |            |         |                        |     |            |         |
| 10/ 30 - 39 Vocational - Help Desk        | 1                | 4   |                       |     | -                 | -   | 0%         | 0%      | 1                      | 4   | 100%       | 100%    |
| 10/ 30 - 39 Vocational - Document Imaging | 1                |     |                       |     | -                 | -   | 0%         | #DIV/0! | 1                      | -   | 100%       | #DIV/0! |

Unduplicated Counts for AIDS Use Only.

| Description                                      | BUDGET       | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------|----------------------|------------------|-------------|-------------------|
| Total Salaries                                   | \$ 40,185.00 | \$ -                 | \$ -             | 0.00%       | \$ 40,185.00      |
| Fringe Benefits                                  | \$ 10,172.00 | \$ -                 | \$ -             | 0.00%       | \$ 10,172.00      |
| <b>Total Personnel Expenses</b>                  | \$ 50,357.00 | \$ -                 | \$ -             | 0.00%       | \$ 50,357.00      |
| <b>Operating Expenses</b>                        |              |                      |                  |             |                   |
| Occupancy  | \$ 1,387.00  | \$ -                 | \$ -             | 0.00%       | \$ 1,387.00       |
| Materials and Supplies                           | \$ 4,400.00  | \$ -                 | \$ -             | 0.00%       | \$ 4,400.00       |
| General Operating                                | \$ 1,065.00  | \$ -                 | \$ -             | 0.00%       | \$ 1,065.00       |
| Staff Travel                                     | \$ 1,500.00  | \$ -                 | \$ -             | 0.00%       | \$ 1,500.00       |
| Consultant/Subcontractor                         | \$ -         | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Other: Recruitment                               | \$ 550.00    | \$ -                 | \$ -             | 0.00%       | \$ 550.00         |
| Payroll Processing                               | \$ 340.00    | \$ -                 | \$ -             | 0.00%       | \$ 340.00         |
| Client-Related Exp. - Transportation, Activities | \$ 500.00    | \$ -                 | \$ -             | 0.00%       | \$ 500.00         |
| <b>Total Operating Expenses</b>                  | \$ 9,742.00  | \$ -                 | \$ -             | 0.00%       | \$ 9,742.00       |
| Capital Expenditures                             | \$ -         | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>TOTAL DIRECT EXPENSES</b>                     | \$ 60,099.00 | \$ -                 | \$ -             | 0.00%       | \$ 60,099.00      |
| Indirect Expenses                                | \$ 7,212.00  | \$ -                 | \$ -             | 0.00%       | \$ 7,212.00       |
| <b>TOTAL EXPENSES</b>                            | \$ 67,311.00 | \$ -                 | \$ -             | 0.00%       | \$ 67,311.00      |
| Less: Initial Payment Recovery                   |              |                      |                  |             |                   |
| Other Adjustments (DPH use only)                 |              |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>                             |              | \$ -                 |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID PC  
RICHM-2

DATE (MM/DD/YYYY)

06/23/10

**PRODUCER**  
**Chapman**  
 License #0522024  
 P. O. Box 5455  
 Pasadena CA 91117-0455  
 Phone: 626-405-8031 Fax: 626-405-0585

**INSURED**  
 Richmond Area Multi Services  
 3626 Balboa St.  
 San Francisco CA 94121

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE |                                | NAIC # |
|-----------------------------|--------------------------------|--------|
| INSURER A                   | Riverport Insurance Company    | 36684  |
| INSURER B                   | Everest National               | 10120  |
| INSURER C                   | Scottsdale Insurance Company   |        |
| INSURER D                   | Fidelity & Deposit Co Maryland | 39306  |
| INSURER E:                  |                                |        |

**COVERAGES**

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

| INSR ADD'L LTR | TYPE OF INSURANCE  | POLICY NUMBER                              | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |              |
|----------------|--|--|------------------------------------|-------------------------------------|---|--------------|
| C              | <input checked="" type="checkbox"/> GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Professional Liab<br><input checked="" type="checkbox"/> Abuse Liab.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | OPS0056485<br><br>INCLUDED<br>\$250K/\$1MM | 07/01/10                           | 07/01/11                            | EACH OCCURRENCE   | \$ 3,000,000 |
|                |  |  |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence)               | \$ 300,000   |
|                |  |  |                                    |                                     | MED EXP (Any one person)                                | \$ 5,000     |
|                |  |  |                                    |                                     | PERSONAL & ADV INJURY                                   | \$ 3,000,000 |
|                |  |  |                                    |                                     | GENERAL AGGREGATE                                       | \$ 4,000,000 |
|                |  |  |                                    |                                     | PRODUCTS - COMP/OP AGG                                  | \$ 4,000,000 |
|                |  |  |                                    |                                     | Emp Ben.  | 3mm/2mm      |
| A              | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   | RIC0011092                                 | 07/01/10                           | 07/01/11                            | COMBINED SINGLE LIMIT (Ea accident)                     | \$ 1000000   |
|                |  |  |                                    |                                     | BODILY INJURY (Per person)                              | \$           |
|                |  |  |                                    |                                     | BODILY INJURY (Per accident)                            | \$           |
|                |  |  |                                    |                                     | PROPERTY DAMAGE (Per accident)                          | \$           |
|                | <input type="checkbox"/> GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |  |                                    |                                     | AUTO ONLY - EA ACCIDENT                                 | \$           |
|                |  |  |                                    |                                     | OTHER THAN AUTO ONLY EA ACC AGG                         | \$           |
|                | <input type="checkbox"/> EXCESS / UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |  |                                    |                                     | EACH OCCURRENCE   | \$           |
|                |  |  |                                    |                                     | AGGREGATE   | \$           |
|                |  |  |                                    |                                     |   | \$           |
|                |  |  |                                    |                                     |   | \$           |
|                |  |  |                                    |                                     |   | \$           |
| B              | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><input type="checkbox"/> Y/N<br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below   | 6600000530101                              | 07/01/10                           | 07/01/11                            | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER       |
|                |  |  |                                    |                                     | E.L. EACH ACCIDENT                                      | \$ 1000000   |
|                |  |  |                                    |                                     | E.L. DISEASE - EA EMPLOYEE                              | \$ 1000000   |
|                |  |  |                                    |                                     | E.L. DISEASE - POLICY LIMIT                             | \$ 1000000   |
| D              | <input checked="" type="checkbox"/> OTHER<br>Crime   | CCP999236516                               | 07/01/10                           | 07/01/11                            | Limit   | \$1,500,000  |
|                |  |  |                                    |                                     | Ded:  | \$7,500      |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. (Condt...)

**CERTIFICATE HOLDER**

**CANCELLATION**

**CITY&05**  
 City & County of San Francisco  
 Dept of Public Health  
 Comm. Behavioral Health Svcs.  
 1380 Howard Street  
 San Francisco, CA 94103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

## **DISCLAIMER**

*This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.*

**NOTE PAD:**

HOLDER CODE

CITY&05

RICHM-2

PAGE 3

INSURED'S NAME

Richmond Area Multi Services

DPID PC

DATE 06/23/10

Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.



PRODUCER  
Chapman  
License #0522024  
P. O. Box 5455  
Pasadena CA 91117-0455

City & County of San Francis  
Dept of Public Health  
Comm. Behavioral Health Svcs  
1380 Howard Street  
San Francisco, CA 94103  
ACORD 25 (2009/01)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART,  
SCHEDULE

**Name of Person or Organization:**

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

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED                      | AGENT NO.                  |
|---|---|------------------------------------|----------------------------|
| OPS0056485                                      | 07/01/2010  | Richmond Area Multi-Services, Inc. | Negley Associates<br>29518 |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION**

*This endorsement modifies insurance provided under the following:*

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

**SCHEDULE**

**Name of Person or Organization:**

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

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



## RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED - AUTOMOBILE

This endorsement modifies coverage under your:

#### BUSINESS AUTO COVERAGE PART

SECTION II - LIABILITY COVERAGE, Paragraph A. COVERAGE, Item 1. WHO IS AN INSURED is amended to include the person or organization named below, but only with respect to acts or actions of the named insured, that is, acts arising out of occurrences with respect to vehicles hired or used by the named insured, and not to acts or actions of the following named additional insured(s), its or their employees, agents or representatives.

NAME OF PERSON OR ORGANIZATION

CITY & COUNTY OF SAN FRANCISCO  
ITS OFFICERS AGENTS & EMPLOYEES  
DEPT OF PUBLIC HEALTH  
101 GROVE STREET, #307  
SAN FRANCISCO, CA 94102

DESCRIPTION OF AUTOMOBILE

ON FILE WITH COMPANY

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



May 19, 2004

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

From: Kavous Ghane Bassiri, LMFT, CGP, ~~XXXXXX~~  
Chief Executive Officer

Re: Waiver for Auto-Liability insurance

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

*Waiver granted based on the above information.*

*Nancy O'Leary - Bellini  
Deputy Risk Manager  
5-27-04*

rams

Richmond area multi Services, inc.

Community mental health

**AUTOMOBILE LIABILITY COVERAGE WAIVER**

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

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

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

K. S. [Signature]  
Signature

7/6/09  
Date

AMENDED IN COMMITTEE

7/23/14

FILE NO. 140744

RESOLUTION NO. 301-14

1 [Contract Amendments - Richmond Area Multi Services, Inc. (RAMS) - \$42,506,514]

2 Resolution approving amendments to two contracts between the Department of Public  
3 Health and Richmond Area Multi Services, Inc., to provide behavioral health services  
4 to: 1) children, youth, and families increasing the total contract amount to \$19,904,452;  
5 and 2) adults, increasing the total contract amount to \$22,602,062 for a total value of  
6 \$42,506,514 for the term of July 1, 2010, through December 31, 2015.

7  
8 WHEREAS, The Department of Public Health awarded two contracts to Richmond  
9 Area Multi Services, Inc. (RAMS) under a Request for Proposals in 2009; and

10 WHEREAS, The Department established two agreements with RAMS in 2010, which  
11 were approved under Resolution No. 563-10 for a total value of \$34,773,853 for the term of  
12 July 1, 2010, through December 31, 2015; and

13 WHEREAS, The Department wishes to amend the contracts, increasing the total  
14 contract amounts by \$3,840,768 for services children, youth and families and \$3,891,893 for  
15 services for adults, respectively, a total value of \$7,732,661, in order to enable continued  
16 services through December 31, 2015; and

17 WHEREAS, Board of Supervisors' approval is required under City Charter, Section  
18 9.118, as the amount of the increase exceeds \$500,000; and,

19 WHEREAS, A copy of this contract amendment is on file with the Clerk of the Board of  
20 Supervisors in File No. 140744, which is hereby declared to be a part of this resolution as if  
21 set forth fully herein; now, therefore, be it

22 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
23 and the Office of Contract Administration/Purchaser, on behalf of the City and County of San  
24  
25


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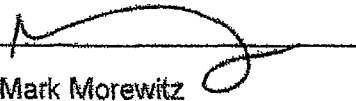
Francisco, to execute amendments to these contracts with Richmond Area Multi Services, Inc. for an amount not to exceed \$42,506,514 from July 1, 2010 through December 31, 2015.

FURTHER RESOLVED, That the Board of Supervisors requires that any expenditures under this amendment be consistent with Health Commission policy which currently provides for a 12% contingency.

RECOMMENDED:

APPROVED:

  
\_\_\_\_\_  
Barbara A. Garcia, MPA

  
\_\_\_\_\_  
Mark Morewitz

Director of Health

Secretary to the Health Commission



City and County of San Francisco

Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

File Number: 140744

Date Passed: July 29, 2014

Resolution approving amendments to two contracts between the Department of Public Health and Richmond Area Multi Services, Inc., to provide behavioral health services to: 1) children, youth, and families increasing the total contract amount to \$19,904,452; and 2) adults, increasing the total contract amount to \$22,602,062 for a total value of \$42,506,514 for the term of July 1, 2010, through December 31, 2015.

July 23, 2014 Budget and Finance Sub-Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

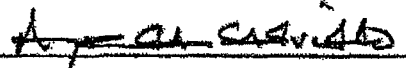
July 23, 2014 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED

July 29, 2014 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 140744

I hereby certify that the foregoing Resolution was ADOPTED on 7/29/2014 by the Board of Supervisors of the City and County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

  
Mayor

  
Date Approved

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San  
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**  
4 **of Public Health and 18 non-profit organizations and the University of California at San**  
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**  
6 **December 31, 2015.**

7  
8 WHEREAS, The Department of Public Health has been charged with providing needed  
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals  
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10  
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of  
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

1 Hyde Street Community Service, \$17,162,210;  
2 Instituto Familiar de la Raza, \$14,219,161;  
3 Progress Foundation, \$92,018,333;  
4 Richmond Area Multi-Services, \$34,773,853;  
5 San Francisco Study Center, \$11,016,593;  
6 Seneca Center, \$63,495,327;  
7 Walden House, \$54,256,546;  
8 Westside Community Mental Health Center, \$43,683,160;  
9 Regents of the University of California, \$74,904,591; and

10 WHEREAS, The Department of Public Health estimates that the annual payment of  
11 some contracts may be increased over the original contract amount, as additional funds  
12 become available between July 2010 and the end of the contract term; now, be it

13 RESOLVED, That the Board of Supervisors hereby retroactively approves these  
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director  
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of  
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it

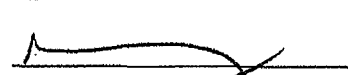
18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of  
19 Public Health to submit a report each June with increases over the original contract amount,  
20 as additional funds become available during the term of contracts.

21  
22 RECOMMENDED:

23 

24 Mitchell Katz, M.D.  
25 Director of Health

APPROVED:



Mark Morewitz, Secretary to the  
Health Commission





City and County of San Francisco  
Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

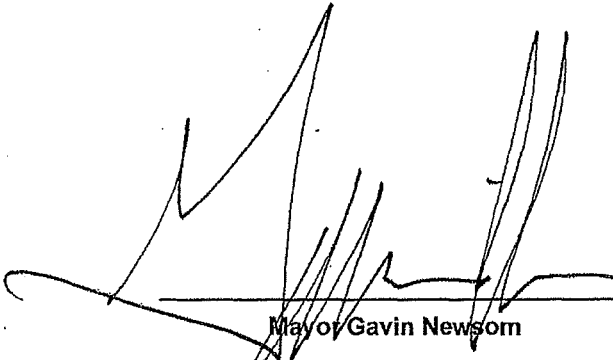
December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED


Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.



Mayor Gavin Newsom



Angela Calvillo  
Clerk of the Board

December 8, 2010  
Date Approved

**FORM SFEC-126:  
NOTIFICATION OF CONTRACT APPROVAL  
(S.F. Campaign and Governmental Conduct Code § 1.126)**

|   |  |
|---|--|
| <b>City Elective Officer Information</b> <i>(Please print clearly.)</i> |  |
| Name of City elective officer(s):<br>Members, Board of Supervisors      | City elective office(s) held:<br>Members, Board of Supervisors |

|  |  |
|--|--|
| <b>Contractor Information</b> <i>(Please print clearly.)</i>   |  |
| Richmond Area Multi-Services, Inc.   |  |
| <i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> |  |
| (1) RAMS Board of Directors: Sara Alexander; Alvin N. Alvarez; Anoshua Chaudhuri; Leanna M. Dawydiak; Antonio P. Garcia Jr.; Loren Krane; Myron Lee; Ed Obuchowski; Agnes Poon; Lillian K. Sing; Pueng Vongs; William Wong<br>(2) RAMS Chief Executive Officer: Kavocs G. Bassiri; RAMS Chief Financial Officer: Ken Choi<br>(3) none<br>(4) none<br>(5) none  |  |
| Contractor address:<br>639 14 <sup>th</sup> Avenue, San Francisco, CA 94118  |  |
| Date that contract was approved:   | Amount of contract: Not to exceed \$33,591,586 |
| Describe the nature of the contract that was approved:<br>Behavioral Health Outpatient , Residential Services for Adult.   |  |
| Comments:  |  |

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

\_\_\_\_\_  
Print Name of Board

|   |   |
|---|---|
| <b>Filer Information</b> <i>(Please print clearly.)</i>                                 |   |
| Name of filer:<br>Angela Calvillo, Clerk of the Board                                   | Contact telephone number:<br>(415) 554-5184 |
| Address:<br>City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102 | E-mail:<br>Board.of.Supervisors@sfgov.org   |

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed