

PEOPLESOFT CITY/COUNTY OF SAN FRANCISCO PROFESSIONAL SERVICES PURCHASE ORDER RELEASE REQUEST FORM	FY: 2021-22 Original Modification-Increase Modification-Decrease Modification-No Cost		DOCUMENT NUMBER <b>0000554856</b>	DEPARTM82 Mental Health & Substance Ab DEPARTMEI HM-19-6995-MH/SA DATE 5/1/22 PAGE 1 OF
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Complete for Contract Order type Agreements and Contracts			ORIGINAL CONTRAC ID#1000010839	PERIOD COVERED FROM 7/1/21 TO 6/30/22
Amount of this Encumbrance \$0	TOTAL APPROVED CONTRACT \$	25,765,744	CIVIL SERVICE RESOLUTION NO.: 46987-16/17, 8/3/20(M3); 44670-16/17, 7/15/19(M1)	

CONTRA Richmond Area Multi-Services Inc. ADDRESS (Children) 639 14th Avenue San Francisco, CA 94118	VENDOR NO: 0000012195 FEIN/SSN No. 23-7389436 Phone # (415) 800-0699 FAX (415) 751-7336	01	DELIVER TO:  PH&P Accounting Office 1380 Howard St., Rm. 447 San Francisco, CA 94103	SEND INVOICE (Inter-Office)
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TERMS OF PAYMENT Monthly	RETAINAGE REQUIRED, IF YES, AMOUNT OR %	YES/NO: NO	INSURANCE REQUIRED	EXPIRATION AMOUNT DATE TACH:
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COMMODITY OR SERVICE	DETAILED DESCRIPTION OF SERVICES AND PRODUCTS							WORKER'S COMP \$1,000,000 7/1/22 X
7400-20 (CMHS) 7400-18 (CSAS) RFQ17-2016 7/20/16 RFP 1-2017 3/7/17 RFQ 13-2017 9/28/17 RFQ16-2018 5/4/18	FY 21-22 AM-1 per FN #1 dated 9/15/21							COMP. GEN. LIABILITY \$1,000,000 7/1/22 X
	Contract Term: 7/1/18-6/30/22	Original Award:	Contingency Approved	Contingency Used	Encumb. Per Transaction	Encumb. Total	Contingency Still Avail.	AUTOMOBILE \$1,000,000 7/1/22 X
	18-19 Prev. Encu. ID1000008292	1,613,513			1613513	1613513		UMBRELLA
	18-19 To Be Encu	4,894,965						FIDELITY B(\$4,000,000 7/1/22 X
	18-19 Prev Encu.				3,281,452	3,281,452		(= initial pyt amt)
	19-20 Prev. Encu.	4,965,003			4,892,888			Professional \$1,000,000 7/1/22 X
	19-20 Prev. Encu.				72,115	4,965,003		
	20-21 To Be Encu.	4,950,157						
	20-21 Prev. Encu.				4,950,157	4,950,157		
	20-21 CODB-MCO DV	100,101			100,101	100,101		
	21-22 To Be Encu.	5,324,466						
	21-22 Prev. Encu.			57,992	5,382,458			
	21--22 This Encu.				0	5,382,458		
	22-23 To Be Encu	5,517,860						
	Reduced funding covered by CID8292	(1,613,513)						
<b>Total contract</b>	24,139,039	1,626,705	57,992	18,679,171	18,679,171	1,568,713		
Contingency Used	57,992							
Contingency Still Avail	1,568,713							
Blanket Total	25,765,744							

PREPARED BY (Print) Ada Ling Senior Administrative Analyst Phone # 255-3493 Fax # 252-3088 (Signature) (Print Name)	AP-Contracts: <i>MAJian</i>	SYSTEM USE
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e Document Number			Amount		Index Code		REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPER	
No.	Number	Suffix						
			No Cost MOD	00				

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

THIS AMENDMENT (this “Amendment”) is made as of **June 30, 2022** in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”) and the **City and County of San Francisco**, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals /Qualifications (“RFP”/RFQ”), **RFQ 17-2016** issued on 7/20/16; **RFP 1-2017** issued on 3/24/17; **RFP 13-2017** issued on 9/28/17 and **RFP 16-2018** issued on 5/4/18 and this modification is consistent therewith; and

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

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

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

**Article 1 Definitions**

The following definitions shall apply to this Amendment:

**1.1 Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018, (Contract ID# 1000010839) between Contractor and City as amended by the First amendment dated November 1, 2019 and this Second Amendment.

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

**Article 2 Modifications to the Agreement**

The Agreement is hereby modified as follows:

**2.1 Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local,

state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

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

**2.1** The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

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

**2.1** The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

**2.3** **Payment.** *Section 3.3.1 Payment of the Agreement currently reads as follows:*

**3.3.1 Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Million Two Hundred Forty Seven Thousand Eight Hundred Eighty Four Dollars (\$20,247,884)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

**3.3.1 Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Five Million Seven Hundred Sixty-Five Thousand Seven Hundred Forty-Four Dollars (\$25,765,744)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

**2.4** **Personnel.** *The following is hereby added and incorporated into Article 4 of the Agreement:*

**4.2 Personnel**

**4.2.1 Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment

and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

#### 4.2.2 Contractor Vaccination Policy.

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

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

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

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

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

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

**2.5 Insurance.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

#### 5.1 Insurance.

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

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

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

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

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

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

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

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

(h) Reserved. (Pollution Liability Insurance).

#### 5.1.2 Additional Insured Endorsements

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

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

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

#### 5.1.3 Waiver of Subrogation Endorsements

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

#### 5.1.4 Primary Insurance Endorsements

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

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

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

#### 5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less

than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: luciana.garcia@sfdph.org.

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

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

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

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

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

**2.6 Management of City Data and Confidential Information, *The following is hereby replacing the previous 13.5 in its entirety:***

**13.4 Management of City Data and Confidential Information**

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

**13.4.2 Disposition of Confidential Information.** Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once

Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

**2.7 Ownership of City Data and Protected Health Information.** *The following are hereby added to Article 13 of the Agreement:*

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

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

***The Appendices listed below are Amended as follows:***

**2.8** Appendices A, A-1 through A-4 dated 5/1/2022 (i.e., May 1, 2022) are hereby added for FY 2021-22.

**2.9** Appendices B, B-1 through B-4 dated 5/1/2022 (i.e., May 1, 2022) are hereby added for FY 2021-22.

**2.10** Appendix D- Data Access and Sharing Terms is hereby added for this Amendment.

**2.11** Appendix F: Invoices Templates corresponding with this FY 2021-22 Second Amendment are hereby added for Fiscal Year 2021-22.

**2.12** Appendix J- Substance Use Disorder Services dated 10/12/2021 is hereby added for this Amendment.

**Article 3 Effective Date**

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

**Article 4 Legal Effect**

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


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

**CITY**

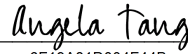
**CONTRACTOR**

Recommended by:

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

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 Grant Colfax, MD  
 Director of Health  
 Department of Public Health


6/29/2022 | 1:06 PM PDT  
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 Date

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 Angela Tang, LCSW  
 Director of Operations

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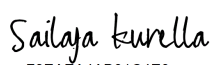
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Approved as to Form:  
David Chiu  
City Attorney

By: DocuSigned by:  
  
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 Henry Lifton  
 Deputy City Attorney

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 Sailaja Kurella  
 Director, Office of Contract Administration, and  
 Purchaser

7/5/2022 | 3:41 PM PDT  
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 Date



## Appendix A Scope of Services – DPH Behavioral Health Services

### 1. Terms

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>A. Contract Administrator</li> <li>B. Reports</li> <li>C. Evaluation</li> <li>D. Possession of Licenses/Permits</li> <li>E. Adequate Resources</li> <li>F. Admission Policy</li> <li>G. San Francisco Residents Only</li> <li>H. Grievance Procedure</li> <li>I. Infection Control, Health and Safety</li> <li>J. Aerosol Transmissible Disease Program, Health and Safety</li> <li>K. Acknowledgement of Funding</li> <li>L. Client Fees and Third Party Revenue</li> <li>M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System</li> </ul> | <ul style="list-style-type: none"> <li>N. Patients' Rights</li> <li>O. Under-Utilization Reports</li> <li>P. Quality Improvement</li> <li>Q. Working Trial Balance with Year-End Cost Report</li> <li>R. Harm Reduction</li> <li>S. Compliance with Behavioral Health Services Policies and Procedures</li> <li>T. Fire Clearance</li> <li>U. Clinics to Remain Open</li> <li>V. Compliance with Grant Award Notices</li> </ul> |
|--|---|

- 2. Description of Services
- 3. Services Provided by Attorneys

### 1. Terms

#### A. Contract Administrator:

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

#### B. Reports:

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

#### C. Evaluation:

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

#### D. Possession of Licenses/Permits:

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

#### E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1a, A1b, A-2 Children Outpatient/ Children Outpatient SD/ Children Managed Care Outpatient

Appendix A-3a, 3b, 3c Children-Wellness Center Mental Health/ Children-Wellness Center Substance Abuse/ MHSA PEI School – Based Wellness

Appendix A-4 ECMHCI (Fu Yau) Project

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

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<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1a, A-1b and A2</b>
<b>Program Name:</b> Children Outpatient - Children Managed Care	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

**1. Identifiers:**

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

Contractor Address: RAMS Administration, 4355 Geary Blvd.  
City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations  
Telephone: (415) 800-0699  
Fax: (415) 751-7336  
Email Address: angelatang@ramsinc.org

Program Code: 3894-7, 3894MC

**2. Nature of Document**

Original       Contract Amendment       Request for Program Budget (RPB)

**3. Goal Statement**

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

**4. Target Population**

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

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g., poverty-level income, receiving SSI, or receive federal foster care or adoption

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1a, A-1b and A2</b>
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	<b>Funding Source:</b> (non-BHS only)

assistance). All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e., Intensive Case Management, are eligible for EPSDT services. RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD, both at the outpatient clinic and at the following sites: Independence HS, Ruth Asawa School of The Arts (SOTA), Lawton K-8 School, Roosevelt MS, Presidio MS, A.P. Giannini MS, Aptos MS, George Washington HS, Abraham Lincoln HS, and Lowell HS. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral either internally or to a co-service provider in San Francisco.

## 5. Modality(ies)/Interventions

See Appendix B, CRDC pages

## 6. Methodology

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

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS meets significant numbers of consumers & families with each year serving well about 17,000 adults, children, youth & families at about 130 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend most of the time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

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

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

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

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

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

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

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



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RAMS Filipino services staff provides outreach, linkage, consultation, and psychoeducation to the community members and providers, as well as assessment, individual/family counseling to identified children, youth, and their families in the community programs or at RAMS Outpatient Clinic.

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

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

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

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

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	<b>Funding Source:</b> (non-BHS only)

success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

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

#### E. Program staffing

See BHS Appendix B.

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

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

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

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

## 7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2021-22.

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1a, A-1b and A2</b>
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	<b>Funding Source:</b> (non-BHS only)

## 8. Continuous Quality Improvement

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

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

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

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

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

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1a, A-1b and A2</b>
<b>Program Name:</b> Children Outpatient, Children Managed Care	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

### C. Cultural competency of staff and services

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

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

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1a, A-1b and A2</b>
<b>Program Name:</b> Children Outpatient, Children Managed Care	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

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

#### D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings and reported to executive management. Furthermore, the program maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestion boxes in the two client wait areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback. Improvement and/or adjustment to service delivery will be done, as appropriate, after director and staff reviewing feedback from survey and Youth Council.

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

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

### 9. Required Language:

Not Applicable.

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-3 a, b, c</b>
<b>Program Name:</b> RAMS Wellness Centers and SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

**1. Identifiers:**

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

Program Address: 3626 Balboa Street

City, State, Zip: San Francisco, CA 94121

Telephone: (415) 668-5955

Fax: (415) 668-0246

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, ZIP: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Fax: (415) 751-7336

Email Address: angelatang@ramsinc.org

Program Code: 3894-6

Wellness Centers are located at:

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

**2. Nature of Document**

Original     Contract Amendment     Request for Program Budget (RPB)

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-3 a, b, c</b>
<b>Program Name:</b> RAMS Wellness Centers and SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

### 3. Goal Statement

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

### 4. Target Population

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

The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral either internally or to a co-service provider in San Francisco.

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

See Appendix B, CRDC pages

### 6. Methodology

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

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

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

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-3 a, b, c</b>
<b>Program Name:</b> RAMS Wellness Centers and SF TRACK (Treatment Recovery Accountability Collaboration Knowledge)	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

Facilitated by RAMS staff and interns, outreach & educational activities for students, families, and teachers are on various behavioral health issues (e.g. presentations at school meetings, participating in parent meetings, Back to School Nights, and PTSA meetings); and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities (e.g. LGBTQ, Chinese, gang-involved) by conducting various activities such as presentations (student orientation, classrooms, assemblies, and health fairs), contributing articles to the Wellness Newsletter, participating in student clubs & associations (culture/interest-based and student government), and other methods (e.g. connecting with Peer Resource, drop-in hours). Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources.

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

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

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

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

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

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



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(counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

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

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

Referrals to off-site services are indicated when:

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

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

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

For the Wellness Centers Program, disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client and family (and other parties involved), and through providing follow-up and/or referral information/linkage. For clients with ongoing care, termination or step-down process to less intensive treatment services begins when a child/youth has met all or majority of the target goals in the Plan of Care, when his/her target symptoms have decreased or alleviated, and he/she can function at his/her developmental expectation. Stressors are also considered whether the

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child/youth may decompensate if service is terminated or stepped-down. Students may be referred for other behavioral/mental health or case management services for short-term, early intervention, or assessment only. RAMS counselors take part in ensuring that continuity of care takes place when students transfer or graduate from high school.

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

#### E. Program staffing.

See BHS Appendix B.

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

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2021-22, there are six graduate school interns (counseling). All interns are providing behavioral health services; each intern is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

#### F. Mental Health Services Act Programs

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

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

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

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RAMS is recognized as a leader in providing culturally competent services (inclusive of providers having the attitudes, knowledge, and skills needed to understand, communicate with, and effectively serve people across all cultures), and our programs' breadth, depth, and extensiveness have afforded the agency with a highly regarded reputation. It is an integral aspect for organizational and program development, planning, policies & procedures, service implementation, staff recruitment & employment practices, and outreach & referral. Furthermore, as demonstrated by its history and current diverse workforce, RAMS effectively recruits, hires, and retains staff that appropriately reflects cultural and linguistic diversity of the client population. The staff possesses the attitudes, knowledge, and skills to understand, communicate with, and effectively serve individuals across all cultures. When providing services to clients, providers consider all cultural components of the individual including her/his immigration generation, level of acculturation, accessibility of resources & support, and other factors (e.g. age, race/ethnicity, sexuality, socio-economic status, academic needs, neighborhood/defined community, etc.). As such, service delivery is strengths-based, adaptable & flexible, individual and group counseling is provided in the student(s)'s primary/preferred language(s), and involves family participation (as appropriate).

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

## 7. Objectives and Measurements

### A. Standard Objectives:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2021-22.

## 8. Continuous Quality Assurance and Improvement

### A. Achievement of contract performances objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services). If the projected progress has not been achieved for the given

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month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected in real time, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

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

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

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

#### C. Cultural Competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional

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development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

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

#### D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the program administers its own satisfaction survey, at case closure (for youth seen for more than six sessions) which include questions around meeting treatment goals, life improvement, and perspectives about counseling. Furthermore, the program conducts focus groups to solicit feedback on services as well as administers satisfaction surveys to students and school staff, to determine areas of strength and challenges to programming. Results of the satisfaction methods are shared

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at staff meetings, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

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

**9. Required Language:**

Not Applicable.

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-4</b>
<b>Program Name:</b> ECMHCI (Fu Yau Project)	<b>Contract Term:</b> 07/01/21 – 06/30/22
	<b>Funding Source:</b> (non-BHS only)

**1. Identifiers:**

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

Contractor Address: RAMS Administration, 4355 Geary Blvd.  
City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations  
Telephone: (415) 800-0699  
Fax: (415) 751-7336  
Email Address: angelatang@ramsinc.org

Program Code: Not Applicable

**2. Nature of Document**

3.  Original       Contract Amendment       Request for Program Budget (RPB)

**4. Goal Statement**

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

**5. Target Population**

Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new immigrants and refugees residing in San Francisco, and underserved families of color in San Francisco. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral either internally or to a co-service provider in San Francisco.

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

TYPE	SITE	HOURS/WK	CONSULTANT	LANGUAGE
FCC	Wu Yee FCC - Annie Liu	0.5	Kenny Le	Chinese
FCC	FCC Qiu Mei Li (Bing Bing Family Day Care)	0.5	Brenden Mei	Chinese
FCC	FCC Xin Xin Family Day Care	on-call	TBD	Chinese
FCC	Wu Yee - Lilian Cai	0.5	Roy Cheung	Chinese
FCC	Wu Yee - Siu Kam Cheung	0.5	Kenny Le	Chinese
FCC	Wu Yee - Ying Jing Gong	on-call	TBD	Chinese
FCC	Wu Yee-Selinia Xiao Li Chen	0.5	Larissa Tam	Chinese
FCC	FCC Tiffany (Little Panda Preschool)	On-call	Larissa Tam	Chinese
FCC	Wu Yee FCC Li Yi Luo	0.5	Larissa Tam	Chinese
FCC	Wu Yee FCC Xiao Ling Liao	0.5	Kenny Le	Chinese
FCC	Wu Yee FCC Yi Hong Mai	0.5	Roy Cheung	Chinese
FCC	Wu Yee FCC Chuk Shan Lau	0.5	Kenny Le	Chinese
FCCQN	FCCQN - Chinatown	0.5	Brenden Mei	Chinese
FCCQN	FCCQN - Sunset	0.5	Larissa Tam	Chinese
FRC	APA Family Support Services	4	Kenny Le	Chinese
FRC	APA Family Support Services- Immigrant Families	3	Kenny Le	Chinese
FRC	Gum Moon Residence Hall- AFSC Richmond	3	Roy Cheung	Chinese
FRC	Gum Moon Residence Hall- AWRC (Support Group) Chinatown	4	Roy Cheung	Chinese
FRC	Gum Moon Residence Hall- AWRC Sunset	1.5	Brenden Mei	Chinese
FRC	Wu Yee Joy Lok Resource Center	3	Kenny Le	Chinese
FRC	Urban Services YMCA Portero Hill	5	Raul Yopez/TBD	Spanish



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Non-center	ABC Preschool	1.5	Namie Ideura	Japanese
Non-center	Angela's Children Center	5.5	Brenden Mei	Chinese
Non-center	Chibi Chan	1.5	Li-Wen Cheng	English
Non-center	Chibi Chan Too	1.5	Li-Wen Cheng	English
Non-center	Chinatown Community Children's Center	5.5	Larissa Tam	Chinese
Non-center	Chinatown Community Children's Center - Chinatown/North Beach	5.5	Nicole Ng	Chinese
Non-center	Kai Ming - Dr. T Kong Lee Center (formerly Kai Ming Powell)	5.5	Brenden Mei	Chinese
Non-center	Kai Ming - Rainbow	5.5	Nicole Ng	Chinese
Non-center	Kai Ming Broadway	5.5	Larissa Tam	Chinese
Non-center	Kai Ming Geary	5.5	Brenden Mei	Chinese
Non-center	Kai Ming North Beach	5.5	Li-Wen Cheng	Chinese
Non-center	Kai Ming Richmond	5.5	Larissa Tam	Chinese
Non-center	Kai Ming St. Luke's	5.5	Brenden Mei	Chinese
Non-center	Kai Ming Sunset	5.5	Maki Yamamoto	Japanese
Non-center	Nihonmachi Little Friends - Sutter St	5.5	Namie Ideura	Japanese
Non-center	Roman Catholic Archbishop of San Francisco, The - St Paul's	1.5	TBD	English
Non-center	St. James Episcopal Church Nursery School	1.5	Namie Ideura	Japanese
Non-center	St. Thomas More Preschool /Utopia	1.5	LiWen Cheng	Chinese
Non-center	Telegraph Hill Neighborhood Center	5.5	Nicole Ng	Chinese
Non-center	The Family School Mission/Bernal Heights	5.5	Raul Yepez	Spanish
Non-center	True Sunshine	5.5	Nicole Ng	Chinese
Non-center	Wah Mei	4	Li-Wen	Chinese
Non-Center	Wu Yee Early Head Start Home-Based Chinatown	0.5	Kenny Le	Chinese
Non-center	Wu Yee Generations	5.5	Roy Cheung	Chinese
Non-center	Wu Yee Head Start OMI	5.5	Larissa Tam	Chinese

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Non-center	Wu Yee Head Start Southeast	12	Glaiza Canares	Tagalog
Non-center	Wu Yee Little Sprouts	5.5	Glaiza Canares	Tagalog
Non-center	Wu Yee Lok Yuen	5.5	Kenny Le	Chinese
Non-center	Wu Yee YMCA BVHP	8	Kenny Le	Chinese
SFUSD	SFUSD – Argonne	4	Namie Ideura	Japanese
SFUSD	SFUSD - Bessie Carmichael	4	Roy Cheung	Chinese
SFUSD	SFUSD - Commodore-Stockton	4	Kenny Le	Chinese
SFUSD	SFUSD - ER Taylor	2	Larissa Tam	Chinese
SFUSD	SFUSD - Excelsior @ Guadalupe	4	Glaiza Canares	Tagalog
SFUSD	SFUSD - Gordon J. Lau	2	Kenny Le	Chinese
SFUSD	SFUSD - Grattan	4	Li-Wen Cheng	Chinese
SFUSD	SFUSD – Jefferson	4	Li-Wen Cheng	Chinese
SFUSD	SFUSD - Noriega (+TK)	2	Glaiza Canares	Tagalog
SFUSD	SFUSD - Rooftop	2	Namie Ideura	Japanese
SFUSD	SFUSD – San Miguel	4	Roy Cheung	Tagalog
SFUSD	SFUSD – Tenderloin	4	Namie Ideura	Japanese
SFUSD	SFUSD - Tule Elk Park (+TK)	4	Maki Yamamoto	Japanese
SFUSD	SFUSD- Presidio (+TK)	4	Maki Yamamoto	Japanese
SFUSD	SFUSD- SF Public Montessori	2	Glaiza Canares	Tagalog
Sunset FRC	SFCAPC/Bay Area Community Resources	1.5	TBD	Chinese
Non-Center	Kai Ming Mission Bay	Tier 3	TBD	TBD
Non-Center	Telegraph Hill Neighborhood Center- Mission Bay	Tier 1.5	TBD	TBD
Non-Center	Wah Mei- 7 <sup>th</sup> St	Tier 2	TBD	TBD
Non-Center	Wah Mei- Hawthorne	Tier 1	TBD	TBD

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## 6. Modality(ies)/Interventions

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

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

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

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

### Modalities:

- *Consultation - Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation - Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Classroom/Child Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
  - *Types of Classroom/Child Observation during Telehealth*
    - Video conference for classroom observation that is live using an electronic device that is stationary or someone helping to walk around with it
    - Individual child observation via video conferencing (Live) for children who have all the consents in place that teachers and family feel need more support
    - Virtual – Joining virtual circle time via video conference (Live)
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire childcare organization with multiple sites.
- *Parent Engagement:* Outreaching to parents during drop off/pick up or attending parent orientation meetings to inform parents of Mental Health Consultation services. Individual meetings with parents per parent, staff, or consultant request to further support child and his/her family. Providing structured, formal training to a group of three or more parents on a

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	<b>Funding Source:</b> (non-BHS only)

specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.

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

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improved through the experience of interacting with peers who may have similar concerns. An assessment and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

## 7. Methodology

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

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

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

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

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

Consultation Services for Sites involve:

- Weekly, biweekly, or monthly on-site observation and consultation to program. During Telehealth, some sites are receiving daily classroom observation via video conferencing.
- Observation and consultation on specific, individual children as requested and needed
- In-services training to childcare or family resource center staff
- Special events such as staff retreat and/or all-day training for child care or family resource center staff as requested and needed

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- Case consultation, crisis intervention, mental health intervention, referral and case management of specific children and families
- Consultants provide services during the operating hours of childcare or family resource center sites, usually 4 to 12 hours per week or biweekly between 8 a.m. to 6 p.m., Monday through Friday

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

- Parenting classes in Chinese, Spanish, Japanese, Tagalog, and/or English are offered at each site. Topics may include, but are not limited to child development, discipline, promoting a child’s self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes may take place in the late afternoon or early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents’ needs.
- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau’s office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider. Due to COVID-19, Parent Advisory Committee is on-hold.

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

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

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group usually takes place in the late afternoon at the childcare site, to accommodate parents' work schedules.

- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children's regular playtime.

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

1. Monthly psycho-education/support group meeting for providers. Currently have two groups, one in the Chinatown and one in the Sunset.
2. Monthly, or as needed visits and consultation with family childcare providers
3. Monthly support/education meetings for parents/families of children who attend Wu Yee home-based and Head Start program

Fu Yau will follow the new redesign established by ECMHCI:

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

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

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

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

E. Program staffing.

See BHS Appendix B.

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

No indirect services are provided.

## 8. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 2021-22.

## 8. Continuous Quality Improvement

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#### A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service/treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as documentation requirements.

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

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

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

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

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



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

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

#### D. Satisfaction with services

RAMS adheres to the ECMHCI satisfaction survey protocols. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. The program maintains a Parent Advisory Meeting (meets at least quarterly) to solicit feedback and support from parents/guardians. Parents are also directly involved in the development of program activities that target the entire parent population of sites covered by Fu Yau Project, share information about the needs of the sites they represent, and then they take what is learned from the meeting back to their sites to assist with the improvement of childcare/FRC services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

#### E. Timely completion and use of outcome data

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

### 9. Additional Required Language

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

## Appendix B

### Calculation of Charges

#### 1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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 25% of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

## 2. Program Budgets and Final Invoice

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

### Budget Summary

Appendix B-1a Children Outpatient  
 Appendix B-1b Children Outpatient SD  
 Appendix B-2 Children Managed Care Outpatient  
 Appendix B-3a Children-Wellness Center Mental Health  
 Appendix B-3b Children-Wellness Center Substance Abuse  
 Appendix B-3c MHSA PEI School – Based Wellness  
 Appendix B-4 ECMHCI (Fu Yau) Project

- 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 Five Million Seven Hundred Sixty-Five Thousand Seven Hundred Forty-Four Dollars (\$25,765,744)**. for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,297,040** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the

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

July 1, 2018 through June 30, 2019 ( Encu by #8292)	\$1,613,513
July 1, 2018 through June 30, 2019	\$4,894,965
July 1, 2019 through June 30, 2020	\$4,965,003
July 1, 2020 through June 30, 2021	\$4,950,157
20-21 CODB and MCR (DV Amount)	\$100,101
July 1, 2021 through June 30, 2022	\$5,324,466
July 1, 2022 through June 30, 2023	\$5,484,200
Less: 18/19-20/21 unused funding	(\$1,250,188)
Less: Encum CID#8292	(\$1,613,513)
Subtotal - July 1, 2018 through June 30, 2023	\$24,468,704
Contingency	<u>\$1,297,040</u>
TOTAL - July 1, 2018 through June 30, 2023	\$25,765,744

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

### 3. Services of Attorneys

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

### 4. State or Federal Medi-Cal Revenues

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

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

### 5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from

CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

DHCS Legal Entity Number <u>00343</u>							Appendix B, Page 1
Legal Entity Name/Contractor Name <u>Richmond Area Multi-Services, Inc.</u>							Fiscal Year <u>2021-2022</u>
Contract ID Number <u>1000010839</u>							Funding Notification Date <u>9/15/2021</u>
Appendix Number	<u>B-1a</u>	<u>B-1b</u>	<u>B-2</u>	<u>B-#</u>	<u>B-#</u>	<u>B-#</u>	
Provider Number	3894	3894	3894				
Program Name	Children Outpatient	Children Outpatient SD	Children Managed Care Outpatient				
Program Code	38947	3894SD	3894MC				
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22				
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 601,513	\$ 262,737	\$ 62,733				\$ 926,983
Employee Benefits	\$ 168,424	\$ 73,565	\$ 17,565				\$ 259,554
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 769,937</b>	<b>\$ 336,302</b>	<b>\$ 80,298</b>	\$ -	\$ -	\$ -	<b>\$ 1,186,537</b>
Operating Expenses	\$ 78,054	\$ 36,446	\$ 8,052				\$ 122,552
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 847,991</b>	<b>\$ 372,748</b>	<b>\$ 88,350</b>	\$ -	\$ -	\$ -	<b>\$ 1,309,089</b>
Indirect Expenses	\$ 114,480	\$ 50,320	\$ 11,927				\$ 176,727
Indirect %	13.5%	13.5%	13.5%	0.0%	0.0%	0.0%	13.5%
<b>TOTAL FUNDING USES</b>	<b>\$ 962,471</b>	<b>\$ 423,068</b>	<b>\$ 100,277</b>	\$ -	\$ -	\$ -	<b>\$ 1,485,816</b>
					Employee Benefits Rate		<b>28.6%</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)	\$ 348,996	\$ 96,777					\$ 445,773
MH CYF State 2011 PSR-EPSDT	\$ 214,066	\$ 21,875					\$ 235,941
MH Managed Care - Fed SDMC FFP (50%)			\$ 4,200				\$ 4,200
MH STATE 2011 PSR Managed Care			\$ 55,800				\$ 55,800
MH MHA (PEI)		\$ 55,470					\$ 55,470
MH CYF State 1991 Realignment	\$ 123,146	\$ 74,902					\$ 198,048
MH CYF County General Fund	\$ 206,263	\$ 144,044	\$ 40,277				\$ 390,584
MH CYF COUNTY General Fund (ERMHS)	\$ 70,000	\$ 30,000					\$ 100,000
							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 962,471</b>	<b>\$ 423,068</b>	<b>\$ 100,277</b>	\$ -	\$ -	\$ -	<b>\$ 1,485,816</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 962,471</b>	<b>\$ 423,068</b>	<b>\$ 100,277</b>	\$ -	\$ -	\$ -	<b>\$ 1,485,816</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 962,471</b>	<b>\$ 423,068</b>	<b>\$ 100,277</b>	\$ -	\$ -	\$ -	<b>\$ 1,485,816</b>
Prepared By <u>Eduard Agajanian, CFO</u>				Phone Number: <u>415-800-0699</u>			

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

DHCS Legal Entity Number 00343					Appendix B, Page 2	
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.				Fiscal Year 2021-2022		
Contract ID Number 1000010839			Funding Notification Date 9/15/2021			
Appendix Number	B-3a	B-3b	B-3c	B-4	B-#	
Provider Number	3894	388915	3894	3894		
Program Name	Children-Wellness Center Mental Health	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)		
Program Code	38946	38946	3894	3894	B-3 to B-4	B-1 to B-5
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
<b>FUNDING USES</b>					<b>SUBTOTAL</b>	<b>TOTAL</b>
Salaries	\$ 1,149,610	\$ 228,641	\$ 226,229	\$ 840,386	\$ 2,444,866	\$ 3,371,849
Employee Benefits	\$ 344,883	\$ 70,299	\$ 67,869	\$ 235,308	\$ 718,359	\$ 977,913
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,494,493</b>	<b>\$ 298,940</b>	<b>\$ 294,098</b>	<b>\$ 1,075,694</b>	<b>\$ 3,163,225</b>	<b>\$ 4,349,762</b>
Operating Expenses	\$ 125,625	\$ 16,898	\$ 7,832	\$ 68,435	\$ 218,790	\$ 341,342
Capital Expenses					\$ -	\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,620,118</b>	<b>\$ 315,838</b>	<b>\$ 301,930</b>	<b>\$ 1,144,129</b>	<b>\$ 3,382,015</b>	<b>\$ 4,691,104</b>
Indirect Expenses	\$ 218,716	\$ 42,638	\$ 40,761	\$ 154,520	\$ 456,635	\$ 633,362
Indirect %	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,838,834</b>	<b>\$ 358,476</b>	<b>\$ 342,691</b>	<b>\$ 1,298,649</b>	<b>\$ 3,838,650</b>	<b>\$ 5,324,466</b>
				Employee Benefits Rate		29.1%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
MH CYF Fed SDMC FFP (50%)	\$ 87,500				\$ 87,500	\$ 533,273
MH CYF State 2011 PSR-EPST	\$ 84,750				\$ 84,750	\$ 320,691
MH CYF State 1991 Realignment					\$ -	\$ 198,048
MH Managed Care - Fed SDMC FFP (50%)					\$ -	\$ 4,200
MH STATE 2011 PSR Managed Care					\$ -	\$ 55,800
MH WO HSA Childcare				\$ 349,618	\$ 349,618	\$ 349,618
MH WO DCYF High School	\$ 1,386,615				\$ 1,386,615	\$ 1,386,615
MH WO DCYF Child Care				\$ 173,276	\$ 173,276	\$ 173,276
MH WO HSA Pre-School for All				\$ 598,642	\$ 598,642	\$ 598,642
MH WO CFC School Readiness				\$ 97,732	\$ 97,732	\$ 97,732
MH MHSA (PEI)			\$ 331,247	\$ 41,743	\$ 372,990	\$ 428,460
MH MHSA (CSS)	\$ 147,879				\$ 147,879	\$ 147,879
MH CYF County General Fund	\$ 47,998		\$ 11,444	\$ 27,086	\$ 86,528	\$ 477,112
MH CYF Work Order CODB	\$ 84,092			\$ 10,552	\$ 94,644	\$ 94,644
MH CYF COUNTY General Fund (ERMHS)						\$ 100,000
\$ -						\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,838,834</b>	<b>\$ -</b>	<b>\$ 342,691</b>	<b>\$ 1,298,649</b>	<b>\$ 3,480,174</b>	<b>\$ 4,965,990</b>
<b>BHS SUD FUNDING SOURCES</b>						
SUD County General Fund		\$ 203,133			\$ 203,133	\$ 203,133
SUD WO DCYF Wellness Centers		\$ 155,343			\$ 155,343	\$ 155,343
						\$ -
						\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ 358,476</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 358,476</b>	<b>\$ 358,476</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						\$ -
						\$ -
						\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,838,834</b>	<b>\$ 358,476</b>	<b>\$ 342,691</b>	<b>\$ 1,298,649</b>	<b>\$ 3,838,650</b>	<b>\$ 5,324,466</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>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,838,834</b>	<b>\$ 358,476</b>	<b>\$ 342,691</b>	<b>\$ 1,298,649</b>	<b>\$ 3,838,650</b>	<b>\$ 5,324,466</b>
Prepared By: Eduard Agajanian, CFO				Phone Number: 415-800-0699		



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

DHCS Legal Entity Number 00343					Appendix Number B-1a	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>					Page Number 1a	
Provider Number 3894					Fiscal Year 2021-2022	
Contract ID Number 1000010839					Funding Notification Date 9/15/2021	
Program Name		Children Outpatient				
Program Code		38947	38947	38947	38947	38947
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits		\$ 8,363	\$ 681,960	\$ 49,338	\$ 718	\$ 29,558
Operating Expenses		\$ 1,274	\$ 70,933	\$ 2,284	\$ 35	\$ 3,528
Capital Expenses						\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 9,637</b>	<b>\$ 752,893</b>	<b>\$ 51,622</b>	<b>\$ 753</b>	<b>\$ 33,086</b>
Indirect Expenses		\$ 1,301	\$ 101,641	\$ 6,969	\$ 102	\$ 4,467
Indirect %		13.5%	13.5%	13.5%	13.5%	13.5%
<b>TOTAL FUNDING USES</b>		<b>\$ 10,938</b>	<b>\$ 854,534</b>	<b>\$ 58,591</b>	<b>\$ 855</b>	<b>\$ 37,553</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	4,346	323,595	20,751	304	\$ 348,996
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	2,666	198,486	12,728	186	\$ 214,066
MH CYF State 1991 Realignment	251962-10000-10001670-0001	1,534	114,183	7,322	107	\$ 123,146
MH CYF County General Fund	251962-10000-10001670-0001	1,520	153,365	13,628	197	\$ 37,553
MH CYF COUNTY General Fund (ERMHS)	251962-10000-10001670-0001	872	64,905	4,162	61	\$ 70,000
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 10,938</b>	<b>\$ 854,534</b>	<b>\$ 58,591</b>	<b>\$ 855</b>	<b>\$ 37,553</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
						\$ -
						\$ -
						\$ -
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
						\$ -
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 10,938</b>	<b>\$ 854,534</b>	<b>\$ 58,591</b>	<b>\$ 855</b>	<b>\$ 37,553</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						\$ -
<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>10,938</b>	<b>854,534</b>	<b>58,591</b>	<b>855</b>	<b>37,553</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service		3,472	213,634	7,918	144	416
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20
Published Rate (Medi-Cal Providers Only)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20
Unduplicated Clients (UDC)		150	Included	Included	Included	Included
						<b>Total UDC</b>
						150

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

DHCS Legal Entity Number 00343						Appendix Number B-1b	
Provider Name Richmond Area Multi-Services, Inc.						Page Number 1b	
Provider Number 3894						Fiscal Year 2021-2022	
Contract ID Number 1000010839						Funding Notification Date 9/15/2021	
Program Name		Children Outpatient SED					
Program Code		3894SD	3894SD	3894SD	3894SD	3894SD	3894SD
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	Admin Work
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/19-06/30/20	07/01/21-06/30/22	07/01/21-06/30/22
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		9,385	155,042	2,735	2,198	\$ 123,165	\$ 43,777
Operating Expenses		1,094	18,046	318	255	\$ 11,637	\$ 5,096
Capital Expenses							
<b>Subtotal Direct Expenses</b>		<b>\$ 10,479</b>	<b>\$ 173,088</b>	<b>\$ 3,053</b>	<b>\$ 2,453</b>	<b>\$ 134,802</b>	<b>\$ 48,873</b>
Indirect Expenses		\$ 1,415	\$ 23,367	\$ 412	\$ 331	\$ 18,198	\$ 6,597
Indirect %		13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
<b>TOTAL FUNDING USES</b>		<b>\$ 11,894</b>	<b>\$ 196,455</b>	<b>\$ 3,465</b>	<b>\$ 2,784</b>	<b>\$ 153,000</b>	<b>\$ 55,470</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	5,364	88,595	1,562	1,256		\$ 96,777
MH CYF State 2011 PSR-EPST	251962-10000-10001670-0001	1,212	20,026	353	284		\$ 21,875
MH CYF State 1991 Realignment	251962-10000-10001670-0001	4,151	68,570	1,209	972		\$ 74,902
MH CYF County General Fund	251962-10000-10001670-0001	1,167	19,264	341	272	123,000	\$ 144,044
MH MHSA (PEI)	251984-17156-10031199-0062						\$ 55,470
MH CYF County General Fund (EHRMS)	251962-10000-10001670-0001					30,000	\$ 30,000
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 11,894</b>	<b>\$ 196,455</b>	<b>\$ 3,465</b>	<b>\$ 2,784</b>	<b>\$ 153,000</b>	<b>\$ 55,470</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 11,894</b>	<b>\$ 196,455</b>	<b>\$ 3,465</b>	<b>\$ 2,784</b>	<b>\$ 153,000</b>	<b>\$ 55,470</b>
<b>NON-DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>11,894</b>	<b>196,455</b>	<b>3,465</b>	<b>2,784</b>	<b>153,000</b>	<b>55,470</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>		<b>Dept-Auth-Proj-Activity</b>					
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)
DPH Units of Service		3,776	49,114	468	469	1,696	975
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20	\$ 56.88
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20	\$ 56.88
Published Rate (Medi-Cal Providers Only)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 90.20	\$ 56.88
Unduplicated Clients (UDC)		65	Included	Included	Included	Included	Included
							<b>Total UDC</b>
							65

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000010839  
 Program Name Children Outpatient  
 Program Code 38947

Appendix Number B-1  
 Page Number 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Position Title	TOTAL		General Fund (251962-10000-10001670-0001)		MHSA-PEI (251984-17156-10031199-0062)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
<b>Funding Term</b>	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Director	0.90	\$ 94,475	0.86	\$ 90,300	0.04	\$ 4,175						
Clinical Supervisor/Manager	0.40	\$ 35,035	0.38	\$ 33,487	0.02	\$ 1,548						
Child Psychiatrist/MD	0.10	\$ 45,760	0.10	\$ 45,760								
Behavioral Health Clinician/Counselor/Worker	10.00	\$ 603,517	9.59	\$ 578,816	0.41	\$ 24,701						
Intake Coordinator/Office Manager	0.30	\$ 17,821	0.29	\$ 17,033	0.01	\$ 788						
Admin Assistant/Receptionist	0.40	\$ 14,716	0.38	\$ 14,066	0.02	\$ 650						
Housekeeper/Janitor	0.20	\$ 7,417	0.19	\$ 7,089	0.01	\$ 328						
Quality Improvement Supervisor	0.55	\$ 45,508	0.53	\$ 43,497	0.02	\$ 2,011						
<b>Totals:</b>	12.85	\$ 864,249	12.32	\$ 830,048	0.53	\$ 34,201	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	28.00%	\$ 241,989	28.00%	\$ 232,413	28.00%	\$ 9,576	0.00%	\$ -	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,106,238</b>		<b>\$ 1,062,461</b>		<b>\$ 43,777</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839  
 Program Name Children Outpatient  
 Program Code 38947

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001)	MHSA PEI (251984- 17156-10031199- 0062)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/221-06/30/22	07/01/221-06/30/22	07/01/221-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 67,288	\$ 64,314	\$ 2,974		
Utilities (telephone, electricity, water, gas)	\$ 10,374	\$ 9,916	\$ 458		
Building Repair/Maintenance	\$ 7,763	\$ 7,420	\$ 343		
<b>Occupancy Total:</b>	<b>\$ 85,425</b>	<b>\$ 81,650</b>	<b>\$ 3,775</b>	<b>\$ -</b>	<b>\$ -</b>
Office/Program Supplies	\$ 9,179	\$ 8,737	\$ 442		
	\$ -				
	\$ -				
	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 9,179</b>	<b>\$ 8,737</b>	<b>\$ 442</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 2,000	\$ 1,912	\$ 88		
Insurance	\$ 8,303	\$ 7,936	\$ 367		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ 5,135	\$ 4,908	\$ 227		
<b>General Operating Total:</b>	<b>\$ 15,438</b>	<b>\$ 14,756</b>	<b>\$ 682</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 350	\$ 335	\$ 15		
Out-of-Town Travel					
Field Expenses					
<b>Staff Travel Total:</b>	<b>\$ 350</b>	<b>\$ 335</b>	<b>\$ 15</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):					
Client-Related Other Activities	\$ 400	\$ 382	\$ 18		
Recruitment/Direct Staff Expenses	\$ 3,208	\$ 3,066	\$ 142		
Translation Fees	\$ 500	\$ 478	\$ 22		
<b>Other Total:</b>	<b>\$ 4,108</b>	<b>\$ 3,926</b>	<b>\$ 182</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 114,500</b>	<b>\$ 109,404</b>	<b>\$ 5,096</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number <u>00343</u>		Appendix Number <u>B-2</u>				
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number <u>1</u>				
Provider Number <u>3894</u>		Fiscal Year <u>2021-2022</u>				
Contract ID Number _____		Funding Notification Date <u>9/15/2021</u>				
Program Name		Children Managed Care				
Program Code		3894MC	3894MC	3894MC	3894MC	
Mode/SFC (MH) or Modality (SUD)		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	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
<b>FUNDING USES</b>					<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 2,217	\$ 77,505	\$ 198	\$ 378	\$ 80,298
Operating Expenses		\$ 222	\$ 7,763	\$ 29	\$ 38	\$ 8,052
Capital Expenses						\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 2,439</b>	<b>\$ 85,268</b>	<b>\$ 227</b>	<b>\$ 416</b>	<b>\$ - \$ 88,350</b>
Indirect Expenses		\$ 329	\$ 11,511	\$ 31	\$ 56	\$ 11,927
Indirect %		13.5%	13.5%	13.7%	13.5%	13.5%
<b>TOTAL FUNDING USES</b>		<b>\$ 2,768</b>	<b>\$ 96,779</b>	<b>\$ 258</b>	<b>\$ 472</b>	<b>\$ - \$ 100,277</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
MH Managed Care - Fed SDMC FFP (50%)	251984-17128-10031195-0006	\$ 116	\$ 4,063	\$ 1	\$ 20	\$ 4,200
MH STATE 2011 PSR Managed Care	251984-17128-10031195-0006	\$ 1,541	\$ 53,985	\$ 11	\$ 263	\$ 55,800
MH CYF County General Fund	251962-10000-10001670-0001	\$ 1,111	\$ 38,731	\$ 246	\$ 189	\$ 40,277
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 2,768</b>	<b>\$ 96,779</b>	<b>\$ 258</b>	<b>\$ 472</b>	<b>\$ - \$ 100,277</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
						\$ -
						\$ -
						\$ -
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
						\$ -
This row left blank for funding sources not in drop-down list						\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 2,768</b>	<b>\$ 96,779</b>	<b>\$ 258</b>	<b>\$ 472</b>	<b>\$ - \$ 100,277</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						\$ -
<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>2,768</b>	<b>96,779</b>	<b>258</b>	<b>472</b>	<b>- 100,277</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		879	24,195	35	79	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	<b>Total UDC</b>
Unduplicated Clients (UDC)		14	Included	Included	Included	14

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000010839  
 Program Name Children Managed Care  
 Program Code 3894MC

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Funding Term	TOTAL		General Fund (251962-10000-10001670-0001)		Managed Care (251984-17128-10031195-0006)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/21-06/30/22	1.00	\$ 62,733	0.36	\$ 22,737	0.64	\$ 39,996						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
<b>Totals:</b>	1.00	\$ 62,733	0.36	\$ 22,737	0.64	\$ 39,996	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	28.00%	\$ 17,565	28.00%	\$ 6,366	28.00%	\$ 11,199	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 80,298</b>		<b>\$ 29,103</b>		<b>\$ 51,195</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010839  
 Program Name Children Managed Care  
 Program Code 3894MC

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001)	Managed Care (251984-17128- 10031195-0006)	Dept-Auth-Proj- Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 4,945	\$ 4,649	\$ 296		
Utilities (telephone, electricity, water, gas)	\$ 803	\$ 755	\$ 48		
Building Repair/Maintenance	\$ 103	\$ 97	\$ 6		
<b>Occupancy Total:</b>	<b>\$ 5,851</b>	<b>\$ 5,501</b>	<b>\$ 350</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,080	\$ 433	\$ 647		
	\$ -				
	\$ -				
	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,080</b>	<b>\$ 433</b>	<b>\$ 647</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 13	\$ 5	\$ 8		
Insurance	\$ 658	\$ 264	\$ 394		
Professional License	\$ -	\$ -	\$ -		
Permits	\$ -	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 365	\$ 146	\$ 219		
<b>General Operating Total:</b>	<b>\$ 1,036</b>	<b>\$ 415</b>	<b>\$ 621</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 10	\$ 4	\$ 6		
Out-of-Town Travel					
Field Expenses					
<b>Staff Travel Total:</b>	<b>\$ 10</b>	<b>\$ 4</b>	<b>\$ 6</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):					
Recruitment/Direct Staff Expenses	\$ 75	\$ 30	\$ 45		
<b>Other Total:</b>	<b>\$ 75</b>	<b>\$ 30</b>	<b>\$ 45</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 8,052</b>	<b>\$ 6,383</b>	<b>\$ 1,669</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343								Appendix Number B-3a	
Provider Name Richmond Area Multi-Services, Inc.								Page Number 1	
Provider Number 3894								Fiscal Year 2021-2022	
Contract ID Number 1000010839								Funding Notification Date 9/15/2021	
Program Name	Children - Wellness Center Mental Health, Substance Abuse, and MHSA PEI School-Based								
Program Code	38946	38946	38946	38946	38946	38946	38946	38946	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
<b>FUNDING USES</b>									<b>TOTAL</b>
Salaries & Employee Benefits	\$ 22,853	\$ 134,301	\$ 3,182	\$ 2,553.18	\$ 1,156,854	\$ 51,110	\$ 123,639	\$ 1,494,493	
Operating Expenses	\$ 1,651	\$ 9,703	\$ 230	\$ 184.45	\$ 94,732	\$ 9,023	\$ 10,102	\$ 125,625	
Capital Expenses								\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 24,504</b>	<b>\$ 144,004</b>	<b>\$ 3,412</b>	<b>\$ 2,738</b>	<b>\$ 1,251,586</b>	<b>\$ 60,133</b>	<b>\$ 133,741</b>	<b>\$ 1,620,118</b>	
Indirect Expenses	\$ 3,308	\$ 19,441	\$ 461	\$ 370	\$ 168,964	\$ 8,118	\$ 18,054	\$ 218,716	
<b>Indirect %</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 27,812</b>	<b>\$ 163,445</b>	<b>\$ 3,873</b>	<b>\$ 3,108</b>	<b>\$ 1,420,550</b>	<b>\$ 68,251</b>	<b>\$ 151,795</b>	<b>\$ 1,838,834</b>	
<b>BHS MENTAL HEALTH FUNDING SOUR</b>	<b>Dept-Auth-Proj-Activity</b>								
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 12,276	\$ 72,143	\$ 1,709	\$ 1,372				\$ 87,500
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 11,890	\$ 69,876	\$ 1,656	\$ 1,328				\$ 84,750
MH WO DCYF High School	251962-10002-10001799-0006					\$ 1,386,615			\$ 1,386,615
MH MHSA (CSS)	251984-17156-10031199-0056						\$ 147,879		\$ 147,879
MH CYF County General Fund	251962-10000-10001670-0001	\$ 570	\$ 3,350	\$ 79	\$ 64	\$ 29,121	\$ 14,814		\$ 47,998
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 3,076	\$ 18,076	\$ 429	\$ 344	\$ 4,814	\$ 53,437	\$ 3,916	\$ 84,092
This row left blank for funding sources not in drop-down list									
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 27,812</b>	<b>\$ 163,445</b>	<b>\$ 3,873</b>	<b>\$ 3,108</b>	<b>\$ 1,420,550</b>	<b>\$ 68,251</b>	<b>\$ 151,795</b>	<b>\$ 1,838,834</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>								
This row left blank for funding sources not in drop-down list									
<b>TOTAL BHS SUD 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>	<b>Dept-Auth-Proj-Activity</b>								
This row left blank for funding sources not in drop-down list									
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 27,812</b>	<b>\$ 163,445</b>	<b>\$ 3,873</b>	<b>\$ 3,108</b>	<b>\$ 1,420,550</b>	<b>\$ 68,251</b>	<b>\$ 151,795</b>	<b>\$ 1,838,834</b>
<b>NON-DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>								
This row left blank for funding sources not in drop-down list									
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>\$ 27,812</b>	<b>\$ 163,445</b>	<b>\$ 3,873</b>	<b>\$ 3,108</b>	<b>\$ 1,420,550</b>	<b>\$ 68,251</b>	<b>\$ 151,795</b>	<b>\$ 1,838,834</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>	<b>Dept-Auth-Proj-Activity</b>								
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	8,829	40,861	523	523	9,296	447	993		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 152.81	\$ 152.81	\$ 152.81		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94	\$ 152.81	\$ 152.81	\$ 152.81		
Published Rate (Medi-Cal Providers Only)	\$ 3.15	\$ 4.00	\$ 7.40	\$ 5.94					
Unduplicated Clients (UDC)	25	Included	Included	Included	1,070	Included	130		155



Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-3a  
 Page Number 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Position Title	TOTAL		MH Fed SDMC FFP CYF; MH State CYF (251962-10000-10001670-0001)		DCYF WO (251962-10002-10001799-0006)		MHSA-CSS (251984-17156-10031199-0056)		MH CYF County General Fund (251962-10000-10001670-0001)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
<b>Funding Term</b>	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
<b>Director</b>	0.650	\$ 69,842	0.060	\$ 6,542	0.490	\$ 52,666	0.050	\$ 5,617	0.050	\$ 5,017				
<b>Clinical Supervisor</b>	0.780	\$ 57,430	0.070	\$ 5,380	0.590	\$ 43,306	0.060	\$ 4,619	0.060	\$ 4,125				
<b>Child Psychiatrist/MD</b>	0.020	\$ 9,151							0.020	\$ 9,151				
<b>Behavioral Health Counselor/Therapist</b>	14.000	\$ 917,732	1.599	\$ 104,829	11.062	\$ 725,104	1.182	\$ 77,532	0.157	\$ 10,267				
<b>Senior Clinical Case Manager</b>	0.420	\$ 29,491	0.040	\$ 2,763	0.320	\$ 22,238	0.030	\$ 2,372	0.030	\$ 2,118				
<b>Clinical Case Manager</b>	0.840	\$ 61,764	0.080	\$ 5,786	0.630	\$ 46,574	0.070	\$ 4,967	0.060	\$ 4,437				
<b>Office Manager</b>	0.070	\$ 4,200							0.070	\$ 4,200				
<b>Totals:</b>	16.780	\$ 1,149,610	1.849	\$ 125,300	13.092	\$ 889,888	1.392	\$ 95,107	0.447	\$ 39,315	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	30.00%	\$ 344,883	30.00%	\$ 37,590	30.00%	\$ 266,966	30.00%	\$ 28,532	30.00%	\$ 11,795	0.00%	\$ -	0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 1,494,493</b>		<b>\$ 162,890</b>		<b>\$ 1,156,854</b>		<b>\$ 123,639</b>		<b>\$ 51,110</b>		<b>\$ -</b>		<b>\$ -</b>	

## Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-3a  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)	DCYF WO (251962-10002- 10001799-0006)	MHSA-CSS (251984-17156- 10031199-0056)	MH CYF County General Fund (251962-10000- 10001670-0001)	Dept-Auth-Proj Activity	Dept-Auth-Proj Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 20,772	\$ 1,946	\$ 15,664	\$ 1,670	\$ 1,492	\$ -	
Utilities (telephone, electricity, water, gas)	\$ 8,942	\$ 838	\$ 6,743	\$ 719	\$ 642	\$ -	
Building Repair/Maintenance	\$ 916	\$ 86	\$ 691	\$ 74	\$ 65	\$ -	
<b>Occupancy Total:</b>	<b>\$ 30,630</b>	<b>\$ 2,870</b>	<b>\$ 23,098</b>	<b>\$ 2,463</b>	<b>\$ 2,199</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 20,595	\$ 1,929	\$ 15,531	\$ 1,657	\$ 1,478	\$ -	
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 20,595</b>	<b>\$ 1,929</b>	<b>\$ 15,531</b>	<b>\$ 1,657</b>	<b>\$ 1,478</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 5,500	\$ 515	\$ 4,147	\$ 442	\$ 396	\$ -	
Insurance	\$ 10,537	\$ 987	\$ 7,946	\$ 847	\$ 757	\$ -	
Professional License	\$ 12,500	\$ 1,171	\$ 9,426	\$ 1,005	\$ 898		
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,420	\$ 133	\$ 1,071	\$ 114	\$ 102	\$ -	
<b>General Operating Total:</b>	<b>\$ 29,957</b>	<b>\$ 2,806</b>	<b>\$ 22,590</b>	<b>\$ 2,408</b>	<b>\$ 2,153</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,915	\$ 179	\$ 1,444	\$ 154	\$ 138	\$ -	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 1,915</b>	<b>\$ 179</b>	<b>\$ 1,444</b>	<b>\$ 154</b>	<b>\$ 138</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)							
Legal Consultant, (David Leatherberry). Provides as needed legal consultation around HIPAA Compliacne and Privacy Laws. The hourly rate is \$350/hr x approx. 5.64 hours.	\$ 1,975	\$ 185	\$ 1,489	\$ 159	\$ 142	\$ -	
<b>Consultant/Subcontractor Total:</b>	<b>\$ 1,975</b>	<b>\$ 185</b>	<b>\$ 1,489</b>	<b>\$ 159</b>	<b>\$ 142</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):							
Recruitment/Direct Staff Expenses	\$ 2,913	\$ 273	\$ 2,197	\$ 234	\$ 209	\$ -	
Client-Related Food	\$ 29,540	\$ 2,767	\$ 22,275	\$ 2,376	\$ 2,122	\$ -	
Client-Related Other Activities	\$ 8,100	\$ 759	\$ 6,108	\$ 651	\$ 582	\$ -	
<b>Other Total:</b>	<b>\$ 40,553</b>	<b>\$ 3,799</b>	<b>\$ 30,580</b>	<b>\$ 3,261</b>	<b>\$ 2,913</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 125,625</b>	<b>\$ 11,768</b>	<b>\$ 94,732</b>	<b>\$ 10,102</b>	<b>\$ 9,023</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343		B-3b	
Provider Name Richmond Area Multi-Services		1	
Provider Number 388915		2021-2022	
Contract ID Number 1000010839		9/15/2021	
Program Name	Children-Wellness Center		
Program Code	38946	38946	
Mode/SFC (MH) or Modality (SUD)	SecPrev-19	SecPrev-19	
Service Description	SA-Sec Prev Outreach	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 169,837	\$ 129,103	\$ 298,940
Operating Expenses	\$ 9,134	\$ 7,764	\$ 16,898
Capital Expenses			\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 178,971</b>	<b>\$ 136,867</b>	<b>\$ 315,838</b>
Indirect Expenses	\$ 24,162	\$ 18,476	\$ 42,638
Indirect %	13.5%	13.5%	13.5%
<b>TOTAL FUNDING USES</b>	<b>\$ 203,133</b>	<b>\$ 155,343</b>	<b>\$ 358,476</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			\$ -
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
SUD County General Fund	240646-10000-10001681-0003	\$ 203,133	\$ 203,133
SUD WO DCYF Wellness Centers	240646-10002-10001973-0001		\$ 155,343
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ 203,133</b>	<b>\$ 155,343</b>	<b>\$ 358,476</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 203,133</b>	<b>\$ 155,343</b>	<b>\$ 358,476</b>
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 203,133</b>	<b>\$ 155,343</b>	<b>\$ 358,476</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	350	268	
Unit Type	Hours	Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 579.91	\$ 579.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 579.91	\$ 579.64	
Published Rate (Medi-Cal Providers Only)			<b>Total UDC</b>
Unduplicated Clients (UDC)	150	Included	150

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

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

B-3b  
2  
2021-2022  
9/15/2021

	TOTAL		SUD County General Fund (240646-10000-10001681-0003)		SUD WO DCYF Wellness Centers (240646-10002-10001973-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.13	\$ 13,968	0.070	\$ 7,546	0.060	\$ 6,422		
Clinical Supervisor	0.15	\$ 11,044	0.080	\$ 5,967	0.070	\$ 5,077		
Child Psychiatrist/MD	0.04	\$ 18,304	0.028	\$ 12,799	0.012	\$ 5,505		
Behavioral Health Counselor/Therapist	2.50	\$ 167,343	2.067	\$ 94,947	0.433	\$ 72,396		
Senior Clinical Case Manager	0.08	\$ 5,617	0.044	\$ 3,035	0.038	\$ 2,582		
Clinical Case Manager	0.16	\$ 11,765	0.089	\$ 6,356	0.075	\$ 5,409		
Office Manager	0.02	\$ 600	0.008	\$ 324	0.007	\$ 276		
<b>Totals:</b>	3.08	\$ 228,641	2.39	\$ 130,974	0.70	\$ 97,667	0.00	\$ -
<b>Employee Benefits:</b>	30.75%	\$ 70,299	29.67%	\$ 38,863	32.19%	\$ 31,436	0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 298,940</b>		<b>\$ 169,837</b>		<b>\$ 129,103</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

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

Appendix Number B-3b  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	SUD County General Fund (240646-10000-10001681-0003)	SUD WO DCYF Wellness Centers (240646-10002-10001973-0001)	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 4,228	\$ 2,284	\$ 1,944		
Utilities (telephone, electricity, water, gas)	\$ 1,264	\$ 683	\$ 581		
Building Repair/Maintenance	\$ 85	\$ 46	\$ 39		
<b>Occupancy Total:</b>	<b>\$ 5,577</b>	<b>\$ 3,013</b>	<b>\$ 2,564</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 6,484	\$ 3,718	\$ 2,766		
Photocopying	\$ -				
Program Supplies	\$ -				
Computer Hardware/Software	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,484</b>	<b>\$ 3,718</b>	<b>\$ 2,766</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 500	\$ 270	\$ 230		
Insurance	\$ 2,200	\$ 1,189	\$ 1,011		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ 280	\$ 151	\$ 129		
<b>General Operating Total:</b>	<b>\$ 2,980</b>	<b>\$ 1,610</b>	<b>\$ 1,370</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 85	\$ 81	\$ 4		
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
<b>Staff Travel Total:</b>	<b>\$ 85</b>	<b>\$ 81</b>	<b>\$ 4</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
Legal Consultant (David Leatherberry). Provides as needed legal consultation around HIPAA Compliance and Privacy Laws. The rate is \$350/hr x approx. 1.5 hours.	\$ 525	\$ 284	\$ 241		
<b>Consultant/Subcontractor Total:</b>	<b>\$ 525</b>	<b>\$ 284</b>	<b>\$ 241</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):					
Recruitment/Direct Staff Expenses	\$ 1,047	\$ 320	\$ 727		
Client-Related Food	\$ 100	\$ 54	\$ 46		
Client-Related Other Activities	\$ 100	\$ 54	\$ 46		
<b>Other Total:</b>	<b>\$ 1,247</b>	<b>\$ 428</b>	<b>\$ 819</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 16,898</b>	<b>\$ 9,134</b>	<b>\$ 7,764</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343		Appendix Number B-3c	
Provider Name Richmond Area Multi-Services		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000010839		Funding Notification Date 9/15/2021	
Program Name		MHSa PEI - School-Based	
Program Code		3894	
Mode/SFC (MH) or Modality (SUD)		45/10-19	
Service Description		OS-MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 294,098		\$ 294,098
Operating Expenses	\$ 7,832		\$ 7,832
Capital Expenses			\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 301,930</b>	<b>\$ -</b>	<b>\$ 301,930</b>
Indirect Expenses	\$ 40,761		\$ 40,761
Indirect %	13.5%	0.0%	13.5%
<b>TOTAL FUNDING USES</b>	<b>\$ 342,691</b>	<b>\$ -</b>	<b>\$ 342,691</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
MH MHSa (PEI)	251984-17156-10031199-0062	\$ 331,247	\$ 331,247
MH CYF County General Fund	251962-10000-10001670-0001	\$ 11,444	\$ 11,444
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 342,691</b>	<b>\$ -</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			\$ -
This row left blank for funding sources not in drop-down list			
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 342,691</b>	<b>\$ -</b>
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>\$ 342,691</b>	<b>\$ -</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	1,833		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 186.96	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 186.96	\$ -	
Published Rate (Medi-Cal Providers Only)			<b>Total UDC</b>
Unduplicated Clients (UDC)	205		205

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000010839

Program Name MHSA PEI - School-Based Wellness

Program Code 3894

Appendix Number B-3c

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 9/15/2021

	TOTAL		MHSA-PEI (251984-17156-10031199-0062)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.15	\$ 16,117	0.15	\$ 16,117						
Clinical Supervisor	0.08	\$ 5,400	0.08	\$ 5,400						
Child Psychiatrist/MD	0.01	\$ 4,576	0.01	\$ 4,576						
Behavioral Health Counselor/Therapist	2.00	\$ 133,772	2.00	\$ 133,772						
Clinical Case Manager	1.00	\$ 62,764	1.00	\$ 62,764						
Office Manager/Admin	0.06	\$ 3,600	0.06	\$ 3,600						
<b>Totals:</b>	3.30	\$ 226,229	3.30	\$ 226,229	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	30.00%	\$ 67,869	30.00%	\$ 67,869	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 294,098</b>		<b>\$ 294,098</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000010839  
 Program Name MHSA PEI - School-Based Wellness  
 Program Code 38946

Appendix Number B-3c  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	MHSA-PEI (251984-17156-10031199-0062)	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 490	\$ 490		
Utilities (telephone, electricity, water, gas)	\$ 1,350	\$ 1,350		
Building Repair/Maintenance	\$ 100	\$ 100		
<b>Occupancy Total:</b>	<b>\$ 1,940</b>	<b>\$ 1,940</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,435	\$ 2,435		
Equipment Lease & Maintenance	\$ 25	\$ 25		
	\$ -			
	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,460</b>	<b>\$ 2,460</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 200	\$ 200		
Insurance	\$ 2,307	\$ 2,307		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 25	\$ 25		
<b>General Operating Total:</b>	<b>\$ 2,532</b>	<b>\$ 2,532</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 100	\$ 100		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ 100</b>	<b>\$ 100</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):				
Recruitment/Direct Staff Expenses	\$ 250	\$ 250		
Client-Related Food	\$ 200	\$ 200		
Client-Related Other Activities	\$ 350	\$ 350		
<b>Other Total:</b>	<b>\$ 800</b>	<b>\$ 800</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 7,832</b>	<b>\$ 7,832</b>	<b>\$ -</b>	<b>\$ -</b>



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

Appendix Number B-4  
 Page Number 1  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

DHCS Legal Entity Number 00343															
Provider Name Richmond Area Multi-Services															
Provider Number 3894															
Contract ID Number 1000010839															
Program Name	High Quality Childcare Initiative (Fu Yu)														
Program Code	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
<b>FUNDING USES</b>															<b>TOTAL</b>
Salaries & Employee Benefits	\$ 209,288	\$ 109,241	\$ 241,994	\$ 17,506	\$ 117,893	\$ 228,297	\$ 108,158	\$ -	\$ 21,633	\$ 17,847	\$ 1,633	\$ 974	\$ 1,230	\$ 1,075,694	
Operating Expenses	\$ 13,315	\$ 6,950	\$ 15,345	\$ 1,135	\$ 7,500	\$ 14,553	\$ 6,881	\$ -	\$ 1,376	\$ 1,136	\$ 104	\$ 62	\$ 78	\$ 68,435	
Capital Expenses														\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 222,603</b>	<b>\$ 116,191</b>	<b>\$ 257,339</b>	<b>\$ 18,641</b>	<b>\$ 125,393</b>	<b>\$ 242,850</b>	<b>\$ 115,039</b>	<b>\$ -</b>	<b>\$ 23,009</b>	<b>\$ 18,983</b>	<b>\$ 1,737</b>	<b>\$ 1,036</b>	<b>\$ 1,308</b>	<b>\$ 1,144,129</b>	
Indirect Expenses	\$ 30,051	\$ 15,686	\$ 34,741	\$ 2,517	\$ 16,928	\$ 32,846	\$ 15,531	\$ -	\$ 3,106	\$ 2,563	\$ 234	\$ 140	\$ 177	\$ 154,520	
<b>Indirect %</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	<b>13.5%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$ 252,654</b>	<b>\$ 131,877</b>	<b>\$ 292,080</b>	<b>\$ 21,158</b>	<b>\$ 142,321</b>	<b>\$ 275,696</b>	<b>\$ 130,570</b>	<b>\$ -</b>	<b>\$ 26,115</b>	<b>\$ 21,546</b>	<b>\$ 1,971</b>	<b>\$ 1,176</b>	<b>\$ 1,485</b>	<b>\$ 1,298,649</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>														
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 68,022	\$ 35,505	\$ 78,392	\$ 5,800	\$ 38,317	\$ 74,349	\$ 35,153	\$ -	\$ 7,032	\$ 5,800	\$ 532	\$ 316	\$ 400	\$ 349,618
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 33,713	\$ 17,597	\$ 38,852	\$ 2,875	\$ 18,991	\$ 36,849	\$ 17,422	\$ -	\$ 3,485	\$ 2,875	\$ 262	\$ 157	\$ 198	\$ 173,276
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 116,472	\$ 60,794	\$ 134,229	\$ 9,932	\$ 65,610	\$ 127,307	\$ 60,192	\$ -	\$ 12,038	\$ 9,932	\$ 910	\$ 542	\$ 684	\$ 598,642
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 19,015	\$ 9,925	\$ 21,914	\$ 1,621	\$ 10,711	\$ 20,784	\$ 9,827	\$ -	\$ 1,965	\$ 1,621	\$ 149	\$ 88	\$ 112	\$ 97,732
MH MHSA (PEI)	251984-17156-10031199-0062	\$ 8,122	\$ 4,239	\$ 9,360	\$ 693	\$ 4,575	\$ 8,877	\$ 4,197	\$ -	\$ 839	\$ 693	\$ 62	\$ 38	\$ 48	\$ 41,743
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 2,053	\$ 1,072	\$ 2,366	\$ 175	\$ 1,156	\$ 2,244	\$ 1,061	\$ -	\$ 212	\$ 175	\$ 16	\$ 10	\$ 12	\$ 10,552
MH CYF County General Fund	251962-10000-10001670-0001	\$ 5,257	\$ 2,745	\$ 6,967	\$ 62	\$ 2,961	\$ 5,287	\$ 2,718	\$ -	\$ 543	\$ 450	\$ 40	\$ 25	\$ 31	\$ 27,086
This row left blank for funding sources not in drop-down list															
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 252,654</b>	<b>\$ 131,877</b>	<b>\$ 292,080</b>	<b>\$ 21,158</b>	<b>\$ 142,321</b>	<b>\$ 275,696</b>	<b>\$ 130,570</b>	<b>\$ -</b>	<b>\$ 26,115</b>	<b>\$ 21,546</b>	<b>\$ 1,971</b>	<b>\$ 1,176</b>	<b>\$ 1,485</b>	<b>\$ 1,298,649</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>														
															\$ -
															\$ -
															\$ -
This row left blank for funding sources not in drop-down list															
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>														
															\$ -
															\$ -
This row left blank for funding sources not in drop-down list															
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 252,654</b>	<b>\$ 131,877</b>	<b>\$ 292,080</b>	<b>\$ 21,158</b>	<b>\$ 142,321</b>	<b>\$ 275,696</b>	<b>\$ 130,570</b>	<b>\$ -</b>	<b>\$ 26,115</b>	<b>\$ 21,546</b>	<b>\$ 1,971</b>	<b>\$ 1,176</b>	<b>\$ 1,485</b>	<b>\$ 1,298,649</b>	
<b>NON-DPH FUNDING SOURCES</b>															
															\$ -
															\$ -
This row left blank for funding sources not in drop-down list															
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>252,654</b>	<b>131,877</b>	<b>292,080</b>	<b>21,158</b>	<b>142,321</b>	<b>275,696</b>	<b>130,570</b>	<b>-</b>	<b>26,115</b>	<b>21,546</b>	<b>1,971</b>	<b>1,176</b>	<b>1,485</b>	<b>1,298,649</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>															
	Number of Beds Purchased														
	SUD Only - Number of Outpatient Group Counseling Sessions														
	SUD Only - Licensed Capacity for Narcotic Treatment Programs														
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	2,418	1,262	2,795	202	1,362	2,638	1,249	0	250	206	15	11	11		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 132.00	\$ 104.52	\$ 132.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 132.00	\$ 104.52	\$ 132.00		
Published Rate (Medi-Cal Providers Only)	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 104.50	\$ 132.00	\$ 104.52	\$ 132.00		
Unduplicated Clients (UDC)	2,500	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	<b>Total UDC</b> 2,500	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-4  
 Page Number 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Funding Term	TOTAL		HSA (251962-10002-10001803-0001)		DCYF - WO (251962-10002-10001799-0007)		SFCFC - PFA (251962-10002-1000-10001803-0008)		SFCFC - SRI (251962-10002-10001800-003)		MHSA (251984-17156-10031199-0062)		CYF GF WO CODB 251962-10000-10001670-0001		MH CYF County General Fund 251962-10000-10001670-0001		FTE	Salaries
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22	07/01/21-6/30/22		
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Director	0.80	\$ 91,697	0.215	\$ 24,694	0.107	\$ 12,239	0.369	\$ 42,283	0.08	\$ 6,903	0.026	\$ 2,948	0.001	\$ 745	0.003	\$ 1,885		
Clinical Manager	0.60	\$ 56,695	0.162	\$ 15,268	0.080	\$ 7,567	0.288	\$ 26,143	0.05	\$ 4,268	0.019	\$ 1,823	0.001	\$ 461	0.002	\$ 1,165		
Clinical Supervisor	0.18	\$ 29,381	0.048	\$ 7,912	0.024	\$ 3,921	0.093	\$ 13,548	0.01	\$ 2,212	0.006	\$ 945	0.000	\$ 239	0.000	\$ 604		
Mental Health Consultant	9.00	\$ 599,837	2.424	\$ 161,536	1.201	\$ 80,060	4.360	\$ 276,593	0.68	\$ 45,156	0.289	\$ 19,287	0.020	\$ 4,875	0.025	\$ 12,330		
Administrative Assistants	1.35	\$ 62,776	0.364	\$ 16,906	0.180	\$ 8,379	0.660	\$ 28,947	0.10	\$ 4,726	0.043	\$ 2,018	0.003	\$ 510	0.004	\$ 1,290		
<b>Totals:</b>	11.94	\$ 840,386	3.21	\$ 226,316	1.59	\$ 112,166	5.77	\$ 387,514	0.92	\$ 63,265	0.38	\$ 27,021	0.03	\$ 6,830	0.03	\$ 17,274	0.00	\$ -
<b>Employee Benefits:</b>	28.00%	\$ 235,308	28.00%	\$ 63,368	28.00%	\$ 31,406	28.00%	\$ 108,504	28.00%	\$ 17,714	28.00%	\$ 7,566	28.00%	\$ 1,912	28.00%	\$ 4,837		\$ -
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,075,694</b>		<b>\$ 289,684</b>		<b>\$ 143,572</b>		<b>\$ 496,018</b>		<b>\$ 80,979</b>		<b>\$ 34,587</b>		<b>\$ 8,742</b>		<b>\$ 22,111</b>		<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-4  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

Expense Categories & Line Items	TOTAL	HSA (251962-10002-10001803-0001)	DCYF - WO (251962-10002-10001799-0007)	SFCFC - PFA (251962-10002-10001803-0008)	SFCFC - SRI (251962-10002-10001800-003)	MHSA (251984-17156-10031199-0062)	CYF GF WO CODB (251962-10000-10001670-0001)	MH CYF County General Fund (251962-10000-10001670-0001)	
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/21	07/01/21-06/30/22	
Rent	\$ 24,000	\$ 6,463	\$ 3,203	\$ 11,067	\$ 1,807	\$ 772	\$ 195	\$ 493	
Utilities (telephone, electricity, water, gas)	\$ 9,696	\$ 2,611	\$ 1,294	\$ 4,471	\$ 730	\$ 312	\$ 79	\$ 199	
Building Repair/Maintenance	\$ 710	\$ 191	\$ 95	\$ 328	\$ 53	\$ 23	\$ 6	\$ 14	
<b>Occupancy Total:</b>	<b>\$ 34,406</b>	<b>\$ 9,265</b>	<b>\$ 4,592</b>	<b>\$ 15,866</b>	<b>\$ 2,590</b>	<b>\$ 1,107</b>	<b>\$ 280</b>	<b>\$ 706</b>	<b>\$ -</b>
Office Supplies	\$ 7,813	\$ 2,104	\$ 1,043	\$ 3,603	\$ 588	\$ 251	\$ 64	\$ 160	
Photocopying	\$ -								
Program Supplies	\$ -								
Computer Hardware/Software	\$ -								
<b>Materials &amp; Supplies Total:</b>	<b>\$ 7,813</b>	<b>\$ 2,104</b>	<b>\$ 1,043</b>	<b>\$ 3,603</b>	<b>\$ 588</b>	<b>\$ 251</b>	<b>\$ 64</b>	<b>\$ 160</b>	<b>\$ -</b>
Training/Staff Development	\$ 5,000	\$ 1,346	\$ 667	\$ 2,306	\$ 376	\$ 162	\$ 40	\$ 103	
Insurance	\$ 9,748	\$ 2,625	\$ 1,302	\$ 4,495	\$ 734	\$ 313	\$ 79	\$ 200	
Professional License	\$ 1,318	\$ 355	\$ 176	\$ 608	\$ 100	\$ 42	\$ 10	\$ 27	
Permits	\$ -								
Equipment Lease & Maintenance	\$ -								
<b>General Operating Total:</b>	<b>\$ 16,066</b>	<b>\$ 4,326</b>	<b>\$ 2,145</b>	<b>\$ 7,409</b>	<b>\$ 1,210</b>	<b>\$ 517</b>	<b>\$ 129</b>	<b>\$ 330</b>	<b>\$ -</b>
Local Travel	\$ 1,000	\$ 270	\$ 133	\$ 462	\$ 75	\$ 32	\$ 8	\$ 20	
Out-of-Town Travel	\$ -								
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Staff Travel Total:</b>	<b>\$ 1,000</b>	<b>\$ 270</b>	<b>\$ 133</b>	<b>\$ 462</b>	<b>\$ 75</b>	<b>\$ 32</b>	<b>\$ 8</b>	<b>\$ 20</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)									
	\$ -								
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):									
Translation Services	\$ 2,000	\$ 538	\$ 266	\$ 922	\$ 150	\$ 65	\$ 16	\$ 43	
Recruitment/Direct Staff Expenses	\$ 1,050	\$ 283	\$ 140	\$ 484	\$ 79	\$ 34	\$ 8	\$ 22	
Client Related Food	\$ 2,600	\$ 620	\$ 608	\$ 1,060	\$ 173	\$ 74	\$ 18	\$ 47	
Client Related Other	\$ 3,500	\$ 942	\$ 467	\$ 1,615	\$ 264	\$ 112	\$ 28	\$ 72	
<b>Other Total:</b>	<b>\$ 9,150</b>	<b>\$ 2,383</b>	<b>\$ 1,481</b>	<b>\$ 4,081</b>	<b>\$ 666</b>	<b>\$ 285</b>	<b>\$ 70</b>	<b>\$ 184</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 68,435</b>	<b>\$ 18,348</b>	<b>\$ 9,394</b>	<b>\$ 31,421</b>	<b>\$ 5,129</b>	<b>\$ 2,192</b>	<b>\$ 551</b>	<b>\$ 1,400</b>	<b>\$ -</b>

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name Richmond Area Multi-Services, Inc. Page Number 4  
 Contract ID Number 1000010839 Fiscal Year 2021-2022  
 Funding Notification Date 9/15/2021

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Chief Executive Officer	0.18	\$ 46,718
Chief Financial Officer	0.18	\$ 35,277
Deputy Chief	0.18	\$ 30,033
Director of Operations	0.18	\$ 26,792
Director of Human Resources	0.18	\$ 22,501
Director of Training	0.16	\$ 16,209
Accounting Staff	0.85	\$ 62,545
HR Staff	0.65	\$ 55,013
QI/Contracts Manager	0.35	\$ 32,369
IT Manager/Support	0.50	\$ 43,000
Executive/Admin Assistant	0.18	\$ 11,442
Janitor/Lead Facilities Tech	0.09	\$ 7,351

Subtotal: 3.68 \$ 389,250  
 Employee Benefits: 30% \$ 116,775  
**Total Salaries and Employee Benefits: \$ 506,025**

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	\$ 6,568
Depreciation	\$ 8,417
Rental	\$ 837
Utilities	\$ 2,845
Building Repair/Maintenance	\$ 3,651
Office Supplies	\$ 16,302
Training/Staff Development	\$ 906
Insurance	\$ 11,444
Equipment Rental	\$ 1,702
Local Travel	\$ 863
Audit Fees	\$ 11,482
Payroll Fees	\$ 27,099
Recruitment/Indirect Staff Expenses	\$ 752
Meetings and Conferences	\$ 4,194
Professional Fees	\$ 28,268
Bank Fees	\$ 2,008

**Total Operating Costs \$ 127,338**

**Total Indirect Costs \$ 633,363**

## **APPENDIX D**

### **Data Access and Sharing Terms**

#### **Article 1 Access**

##### **1.1 Revision to Scope of Access (RSA):**

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

##### **1.2 Primary and Alternate Agency Site Administrator.**

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

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

1.2.2 Communicating with the SFDPH IT Service Desk;

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

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

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

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

##### **1.3 SFDPH IT Service Desk.**

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

##### **1.4 Deprovisioning Schedule.**

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

##### **1.5 Active Directory.**

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

##### **1.6 Role Based Access.**

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

#### **1.7 Training Requirements.**

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

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

#### **1.8 Agency Data User Confidentiality Agreement.**

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

#### **1.9 Corrective Action.**

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

#### **1.10 User ID and Password.**

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

#### **1.11 Notification of Compromised Password.**

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

#### **1.12 Multi Factor Authentication.**

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

#### **1.13 Qualified Personnel.**

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

#### **1.14 Workstation/Laptop encryption.**

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

#### **1.15 Server Security.**

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

#### **1.16 Removable media devices.**

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

#### **1.17 Antivirus software.**

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

#### **1.18 Patch Management.**

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

#### **1.19 System Timeout.**

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

#### **1.20 Warning Banners.**

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

#### **1.21 Transmission encryption.**

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

#### **1.22 No Faxing/Mailing.**

City Data may not be faxed or mailed.

#### **1.23 Intrusion Detection.**

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

of the City.

#### **1.24 Security of PHI.**

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

#### **1.25 Data Security and City Data**

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

#### **1.26 Data Privacy and Information Security Program.**

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

#### **1.27 Disaster Recovery.**

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

#### **1.28 Supervision of Data.**

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

#### **1.29 As Is Access.**

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



### **1.30 No Technical or Administrative Support.**

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

### **1.31 City Audit of Agency and Agency Data Users.**

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

### **1.32 Minimum Necessary.**

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

### **1.33 No Re-Disclosure or Reporting.**

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

### **1.34 Health Information Exchange.**

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

### **1.35 Subcontracting.**

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

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

## **Article 2 Indemnity**

### **2.1 Medical Malpractice Indemnification.**

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

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

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

## **Article 3 Proprietary Rights and Data Breach**

### **3.1 Ownership of City Data.**

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

### **3.2 Data Breach; Loss of City Data.**

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

Agency shall take:

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

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

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

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

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

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

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

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

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

### 3.3 **Media Communications**

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

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

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

**A. SFDPH Care Link Requirements:**

**1. Connectivity.**

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

**2. Compliance with Epic Terms and Conditions.**

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

**3. Epic-Provided Terms and Conditions**

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

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

**A. SFDPH Epic Hyperspace and Epic Hyperdrive:**

**1. Connectivity.**

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

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

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

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

**A. SFDPH myAvatar via WebConnect and VDI:**

1. Connectivity.
  - a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.
2. Information Technology (IT) Support.
  - a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.
3. Access Control.
  - a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
  - b. Each user is unique and agrees not to share accounts or passwords.
  - c. Applicants must complete the myAvatar Account Request Form found at [https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar\\_Account\\_Request\\_Form.pdf](https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
  - d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
  - e. Applicants must complete myAvatar Training.
  - f. Level of access is based on "Need to Know", job duties and responsibilities.

Appendix F  
Richmond Area Multi Services, Inc.(Children, ID#1000010839)  
5/1/22

**Appendix F**

Invoice

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M43JL21

**Contractor: Richmond Area Multi-Services, Inc.- Children**

**BHS**

Template Version: RPB 1

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

User Cd

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

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH Fed/ State/ State CYF/ CYF Cnty GF

Funding Term: 07/01/2021 - 06/30/2022

Invoice Period : July 2021

Final Invoice: (Check if Yes)

PHP Division: 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 AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-1b Children Outpatient SD PC# - 3894SD 251962-10000-10001670-0001</b>												
45/ 10 - 19 OS - MH Promotion	1,696				\$ 90.20	\$ -	0.00		0.00%		1,696.00	
<b>B-1a Children Outpatient PC# - 38947 251962-10000-10001670-0001</b>												
45/ 10 - 19 OS - MH Promotion	416				\$ 90.20	\$ -	0.00		0.00%		416.00	
<b>TOTAL</b>	<b>2,112</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>2,112.00</b>	

<b>Budget Amount</b>	\$ 190,553.00	<b>Expenses To Date</b>	\$ -	<b>% of Budget</b>	0.00%	<b>Remaining Budget</b>	\$ 190,553.00
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**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:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date



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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M45JL21

**Contractor: Richmond Area Multi-Services, Inc.- Children**



Template Version: RPB 1

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

User Cd

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

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH Fed/ State/ State CYF/ CYF Cnty GF

Invoice Period : July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-1b Children Outpatient SED PC# - 3894SD - 251962-10000-10001670-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	3,776				\$ 3.15	\$ -	0.00		0.00%			3,776.00
15/ 10 - 57, 59 OP - MH Svcs	49,114				\$ 4.00	\$ -	0.00		0.00%			49,114.00
15/ 60 - 69 OP - Medication Support	468				\$ 7.40	\$ -	0.00		0.00%			468.00
15/ 70 - 79 OP - Crisis Inteventon	469				\$ 5.94	\$ -	0.00		0.00%			469.00
<b>B-1a Children Outpatient PC# - 38947 - 251962-10000-10001670-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	3,472				\$ 3.15	\$ -	0.00		0.00%			3,472.00
15/ 10 - 57, 59 OP - MH Svcs	213,634				\$ 4.00	\$ -	0.00		0.00%			213,634.00
15/ 60 - 69 OP - Medication Support	7,918				\$ 7.40	\$ -	0.00		0.00%			7,918.00
15/ 70 - 79 OP - Crisis Inteventon	144				\$ 5.94	\$ -	0.00		0.00%			144.00
<b>B-3a Children Wellness Center MH,SA, MHSA PEI School-Based PC# - 38946 - 251962-10000-10001670-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	8,829				\$ 3.15	\$ -	0.00		0.00%			8,829.00
15/ 10 - 57, 59 OP - MH Svcs	40,861				\$ 4.00	\$ -	0.00		0.00%			40,861.00
15/ 60 - 69 OP - Medication Support	523				\$ 7.40	\$ -	0.00		0.00%			523.00
15/ 70 - 79 OP - Crisis Inteventon	523				\$ 5.94	\$ -	0.00		0.00%			523.00
<b>TOTAL</b>	<b>329,731</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>329,731.00</b>

<b>Budget Amount</b>		\$ 1,337,754.00	
	<b>Expenses To Date</b>	<b>% of Budget</b>	<b>Remaining Budget</b>
	\$ -	0.00%	\$ 1,337,754.00

<b>SUBTOTAL AMOUNT DUE</b>	\$	-
<b>Less: Initial Payment Recovery</b>		
<b>(For DPH Use) Other Adjustments</b>		
<b>NET 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: \_\_\_\_\_

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

<b>Send to:</b>
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
<b>Or email to:</b>
<b>cbhsinvoices@sfdph.org</b>

DPH Authorization for Payment	
_____	
Authorized Signatory	_____
Date	_____

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M46JL21  
 Template Version: RPB 1 User Cd  
 Ct. PO No.: POHM SFGOV-0000554856  
 Fund Source: MH WO - DCYF ChildCare  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

**Contractor: Richmond District Area Multi-Services Inc. Children**

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

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



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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 AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - 251962-10002-10001799-0007</b>												
45/ 10 - 19 OS-MH Promotion	323				\$ 104.50	\$ -	0.00		0.00%			323.00
45/ 10 - 19 OS-MH Promotion	168				\$ 104.50	\$ -	0.00		0.00%			168.00
45/ 10 - 19 OS-MH Promotion	372				\$ 104.50	\$ -	0.00		0.00%			372.00
45/ 10 - 19 OS-MH Promotion	28				\$ 104.50	\$ -	0.00		0.00%			28.00
45/ 10 - 19 OS-MH Promotion	182				\$ 104.50	\$ -	0.00		0.00%			182.00
45/ 10 - 19 OS-MH Promotion	353				\$ 104.50	\$ -	0.00		0.00%			353.00
45/ 10 - 19 OS-MH Promotion	167				\$ 104.50	\$ -	0.00		0.00%			167.00
45/ 10 - 19 OS-MH Promotion	0				\$ -	\$ -	0.00		0.00%			0.00
45/ 10 - 19 OS-MH Promotion	33				\$ 104.50	\$ -	0.00		0.00%			33.00
45/ 10 - 19 OS-MH Promotion	28				\$ 104.50	\$ -	0.00		0.00%			28.00
45/ 10 - 19 OS-MH Promotion	2				\$ 132.00	\$ -	0.00		0.00%			2.00
45/ 10 - 19 OS-MH Promotion	2				\$ 104.52	\$ -	0.00		0.00%			2.00
45/ 10 - 19 OS-MH Promotion	2				\$ 132.00	\$ -	0.00		0.00%			2.00
<b>TOTAL</b>	1,660		0.00				0.00		0.00%			1,660.00

<b>Budget Amount</b>		<b>\$ 173,276.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 173,276.00</b>
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<b>SUBTOTAL AMOUNT DUE</b>	\$ -	NOTES:
<b>Less: Initial Payment Recovery</b>		
<b>(For DPH Use) Other Adjustments</b>		
<b>NET REIMBURSEMENT</b>	\$ -	

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:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M47JL21  
 Template Version: RPB 1 User Cd  
 Ct. PO No.: POHM SFGOV-0000554856  
 Fund Source: MH CYF County General Fund  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

**Contractor: Richmond District Area Multi-Services Inc. Children**

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

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



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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 AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - 251962-10000-10001670-0001</b>												
45/ 10 - 19 OS-MH Promotion	50.00				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 OS-MH Promotion	26.00				\$ 104.50	\$ -	0.00		0.00%			26.00
45/ 10 - 19 OS-MH Promotion	67.00				\$ 104.50	\$ -	0.00		0.00%			67.00
45/ 10 - 19 OS-MH Promotion	1.00				\$ 104.50	\$ -	0.00		0.00%			1.00
45/ 10 - 19 OS-MH Promotion	28.00				\$ 104.50	\$ -	0.00		0.00%			28.00
45/ 10 - 19 OS-MH Promotion	51.00				\$ 104.50	\$ -	0.00		0.00%			51.00
45/ 10 - 19 OS-MH Promotion	26.00				\$ 104.50	\$ -	0.00		0.00%			26.00
45/ 10 - 19 OS-MH Promotion	-				\$ -	\$ -	0.00		0.00%			0.00
45/ 10 - 19 OS-MH Promotion	5.00				\$ 104.50	\$ -	0.00		0.00%			5.00
45/ 10 - 19 OS-MH Promotion	4.00				\$ 104.50	\$ -	0.00		0.00%			4.00
45/ 10 - 19 OS-MH Promotion	0.30				\$ 132.00	\$ -	0.00		0.00%			0.30
45/ 10 - 19 OS-MH Promotion	0.24				\$ 104.52	\$ -	0.00		0.00%			0.24
45/ 10 - 19 OS-MH Promotion	0.23				\$ 132.00	\$ -	0.00		0.00%			0.23
<b>TOTAL</b>	<b>259</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>258.77</b>

<b>Budget Amount</b>		<b>\$ 27,086.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 27,086.00</b>
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**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: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

<p><b>Contractor:</b> Richmond Area Multi-Services, Inc.- Children</p> <p>Address: 639 14th Avenue., San Francisco, CA 94118</p> <p>Tel No.: (415) 668-5955 Fax No.: (415) 668-0246</p> <p>Funding Term: 07/01/2021 - 06/30/2022</p> <p>PHP Division: Behavioral Health Services</p>	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;"> <b>BHS</b> </div>	<p>Contract ID# 1000010839</p> <p>INVOICE NUMBER : M48JL21</p> <p>Template Version RPB 1</p> <p>Ct. PO No.: POHM SFGOV-0000554856</p> <p>Fund Source: MH WO - HSA Childcare</p> <p>Invoice Period : July 2021</p> <p>Final Invoice: <input type="checkbox"/> (Check if Yes)</p>
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	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) Project PC# 3894 - 251962-10002-10001803-0001</b>												
45/ 10 - 19 OS-MH Promotion	651		0.00		\$ 104.50	\$ -	0.00		0.00%		651.00	
45/ 10 - 19 OS-MH Promotion	340		0.00		\$ 104.50	\$ -	0.00		0.00%		340.00	
45/ 10 - 19 OS-MH Promotion	750		0.00		\$ 104.50	\$ -	0.00		0.00%		750.00	
45/ 10 - 19 OS-MH Promotion	56		0.00		\$ 104.50	\$ -	0.00		0.00%		56.00	
45/ 10 - 19 OS-MH Promotion	367		0.00		\$ 104.50	\$ -	0.00		0.00%		367.00	
45/ 10 - 19 OS-MH Promotion	711		0.00		\$ 104.50	\$ -	0.00		0.00%		711.00	
45/ 10 - 19 OS-MH Promotion	336		0.00		\$ 104.50	\$ -	0.00		0.00%		336.00	
45/ 10 - 19 OS-MH Promotion	-		0.00		\$ -	\$ -	0.00		#DIV/0!		0.00	
45/ 10 - 19 OS-MH Promotion	67		0.00		\$ 104.50	\$ -	0.00		0.00%		67.00	
45/ 10 - 19 OS-MH Promotion	56		0.00		\$ 104.50	\$ -	0.00		0.00%		56.00	
45/ 10 - 19 OS-MH Promotion	4		0.00		\$ 132.00	\$ -	0.00		0.00%		4.00	
45/ 10 - 19 OS-MH Promotion	3		0.00		\$ 104.52	\$ -	0.00		0.00%		3.00	
45/ 10 - 19 OS-MH Promotion	3		0.00		\$ 132.00	\$ -	0.00		0.00%		3.00	
<b>TOTAL</b>	<b>3,344</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>3,344.00</b>	

	<b>Budget Amount</b>		<b>\$ 349,618.00</b>			<b>Expenses To Date</b>	<b>% of Budget</b>	<b>Remaining Budget</b>
						<b>\$ -</b>	<b>0.00%</b>	<b>\$ 349,618.00</b>
<b>SUBTOTAL AMOUNT DUE</b>						\$ -	NOTES:	
<b>Less: Initial Payment Recovery</b>								
<b>(For DPH Use) Other Adjustments</b>								
<b>NET REIMBURSEMENT</b>						\$ -		

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: \_\_\_\_\_

<b>Send to:</b>
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
<b>Or email to:</b>
<b>cbhsinvoices@sfdph.org</b>

DPH Authorization for Payment	
_____	
Authorized Signatory	Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

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

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M49JL21  
 Template Version: RPB 1 User Cd  
 Ct. PO No.: POHM 0000554856  
 Fund Source: MH MHSA (PEI)  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

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
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-1b Children Outpatient SD PC# - 3894SD</b>	<b>251984-17156-10031199-0062</b>											
45/ 10 - 19 Admin Wk	975				\$ 56.88	\$ -	0.00		0.00%		975.00	
<b>TOTAL</b>	975		0.00				0.00		0.00%		975.00	

<b>Budget Amount</b>	\$ 55,470.00	<b>Expenses To Date</b>	\$ -	<b>% of Budget</b>	0.00%	<b>Remaining Budget</b>	\$ 55,470.00
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<b>SUBTOTAL AMOUNT DUE</b>	\$ -	NOTES:
<b>Less: Initial Payment Recovery</b>		
<b>(For DPH Use) Other Adjustments</b>		
<b>NET REIMBURSEMENT</b>	\$ -	

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:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M50JL21

Template Version: RPB 1

Ct.PO No.: POHM SFGOV-0000554856

Fund Source: MH - MHSA (PEI)

Invoice Period: July 2021

Final Invoice:  (Check if Yes)

**Contractor: Richmond Area Multi-Services, Inc. Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	78.00		0.00		\$ 104.50	\$ -	0.00		0.00%		78.00	
45/ 10 - 19 OS-MH Promotion	41.00		0.00		\$ 104.50	\$ -	0.00		0.00%		41.00	
45/ 10 - 19 OS-MH Promotion	90.00		0.00		\$ 104.50	\$ -	0.00		0.00%		90.00	
45/ 10 - 19 OS-MH Promotion	7.00		0.00		\$ 104.50	\$ -	0.00		0.00%		7.00	
45/ 10 - 19 OS-MH Promotion	44.00		0.00		\$ 104.50	\$ -	0.00		0.00%		44.00	
45/ 10 - 19 OS-MH Promotion	85.00		0.00		\$ 104.50	\$ -	0.00		0.00%		85.00	
45/ 10 - 19 OS-MH Promotion	40.00		0.00		\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 OS-MH Promotion	0.00		0.00		\$ -	\$ -	0.00		0.00%		0.00	
45/ 10 - 19 OS-MH Promotion	8.00		0.00		\$ 104.50	\$ -	0.00		0.00%		8.00	
45/ 10 - 19 OS-MH Promotion	7.00		0.00		\$ 104.50	\$ -	0.00		0.00%		7.00	
45/ 10 - 19 OS-MH Promotion	0.47		0.00		\$ 132.00	\$ -	0.00		0.00%		0.47	
45/ 10 - 19 OS-MH Promotion	0.36		0.00		\$ 104.52	\$ -	0.00		0.00%		0.36	
45/ 10 - 19 OS-MH Promotion	0.36		0.00		\$ 132.00	\$ -	0.00		0.00%		0.36	
<b>TOTAL</b>	<b>401</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>401.19</b>	

<b>Budget Amount</b>		<b>\$ 41,743.00</b>	<b>Expenses To Date</b>	<b>0.00%</b>	<b>Remaining Budget</b>
			<b>\$ -</b>		<b>\$ 41,743.00</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 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:**  
 Behavioral Health Service-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M52JL21

**Contractor: Richmond Area Multi-Services, Inc.-Children**

Template Version: RPB 1

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

**BHS**

User Cd: SFGOV-0000554856

Tel No.: (415) 668-5955

CT.PO No.: POHM

Fax No.: (415) 668-0246

Fund Source: MH WO - CFC School Readiness

Funding Term: 07/01/2021 - 06/30/2022

Invoice Period: July 2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - 251962-10002-10001800-0003</b>												
45/ 10 - 19 OS-MH Promotion	182				\$ 104.50	\$ -	0.000		0.00%		182.000	
45/ 10 - 19 OS-MH Promotion	95				\$ 104.50	\$ -	0.000		0.00%		95.000	
45/ 10 - 19 OS-MH Promotion	210				\$ 104.50	\$ -	0.000		0.00%		210.000	
45/ 10 - 19 OS-MH Promotion	16				\$ 104.50	\$ -	0.000		0.00%		16.000	
45/ 10 - 19 OS-MH Promotion	102				\$ 104.50	\$ -	0.000		0.00%		102.000	
45/ 10 - 19 OS-MH Promotion	199				\$ 104.50	\$ -	0.000		0.00%		199.000	
45/ 10 - 19 OS-MH Promotion	94				\$ 104.50	\$ -	0.000		0.00%		94.000	
45/ 10 - 19 OS-MH Promotion	-				\$ -	\$ -	0.000		0.00%		0.000	
45/ 10 - 19 OS-MH Promotion	19				\$ 104.50	\$ -	0.000		0.00%		19.000	
45/ 10 - 19 OS-MH Promotion	16				\$ 104.50	\$ -	0.000		0.00%		16.000	
45/ 10 - 19 OS-MH Promotion	1				\$ 132.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 OS-MH Promotion	1				\$ 104.52	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 OS-MH Promotion	1				\$ 132.00	\$ -	0.000		0.00%		1.000	
<b>TOTAL</b>	<b>936</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>936.000</b>	

	<b>Budget Amount</b>	<b>\$ 97,732.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 97,732.00</b>
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**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: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

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

**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_

Authorized Signatory

\_\_\_\_\_

Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M54JL21

**Contractor: Richmond Area Multi-Services, Inc. - Children**

Template Version: RPB 1

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



User Cd

Tel No.: (415) 668-5955

Ct. PO No.: POHM SFGOV-0000554856

Fax No.: (415) 668-0246

Fund Source: MH WO & WO CODB

Funding Term: 07/01/2021 - 06/30/2022

Invoice Period: July 2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-4 High Quality Childcare Initiative (Fu Yau) PC# 3894 - 251962-10002-10001803-0008</b>												
45/ 10 - 19 OS-MH Promotion	1,134				\$ 104.50	\$ -	0.000		0.00%		1,134.000	
45/ 10 - 19 OS-MH Promotion	592				\$ 104.50	\$ -	0.000		0.00%		592.000	
45/ 10 - 19 OS-MH Promotion	1,307				\$ 104.50	\$ -	0.000		0.00%		1,307.000	
45/ 10 - 19 OS-MH Promotion	97				\$ 104.50	\$ -	0.000		0.00%		97.000	
45/ 10 - 19 OS-MH Promotion	639				\$ 104.50	\$ -	0.000		0.00%		639.000	
45/ 10 - 19 OS-MH Promotion	1,240				\$ 104.50	\$ -	0.000		0.00%		1,240.000	
45/ 10 - 19 OS-MH Promotion	586				\$ 104.50	\$ -	0.000		0.00%		586.000	
45/ 10 - 19 OS-MH Promotion	-				\$ -	\$ -	0.000		0.00%		0.000	
45/ 10 - 19 OS-MH Promotion	117				\$ 104.50	\$ -	0.000		0.00%		117.000	
45/ 10 - 19 OS-MH Promotion	97				\$ 104.50	\$ -	0.000		0.00%		97.000	
45/ 10 - 19 OS-MH Promotion	7				\$ 132.00	\$ -	0.000		0.00%		7.000	
45/ 10 - 19 OS-MH Promotion	5				\$ 104.52	\$ -	0.000		0.00%		5.000	
45/ 10 - 19 OS-MH Promotion	5				\$ 132.00	\$ -	0.000		0.00%		5.000	
<b>TOTAL</b>	<b>5,826</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>5,826.000</b>	
	<b>Budget Amount</b>				<b>\$ 609,194.00</b>			<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
								<b>\$ -</b>	<b>0.00%</b>		<b>\$ 609,194.00</b>	

<b>SUBTOTAL AMOUNT DUE</b>	\$ -	NOTES:
<b>Less: Initial Payment Recovery</b>		MH WO HSA Pre-School 251962-10002-10001803-0008 - 598,642
<b>(For DPH Use) Other Adjustments</b>		MH CYF GF WO CODB 251962-10000-10001670-0001 - \$10,552
<b>NET REIMBURSEMENT</b>	\$ -	

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:

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

Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000010839

**Contractor: Richmond Area Multi-Services, Inc. Children**

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

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

**BHS**

INVOICE NUMBER: M56JL21  
 Template Version: RPB 1 User Cd  
 Ct.PO No.: POHM SFGOV-0000554856  
 Fund Source: MH Managed Care/S 2011 PSR  
 Invoice Period : July 2021  
 Final Invoice: (Check if Yes)

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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- 2 Children Managed Care PC# - 3894MC 251984-17128-10031195-0006</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	526				\$ 3.15	\$ -	0.00		0.00%		526.00	
15/ 10 - 57, 59 OP - MH Svcs	14,512				\$ 4.00	\$ -	0.00		0.00%		14,512.00	
15/ 70 - 69 OP - Medication Support	2				\$ 7.40	\$ -	0.00		0.00%		2.00	
15/ 70 - 79 OP - Crisis Intevention	48				\$ 5.94	\$ -	0.00		0.00%		48.00	
<b>TOTAL</b>	<b>15,088</b>		<b>0.000</b>				<b>0.00</b>		<b>0.00%</b>		<b>15,088.00</b>	
	<b>Budget Amount</b>				<b>\$ 60,000.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>	
							\$ -		0.00%		\$ 60,000.00	

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

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

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

**Or email to:**  
**cbhsinvoics@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

**Contractor: Richmond Area Multi-Services, Inc. Children**

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

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



INVOICE NUMBER: M60JL21  
 Template Version: RPB 1 User Cd  
 Ct.PO No.: POHM SFGOV-0000554856  
 Fund Source: MH CYF County General Fund  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

<b>Unduplicated Clients for Exhibit:</b>	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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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- 2 Children Managed Care PC# - 3894MC 251962-10000-10001670-0001</b>												
15/ 01 - 09 OP - Case Mgt Brokerage	353				\$ 3.15	\$ -	0.00		0.00%		353.00	
15/ 10 - 57, 59 OP - MH Svcs	9,683				\$ 4.00	\$ -	0.00		0.00%		9,683.00	
15/ 60 - 69 OP - Medication Support	33				\$ 7.40	\$ -	0.00		0.00%		33.00	
15/ 70 - 79 OP - Crisis Inteventon	32				\$ 5.94	\$ -	0.00		0.00%		32.00	
<b>TOTAL</b>	<b>10,101</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>10,101.00</b>	
<b>Budget Amount</b>					<b>\$ 40,277.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>		<b>Remaining Budget</b>	
							\$ -		0.00%		\$ 40,277.00	

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

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

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M64JL21

Template Version: RPB 1

Ct. PO No.: POHM SFGOV-0000554856 User Cd

Fund Source: MH MSA (CSS)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

**Contractor: Richmond Area Multi-Services, Inc.- Children**

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

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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-3a Children-Wellness Center MH, SA and MSA PEI School-Based PC# - 38946 251984-17156-10031199-0056</b>												
45/ 10 - 19 OS - MH Promotion	968	130	-	-	-	-	0%	0%	968	130	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 95,107.00	\$ -	\$ -	0.00%	\$ 95,107.00
Fringe Benefits	\$ 28,532.00	\$ -	\$ -	0.00%	\$ 28,532.00
<b>Total Personnel Expenses</b>	\$ 123,639.00	\$ -	\$ -	0.00%	\$ 123,639.00
<b>Operating Expenses</b>					
Occupancy	\$ 2,463.00	\$ -	\$ -	0.00%	\$ 2,463.00
Materials and Supplies	\$ 1,657.00	\$ -	\$ -	0.00%	\$ 1,657.00
General Operating	\$ 2,408.00	\$ -	\$ -	0.00%	\$ 2,408.00
Staff Travel	\$ 154.00	\$ -	\$ -	0.00%	\$ 154.00
Consultant/Subcontractor	\$ 159.00	\$ -	\$ -	0.00%	\$ 159.00
Other: Recruitment/ Direct Staff Expenses	\$ 234.00	\$ -	\$ -	0.00%	\$ 234.00
Client Related Food	\$ 2,376.00	\$ -	\$ -	0.00%	\$ 2,376.00
Client Related Other Activities	\$ 651.00	\$ -	\$ -	0.00%	\$ 651.00
<b>Total Operating Expenses</b>	\$ 10,102.00	\$ -	\$ -	0.00%	\$ 10,102.00
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 133,741.00	\$ -	\$ -	0.00%	\$ 133,741.00
<b>Indirect Expenses</b>	\$ 14,138.00	\$ -	\$ -	0.00%	\$ 14,138.00
<b>TOTAL EXPENSES</b>	\$ 147,879.00	\$ -	\$ -	0.00%	\$ 147,879.00

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

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:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE B

Contract ID#

1000010839

Invoice Number

M64JL21

User Cd

Contractor: Richmond Area Multi-Services Inc

CT PO No.

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.05	\$ 5,617.00	\$ -	\$ -	0.00%	\$ 5,617.00
Clinical Supervisor	0.06	\$ 4,619.00	\$ -	\$ -	0.00%	\$ 4,619.00
Behavioral Health Counselor/Therapist	1.18	\$ 77,532.00	\$ -	\$ -	0.00%	\$ 77,532.00
Senior Clinical Case Manager	0.03	\$ 2,372.00	\$ -	\$ -	0.00%	\$ 2,372.00
Clinical Case Manager	0.07	\$ 4,967.00	\$ -	\$ -	0.00%	\$ 4,967.00
<b>TOTAL SALARIES</b>		\$ 95,107.00	\$ -	\$ -	\$ -	\$ 95,107.00

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: \_\_\_\_\_

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

Contract ID#  
1000010839

INVOICE NUMBER: M65JL21  
 Template Version: RPB 1 User Cd  
 Ct. PO No.: POHM SFGOV-0000554856  
 Fund Source: MH CYF County General Fund  
 Invoice Period: July 2021  
 Final Invoice:  (Check if Yes)

**Contractor: Richmond Area Multi-Services, Inc.- Children**  
 Address: 639 14th Avenue., San Francisco, CA 94118  
 Tel No.: (415) 668-5955  
 Fax No.: (415) 668-0246



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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-3a Children-Wellness Center MH, SA and MHSA PEI School-Based PC# - 38946</b>												
45/ 10 - 19 OS - MH Promotion	9,296	1,070			-	-	0%	0%	9,296	1,070	100%	100%
45/ 10 - 19 OS - MH Promotion	447	-			-	-	0%	#DIV/0!	447	-	100%	#DIV/0!
45/ 10 - 19 OS - MH Promotion	26	-			-	-	0%	#DIV/0!	26	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 929,203.00	\$ -	\$ -	0.00%	\$ 929,203.00
Fringe Benefits	\$ 278,761.00	\$ -	\$ -	0.00%	\$ 278,761.00
<b>Total Personnel Expenses</b>	<b>\$ 1,207,964.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,207,964.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 25,297.00	\$ -	\$ -	0.00%	\$ 25,297.00
Materials and Supplies	\$ 17,009.00	\$ -	\$ -	0.00%	\$ 17,009.00
General Operating	\$ 24,743.00	\$ -	\$ -	0.00%	\$ 24,743.00
Staff Travel	\$ 1,582.00	\$ -	\$ -	0.00%	\$ 1,582.00
Consultant/Subcontractor	\$ 1,631.00	\$ -	\$ -	0.00%	\$ 1,631.00
Other: Recruitment/ Direct Staff Expenses	\$ 2,406.00	\$ -	\$ -	0.00%	\$ 2,406.00
Client Related Food	\$ 24,397.00	\$ -	\$ -	0.00%	\$ 24,397.00
Client Related Other Activities	\$ 6,690.00	\$ -	\$ -	0.00%	\$ 6,690.00
<b>Total Operating Expenses</b>	<b>\$ 103,755.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 103,755.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 1,311,719.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,311,719.00</b>
<b>Indirect Expenses</b>	<b>\$ 180,998.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 180,998.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 1,492,717.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,492,717.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:  
 MH CYF County GF: 251962-10000-10001670-0001 - \$43,935  
 MH WO DCYF: 251962-10002-10001799-0006 - \$1,386,615  
 MH WO CODB: 251962-10000-10001670-0001 - \$62,167

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:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE B

Contract ID#  
**1000010839**

Invoice Number  
**M65JL21**

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

User Cd

CT PO No.

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.54	\$ 57,683.00	\$ -	\$ -	0.00%	\$ 57,683.00
Clinical Supervisor	0.65	\$ 47,431.00	\$ -	\$ -	0.00%	\$ 47,431.00
Child Psychiatrist/MD	0.02	\$ 9,151.00	\$ -	\$ -	0.00%	\$ 9,151.00
Behavioral Health Counselor/Therapist	11.22	\$ 735,371.00	\$ -	\$ -	0.00%	\$ 735,371.00
Senior Clinical Case Manager	0.35	\$ 24,356.00	\$ -	\$ -	0.00%	\$ 24,356.00
Clinical Case Manager	0.69	\$ 51,011.00	\$ -	\$ -	0.00%	\$ 51,011.00
Office Manager	0.07	\$ 4,200.00	\$ -	\$ -	0.00%	\$ 4,200.00
<b>TOTAL SALARIES</b>	<b>13.54</b>	<b>\$ 929,203.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 929,203.00</b>

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: \_\_\_\_\_

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M68JL21

Contractor: Richmond Area Multi-Services, Inc.- Children

Template Version: RPB 1

Address: 639 14th Avenue., San Francisco, CA 94121

**BHS**

User Cd

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

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MHSA (PEI)

Invoice Period : July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice:  (Check if Yes)

PHP Division: Behavioral Health Services

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%		1,772.00	
<b>TOTAL</b>	1,772		0.00				0.00		0.00%		1,772.00	

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 331,247.00	\$ -	0.00%	\$ 331,247.00

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:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
Or email to:  
cbhsinvoices@sfdph.org

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

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68AU21

Template Version: RPB 1

User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MHA (PEI)

Invoice Period: August 2021

Final Invoice:  (Check if Yes)

ACE Control Number:

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

**BHS**

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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 AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>				\$	331,247.00						
							<b>Expenses To Date</b>		<b>% of Budget</b>			<b>Remaining Budget</b>
							\$ -		0.00%			\$ 331,247.00

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

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

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
100010839

INVOICE NUMBER: M68SE21

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Template Version: RPB 1  
User Cd

Address: 639 14th Avenue., San Francisco, CA 94121



Ct. PO No.: POHM SFGOV-0000554856

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

Fund Source: MH MHA (PEI)

Invoice Period : September 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>					\$ 331,247.00						
							<b>Expenses To Date</b>		<b>% of Budget</b>			<b>Remaining Budget</b>
							\$ -		0.00%			\$ 331,247.00

**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:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68OC21

Template Version: RPB 1  
User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MHA (PEI)

Invoice Period : October 2021

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Richmond Area Multi-Services, Inc.- Children

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>					\$ 331,247.00		<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
							\$ -	-	0.00%			\$ 331,247.00

**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:

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

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**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68NO21

Template Version: RPB 1  
User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MSA (PEI)

Invoice Period: November 2021

Final Invoice: (Check if Yes)

ACE Control Number:

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

**BHS**

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
<b>Budget Amount</b>					\$ 331,247.00							
							<b>Expenses To Date</b>		<b>% of Budget</b>			<b>Remaining Budget</b>
							\$ -		0.00%			\$ 331,247.00

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

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

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San Francisco, CA 94103  
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cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Contract ID#  
100010839

INVOICE NUMBER: M68DE21

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Template Version: RPB 1

Address: 639 14th Avenue., San Francisco, CA 94121

**BHS**

User Cd

Tel No.: (415) 668-5955

Ct. PO No.: POHM SFGOV-0000554856

Fax No.: (415) 668-0246

Fund Source: MH MSA (PEI)

Funding Term: 07/01/2021 - 06/30/2022

Invoice Period : December 2021

PHP Division: Behavioral Health Services

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>					\$ 331,247.00		<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
								\$ -	0.00%			\$ 331,247.00

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: \_\_\_\_\_

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1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M68JA22

Template Version: RPB 1

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MHSA (PEI)

Invoice Period: January 2022

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 331,247.00	\$ -	0.00%	\$ 331,247.00

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:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68FE22

Template Version: RPB 1  
User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MSA (PEI)

Invoice Period: February 2022

Final Invoice: (Check if Yes)

ACE Control Number:

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>				\$	331,247.00		<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
					\$			\$ -	0.00%			\$ 331,247.00

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

Or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68MR22

Template Version: RPB 1

User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MSHA (PEI)

Invoice Period: March 2022

Final Invoice: (Check if Yes)

ACE Control Number:

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

**BHS**

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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 AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	<b>1,772</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>1,772.00</b>
	<b>Budget Amount</b>				<b>\$ 331,247.00</b>		<b>Expenses To Date</b>		<b>% of Budget</b>			<b>Remaining Budget</b>
							<b>\$ -</b>		<b>0.00%</b>			<b>\$ 331,247.00</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 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:

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

Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Contract ID#

1000010839

INVOICE NUMBER: M68AP22

Template Version: RPB 1  
User Cd

Ct. PO No.: POHM SFGOV-0000554856

Fund Source: MH MSA (PEI)

Invoice Period: April 2022

Final Invoice:  (Check if Yes)

ACE Control Number:

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94121

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

**BHS**

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
<b>Unduplicated Clients for Exhibit:</b>					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%		1,772.00	
<b>TOTAL</b>	1,772		0.00				0.00		0.00%		1,772.00	
	<b>Budget Amount</b>				\$	331,247.00		<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
					\$			\$ -	0.00%		\$ 331,247.00	

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:

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

Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M68MY22

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Template Version: RPB 1  
User Cd

Address: 639 14th Avenue., San Francisco, CA 94121



Ct. PO No.: POHM SFGOV-0000554856

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

Fund Source: MH MHA (PEI)

Invoice Period: May 2022

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>					\$ 331,247.00		<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
							\$ -	-	0.00%			\$ 331,247.00

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

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

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

Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Contract ID#  
100010839

INVOICE NUMBER: M68JU22

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Template Version: RPB 1  
User Cd

Address: 639 14th Avenue., San Francisco, CA 94121

**BHS**

Ct. PO No.: POHM SFGOV-0000554856

Tel No.: (415) 668-5955

Fund Source: MH MSHA (PEI)

Fax No.: (415) 668-0246

Invoice Period: June 2022

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice:  (Check if Yes)

PHP Division: Behavioral Health Services

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MSHA PEI-School-Based Wellness PC# - 3894 - 251984-17156-10031199-0062</b>												
45/ 10 - 19 OS-MH Promotion	1,772				\$ 186.96	\$ -	0.00		0.00%			1,772.00
<b>TOTAL</b>	1,772		0.00				0.00		0.00%			1,772.00
	<b>Budget Amount</b>				\$	331,247.00	<b>Expenses To Date</b>		<b>% of Budget</b>	<b>Remaining Budget</b>		
					\$		-		0.00%	\$ 331,247.00		

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

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

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Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

INVOICE NUMBER: M69JL21

**Contractor: Richmond Area Multi-Services, Inc.- Children**

Template Version: RPB 1

Address: 639 14th Avenue., San Francisco, CA 94121

**BHS**

User Cd

Tel No.: (415) 668-5955

Ct. PO No.: POHM SFGOV-0000554856

Fax No.: (415) 668-0246

Fund Source: MH CYF County GF

Funding Term: 07/01/2021 - 06/30/2022

Invoice Period: July 2021

PHP Division: Behavioral Health Services

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 Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH 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-3c MHSA PEI-School-Based Wellness PC# - 3894 - 251962-10000-10001670-0001												
45/ 10 - 19 OS-MH Promotion	61				\$ 186.96	\$ -	0.00		0.00%			61.00
<b>TOTAL</b>	61		0.00				0.00		0.00%			61.00

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 11,444.00	\$ -	0.00%	\$ 11,444.00

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:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE A

Contract ID#  
1000010839

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

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

Tel No.: (415) 800-0699  
Fax No.: (415) 751-7336



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER:	S05JL21
Template Version	RPB 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000554856
Fund Source:	SUD WO DCYF Wellness Centers
Invoice Period:	July 2021
Final Invoice:	(Check if Yes)

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-3b Children Wellness Center Substance Abuse PC# - 38946 - 240646-10002-10001973-0001</b>												
SecPrev-19 SA-Sec Prev Outreach	268				-	-	0%	#DIV/0!	268	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET		EXPENSES THIS PERIOD		EXPENSES TO DATE		% OF BUDGET		REMAINING BALANCE	
Total Salaries	\$	97,667.00			\$	-	0.00%	\$	97,667.00	
Fringe Benefits	\$	31,436.00	\$	-	\$	-	0.00%	\$	31,436.00	
<b>Total Personnel Expenses</b>	\$	129,103.00	\$	-	\$	-	0.00%	\$	129,103.00	
Operating Expenses										
Occupancy	\$	2,564.00	\$	-	\$	-	0.00%	\$	2,564.00	
Materials and Supplies	\$	2,766.00	\$	-	\$	-	0.00%	\$	2,766.00	
General Operating	\$	1,370.00	\$	-	\$	-	0.00%	\$	1,370.00	
Staff Travel	\$	4.00	\$	-	\$	-	0.00%	\$	4.00	
Consultant/ Subcontractor	\$	241.00	\$	-	\$	-	0.00%	\$	241.00	
Other: Recruitment/ Direct Staff Expenses	\$	727.00	\$	-	\$	-	0.00%	\$	727.00	
Client-Related Food	\$	46.00	\$	-	\$	-	0.00%	\$	46.00	
Rlient-Related Other Activities	\$	46.00	\$	-	\$	-	0.00%	\$	46.00	
	\$	-	\$	-	\$	-	0.00%	\$	-	
<b>Total Operating Expenses</b>	\$	7,764.00	\$	-	\$	-	0.00%	\$	7,764.00	
<b>Capital Expenditures</b>	\$	-	\$	-	\$	-	0.00%	\$	-	
<b>TOTAL DIRECT EXPENSES</b>	\$	136,867.00	\$	-	\$	-	0.00%	\$	136,867.00	
<b>Indirect Expenses</b>	\$	18,476.00	\$	-	\$	-	0.00%	\$	18,476.00	
<b>TOTAL EXPENSES</b>	\$	155,343.00	\$	-	\$	-	0.00%	\$	155,343.00	

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

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:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

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

Appendix F  
PAGE B

Contract ID#  
1000010839

Invoice Number  
S05JL21

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

User Cd  
CT PO No.

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.06	\$ 6,422.00	\$ -	\$ -	0.00%	\$ 6,422.00
Clinical Supervisor	0.07	\$ 5,077.00	\$ -	\$ -	0.00%	\$ 5,077.00
Child Psychiatrist/MD	0.01	\$ 5,505.00	\$ -	\$ -	0.00%	\$ 5,505.00
Behavioral Health Counselor/Therapist	0.43	\$ 72,396.00	\$ -	\$ -	0.00%	\$ 72,396.00
Senior Clinical Case Manager	0.04	\$ 2,582.00	\$ -	\$ -	0.00%	\$ 2,582.00
Clinical Case Manager	0.08	\$ 5,409.00	\$ -	\$ -	0.00%	\$ 5,409.00
Office Manager	0.01	\$ 276.00	\$ -	\$ -	0.00%	\$ 276.00
TOTAL SALARIES	0.70	\$ 97,667.00	\$ -	\$ -	\$ -	\$ 97,667.00

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: \_\_\_\_\_

Contract ID#  
1000010839

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

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER:

Template Version:  User Cd

Ct. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

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-3b Children-Wellness Center Substance Abuse PC# - 38946</b>	<b>240646-10000-10001681-0003</b>											
SecPrev-19 SA-Sec Prev Outreach	350	150			-	-	0%	0%	350	150	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 130,974.00	\$ -	\$ -	0.00%	\$ 130,974.00
Fringe Benefits	\$ 38,863.00	\$ -	\$ -	0.00%	\$ 38,863.00
<b>Total Personnel Expenses</b>	<b>\$ 169,837.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 169,837.00</b>
Operating Expenses					
Occupancy	\$ 3,013.00	\$ -	\$ -	0.00%	\$ 3,013.00
Materials and Supplies	\$ 3,718.00	\$ -	\$ -	0.00%	\$ 3,718.00
General Operating	\$ 1,610.00	\$ -	\$ -	0.00%	\$ 1,610.00
Staff Travel	\$ 81.00	\$ -	\$ -	0.00%	\$ 81.00
Consultant/ Subcontractor	\$ 284.00	\$ -	\$ -	0.00%	\$ 284.00
Other: Recruitment/ Direct Staff Expenses	\$ 320.00	\$ -	\$ -	0.00%	\$ 320.00
Client-Related Food	\$ 54.00	\$ -	\$ -	0.00%	\$ 54.00
Client-Related Other Activities	\$ 54.00	\$ -	\$ -	0.00%	\$ 54.00
<b>Total Operating Expenses</b>	<b>\$ 9,134.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 9,134.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 178,971.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 178,971.00</b>
Indirect Expenses	\$ 24,162.00	\$ -	\$ -	0.00%	\$ 24,162.00
<b>TOTAL EXPENSES</b>	<b>\$ 203,133.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 203,133.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<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:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

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

Appendix F  
PAGE B

Contract ID#  
1000010839

Invoice Number  
S06JL21

Contractor: Richmond Area Multi-Services Inc - Children

CT PO No.  User Cd

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.07	\$ 7,546.00	\$ -	\$ -	0.00%	\$ 7,546.00
Clinical Supervisor	0.08	\$ 5,967.00	\$ -	\$ -	0.00%	\$ 5,967.00
Child Psychiatrist/MD	0.03	\$ 12,799.00	\$ -	\$ -	0.00%	\$ 12,799.00
Behavioral Health Counselor/Therapist	2.07	\$ 94,947.00	\$ -	\$ -	0.00%	\$ 94,947.00
Senior Clinical Case Manager	0.04	\$ 3,035.00	\$ -	\$ -	0.00%	\$ 3,035.00
Clinical Case Manager	0.09	\$ 6,356.00	\$ -	\$ -	0.00%	\$ 6,356.00
Office Manager	0.01	\$ 324.00	\$ -	\$ -	0.00%	\$ 324.00
<b>TOTAL SALARIES</b>	<b>2.39</b>	<b>\$ 130,974.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 130,974.00</b>

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: \_\_\_\_\_

## Appendix J

**SUBSTANCE USE DISORDER SERVICES**  
**such as**  
**Drug Medi-Cal,**  
**Federal Substance Abuse Block Grant (SABG),**  
**Organized Delivery System (DMC-ODS)**  
**Primary Prevention or**  
**State Funded Services**

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

### DOCUMENTS INCORPORATED BY REFERENCE

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016



Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

[http://www.dhcs.ca.gov/provgovpart/Pages/Facility\\_Certification.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx)

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

[http://www.dhcs.ca.gov/individuals/Documents/Youth\\_Treatment\\_Guidelines.pdf](http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf)

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Drug\\_Medi-Cal\\_Certification\\_Standards.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf)

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Standards\\_for\\_Drug\\_Treatment\\_Programs.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf)

Document 2G Drug Medi-Cal Billing Manual

[http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC\\_Billing\\_Manual%20FINAL.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf)

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs  
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors  
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide  
[http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15  
[http://www.dhcs.ca.gov/provgovpart/Pages/SUD\\_Forms.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx)

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

## **Drug Medi-Cal organized Delivery System**

### **Program Specifications**

#### **Provider Specifications**

The following requirements shall apply to the provider, and the provider staff:

Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:

- i. Physician
- ii. Nurse Practitioners
- iii. Physician Assistants
- iv. Registered Nurses
- v. Registered Pharmacists
- vi. Licensed Clinical Psychologists
- vii. Licensed Clinical Social Worker
- viii. Licensed Professional Clinical Counselor
- ix. Licensed Marriage and Family Therapists
- x. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Registered and certified SUD counselors shall adhere to all requirements in CCR Title 9, §13000 et seq.

#### **Services for Adolescents and Youth**

Assessment and services for adolescents will follow the American Society of Addiction Medicine (ASAM) adolescent treatment criteria.

Beneficiaries under the age of 21 are eligible to receive Medicaid services pursuant to the EPSDT mandate. Under the EPSDT mandate, beneficiaries under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct or ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements. Counties are responsible for the provision of medically necessary DMC-ODS services pursuant to the EPSDT mandate. Beneficiaries under age 21 are eligible for DMC-ODS services without a diagnosis from the DSM for Substance-Related and Addictive Disorders.

**Level of Care**

The ASAM Criteria assessment shall be used for all beneficiaries to determine placement into the appropriate level of care.

For beneficiaries under 21, the ASAM Criteria assessment shall be completed within 60 days of the client’s first visit with an LPHA or registered/certified counselor. If a client withdraws from treatment prior completing the ASAM Criteria assessment and later returns, the time period starts over. A full ASAM Criteria assessment shall not be required to begin receiving DMC-ODS services. The ASAM Criteria Assessment does not need to be repeated unless the client’s condition changes. ASAM Criteria Assessment is required before a county DMC-ODS plan authorizes a residential treatment level of care.

**Organized Delivery System (ODS) Timely Coverage**

**Non-Discrimination - Member Discrimination Prohibition**

Contractor shall accept individuals eligible for enrollment in the order in which they apply without restriction in accordance with this Agreement. Contractor shall take affirmative action to ensure that beneficiaries are provided covered services and will not discriminate against individuals eligible to enroll under the laws of the United States and the State of California. Contractor shall not unlawfully discriminate against any person pursuant to:

- a. Title VI of the Civil Rights Act of 1964.
- b. Title IX of the Education Amendments of 1972 (regarding education and programs and activities).
- c. The Age Discrimination Act of 1975.
- d. The Rehabilitation Act of 1973.
- e. The Americans with Disabilities Act.

DMC-ODS services shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in this opt-in County. Determination of who may receive the DMCODS benefits shall be performed in accordance with DMC-ODS Special Terms and Conditions (STC) 132(d), Article II.E.4 of this Agreement, and as follows:

Providers shall verify the Medicaid eligibility determination of an individual. When the provider conducts the initial eligibility verification, that verification shall be reviewed and approved by BHS prior to payment for services. If the individual is eligible to receive services from tribal health programs operating under the Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA), then the determination shall be conducted as set forth in the Tribal Delivery System - Attachment BB to the STCs.

All beneficiaries shall meet the following medical necessity criteria:

Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR

Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

If the assessment determines a different level of care, the provider shall refer the beneficiary to the appropriate level of care.

Adolescents are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under the age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements.

In addition to Article III.B.2.ii, the initial medical necessity determination, for an individual to receive a DMC-ODS benefit, shall be performed by a Medical Director or an LPHA. If a beneficiary's assessment and intake information are completed by a counselor through a face-to-face review or telehealth, the Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information with the counselor to establish whether that beneficiary meets medical necessity criteria. The ASAM Criteria shall be applied to determine placement into the level of assessed services.

For an individual to receive ongoing DMC-ODS services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification at least every six months through the reauthorization process and document their determination that those services are still clinically appropriate for that individual. For an individual to receive ongoing Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification within two years from admission and annually thereafter through the reauthorization process and determine that those services are still clinically appropriate for that individual.

### **Covered Services**

In addition to the coverage and authorization of services requirements set forth in this Agreement, the Contractor shall:

Identify, define, and specify the amount, duration, and scope of each medically necessary service that the Contractor is required to offer.

Require that the medically necessary services identified be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under fee-for-service Medicaid, as set forth in 42 CFR 440.230.

Specify the extent to which the Contractor is responsible for covering medically necessary services related to the following:

- a. The prevention, diagnosis, and treatment of health impairments.

- b. The ability to achieve age-appropriate growth and development.
- c. The ability to attain, maintain, or regain functional capacity.

The Contractor shall deliver the DMC-ODS Covered Services within a continuum of care as defined in the ASAM criteria.

### **General Provisions**

#### **Standard Contract Requirements (42 CFR §438.3).**

Inspection and audit of records and access to facilities.

DHCS, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the Contractor, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities are conducted. The right to audit under this section exists for 10 years from the final date of the Agreement period or from the date of completion of any audit, whichever is later.

#### **DMC Certification and Enrollment**

1. DHCS certifies eligible providers to participate in the DMC program.
2. Providers of services are required to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. Contract providers must comply with the following regulations and guidelines:
  - i. Title 21, CFR Part 1300, et seq., Title 42, CFR, Part 8
  - ii. Title 22, Section 51490.1(a)
  - iii. Exhibit A, Attachment I, Article III.PP – Requirements for Services
  - iv. Title 9, Division 4, Chapter 4, Subchapter 1, Sections 10000, et seq
  - v. Title 22, Division 3, Chapter 3, sections 51000 et. Seq
3. In the event of conflicts, the provisions of Title 22 shall control if they are more stringent.
4. BHS shall notify Provider Enrollment Division (PED) of an addition or change of information in a providers pending DMC certification application within 35 days of receiving notification from the provider.
5. Contractors are responsible for ensuring that any reduction of covered services or relocations are not implemented until the approval is issued by DHCS. Contracts must notify BHS with an intent to reduce covered services or relocate. BHS has 35 days of receiving notification of a provider's intent to reduce covered services or relocate to submit, or require the provider to submit, a DMC certification application to PED. The DMC certification application shall be submitted to PED 60 days prior to the desired effective date of the reduction of covered services or relocation.
6. BHS ensures that a new DMC certification application is submitted to PED reflecting changes of ownership or address.

7. BHS shall notify DHCS PED by e-mail at [DHCSDMCRecert@dhcs.ca.gov](mailto:DHCSDMCRecert@dhcs.ca.gov) within two business days of learning that a subcontractor's license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS.
  - a. A provider's certification to participate in the DMC program shall automatically terminate in the event that the provider, or its owners, officers or directors are convicted of Medical fraud, abuse, or malfeasance. For purposes of this section, a conviction shall include a plea of guilty or nolo contendere.

### **Continued Certification**

1. All DMC certified providers shall be subject to continuing certification requirements at least once every five years. DHCS may allow the Contractor to continue delivering covered services to beneficiaries at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances.
2. DHCS shall conduct unannounced certification and recertification on-site visits at clinics pursuant to WIC 14043.7.

### **Laboratory Testing Requirements**

1. 42 CFR Part 493 sets forth the conditions that all laboratories shall meet to be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Except as specified in paragraph (2) of this section, a laboratory will be cited as out of compliance with section 353 of the Public Health Service Act unless it:
  - i. Has a current, unrevoked or unsuspended certificate of waiver, registration certificate, certificate of compliance, certificate for PPM procedures, or certificate of accreditation issued by HHS applicable to the category of examinations or procedures performed by the laboratory; or
  - ii. Is CLIA-exempt.
2. These rules do not apply to components or functions of:
  - i. Any facility or component of a facility that only performs testing for forensic purposes;
  - ii. Research laboratories that test human specimens but do not report patient specific results for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of individual patients; or
  - iii. Laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), in which drug testing is performed which meets SAMHSA guidelines and regulations. However, all other testing conducted by a SAMHSA-certified laboratory is subject to this rule.
3. Laboratories under the jurisdiction of an agency of the Federal Government are subject to the rules of 42 CFR 493, except that the Secretary may modify the application of such requirements as appropriate.

**iv. Timely Access: (42 CFR 438.206(c) (1) (i)**

- (1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
  - (a) Provider must complete Timely Access Log for all initial requests of services.
  - (b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
  - (c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
  - (d) Provider must offer regular hours of operation.
- (2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
- (3) If the Provider fails to comply, the Contractor will take corrective action.

**Early Intervention (ASAM Level 0.5)**

1. Contractor shall identify beneficiaries at risk of developing a substance use disorder or those with an existing substance use disorder and offer those beneficiaries: screening for adults and youth, brief treatment as medically necessary, and, when indicated, a referral to treatment with a formal linkage.

**Outpatient Services (ASAM Level 1.0)**

1. Outpatient services consist of up to nine hours per week of medically necessary services for adults and less than six hours per week of services for adolescents. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.
2. Outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination.
3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

**Intensive Outpatient Services (ASAM Level 2.1)**

1. Intensive outpatient services involves structured programming provided to beneficiaries as medically necessary for a minimum of nine hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six and a maximum of 19 hours per week. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.
  - i. The contractor-operated and subcontracted DMC-ODS providers may provide more than 19 hours per week to adults when determined by a Medical Director or an LPHA to be medical necessary, and in accordance with the individualized treatment plan.
  - ii. The contractor-operated and subcontracted DMC-ODS providers may extend a beneficiary's length of treatment when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with the individualized treatment plan.



2. Intensive outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. 3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

### **Residential Treatment Services**

1. Residential services are provided in DHCS or DSS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria.

2. Residential services can be provided in facilities with no bed capacity limit.

3. The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents per 365-day period, unless medical necessity warrants a one-time extension of up to 30 days per 365-day period.

i. The average length of stay for residential services is 30 days.

ii. Perinatal beneficiaries shall receive a length of stay for the duration of their pregnancy, plus 60 days postpartum.

iii. EPSDT adolescent beneficiaries shall receive a longer length of stay, if found to be medically necessary.

### **Case Management**

1. Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

2. The Contractor shall ensure that case management services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.

4. Case management services may be provided by an LPHA or a registered or certified counselor.

5. The Contractor shall coordinate a system of case management services with physical and/or mental health in order to ensure appropriate level of care.

6. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.

### **Physician Consultation Services**

1. Physician Consultation Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

2. Contractor may contract with one or more physicians or pharmacists in order to provide consultation services.

## Recovery Services

1. Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time. The service components of recovery services are:
  - a. Individual and/or group outpatient counseling services;
  - b. Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
  - c. Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
  - d. Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;
  - e. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
  - f. Support Groups: Linkages to self-help and support services, spiritual and faith based support;
  - g. Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.
2. Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.
3. Recovery services shall be utilized when the beneficiary is triggered, when the beneficiary has relapsed, or simply as a preventative measure to prevent relapse. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, the Contractor shall provide beneficiaries with recovery services.
4. Additionally, the Contractor shall:
  - i. Provide recovery services to beneficiaries as medically necessary.
  - ii. Provide beneficiaries with access to recovery services after completing their course of treatment.

## Withdrawal Management

1. If providing Withdrawal Management, the Contractor shall ensure that all beneficiaries receiving both residential services and WM services are monitored during the detoxification process.

2. The Contractor shall provide medically necessary habilitative and rehabilitative services in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber.

**Voluntary Termination of DMC-ODS Services**

1. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

**Nullification of DMC-ODS Services**

1. The parties agree that failure to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause. In the event of a breach, DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

**Hatch Act**

Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

**No Unlawful Use or Unlawful Use Messages Regarding Drugs**

Contractor agrees that information produced through these funds, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Agreement, Contractor agrees that it shall enforce these requirements.

**Limitation on Use of Funds for Promotion of Legalization of Controlled Substances**

None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

**Health Insurance Portability and Accountability Act (HIPAA) of 1996**

If any of the work performed under this Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA.

**Trading Partner Requirements**

Contractor hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a)).

No Additions. Contractor hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

### **Counselor Certification**

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in CCR Title 9, Division 4, Chapter 8. (Document 3H).

### **Cultural and Linguistic Proficiency**

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

### **Trafficking Victims Protection Act of 2000**

Contractor and its subcontractors that provide services covered by this Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702.

For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USCprelim-title22-section7104d&num=0&edition=prelim>

### **Youth Treatment Guidelines**

Contractor shall follow the guidelines in Document 1V, incorporated by this reference, “Youth Treatment Guidelines,” in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

### **Nondiscrimination in Employment and Services**

By signing this Agreement, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

Federal Law Requirements:

- i. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

- ii. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
- iii. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- iv. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- v. Age Discrimination in Employment Act (29 CFR Part 1625).
- vi. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- vii. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- viii. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- ix. Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- x. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- xi. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- xii. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- xiii. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

State Law Requirements:

- i. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- ii. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- iii. Title 9, Division 4, Chapter 8, commencing with Section 10800.
- iv. No state or Federal funds shall be used by the Contractor for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor to provide direct, immediate, or substantial support to any religious activity.
- v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

### **Investigations and Confidentiality of Administrative Actions**

If a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to WIC 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. DHCS may also issue a Payment Suspension to a provider pursuant to WIC 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

### **Beneficiary Problem Resolution Process**

Contractors should follow the BHS problem resolution processes which include:

- i. A grievance process I
- i. An appeal process
- iii. An expedited appeal process.

### **Contract**

Provider contracts shall:

Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

Require a written agreement that specifies the activities and report responsibilities delegated to the providers, and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

Ensure monitoring of the providers performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Ensures BHS identifies deficiencies or areas for improvement, the providers take corrective actions and BHS shall ensure that the provider implements these corrective actions.

Provider contracts shall include the following provider requirements in all subcontracts with providers:

- i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.
- ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

### **Contractor Monitoring**

BHS shall conduct, at least annually, a utilization review of DMC providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS' Performance & Integrity Branch.

### **State Monitoring - Postservice Postpayment and Postservice Prepayment Utilization Reviews**

DHCS shall conduct Postservice Postpayment and Postservice Prepayment (PSPP) Utilization Reviews of the contracted DMC providers to determine whether the DMC services were provided in accordance with Article III.PP of this exhibit. DHCS shall issue the PSPP report to BHS with a copy to the DMC provider. BHS shall be responsible for their providers and Contractor-operated programs to ensure any deficiencies are remediated pursuant to Article III.DD.2. BHS shall attest the deficiencies have been remediated and are complete, pursuant to Article III.EE.5 of this Agreement.

The Department shall recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid, DMC-ODS services have been improperly utilized, and requirements of Article III.PP were not met.

All deficiencies identified by PSPP reports, whether or not a recovery of funds results, shall be corrected and BHS shall submit a Contractor-approved CAP. The CAP shall be submitted to the DHCS Analyst that conducted the review, within 60 days of the date of the PSPP report. a. The CAP shall:

Be documented on the DHCS CAP template.

Provide a specific description of how the deficiency shall be corrected.

Identify the title of the individual(s) responsible for:

1. Correcting the deficiency; 2. Ensuring on-going compliance; 3. Provide a specific description of how the provider will ensure on-going compliance; 4. Specify the target date of implementation of the corrective action.

DHCS shall provide written approval of the CAP to BHS with a copy to the provider. If DHCS does not approve the CAP, DHCS shall provide guidance on the deficient areas and request an updated CAP from BHS with a copy to the provider. BHS shall submit an updated CAP to the DHCS Analyst that conducted the review, within 30 days of notification.

If a CAP is not submitted, or, the provider does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from BHS until the entity that provided the services is in compliance with this Exhibit A, Attachment I. DHCS shall inform BHS when funds shall be withheld.

### **Reporting Requirements**

#### **California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)**

Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.

Providers shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.

Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

#### **Drug and Alcohol Treatment Access Report (DATAR)**

Treatment providers must submit a monthly DATAR report in an electronic copy format as provided by DHCS.

#### **Training**

BHS ensures providers receive training on the DMC-ODS requirements, at least annually.

BHS requires providers to be trained in the ASAM Criteria prior to providing services. At minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care". A third module entitled, "Introduction to The ASAM Criteria" is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

#### **Record Retention**



Providers shall refer to the BHS policy on record retention on record for the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

**Subcontract Termination**

BHS shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two business days. BHS shall submit the notification by secure, encrypted email to: [SUDCountyReports@dhcs.ca.gov](mailto:SUDCountyReports@dhcs.ca.gov).

**Control Requirements**

Providers shall establish written policies and procedures consistent with the requirements listed in 2(c).

Be held accountable for audit exceptions taken by DHCS against BHS and its subcontractors for any failure to comply with these requirements:

- i. HSC, Division 10.5, commencing with Section 11760
- ii. Title 9, Division 4, Chapter 8, commencing with Section 13000
- iii. Government Code Section 16367.8
- iv. Title 42, CFR, Sections 8.1 through 8.6
- v. Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances
- vi. State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

Providers shall be familiar with the above laws, regulations, and guidelines

The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Agreement.

**Performance Requirements**

Contractor shall provide services based on funding set forth in Exhibit B, Attachment I, and under the terms of this Agreement.

Contractor shall provide services to all eligible persons in accordance with federal and state statutes and regulations.

Contractor shall ensure that in planning for the provision of services, the following barriers to services are considered and addressed:

- a. Lack of educational materials or other resources for the provision of services.
- b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.
- c. Institutional, cultural, and/or ethnicity barriers.
- d. Language differences.

- e. Lack of service advocates.
- f. Failure to survey or otherwise identify the barriers to service accessibility.
- g. Needs of persons with a disability.

**Requirements for Services Confidentiality**

All SUD treatment services shall be provided in a confidential setting in compliance with 42 CFR, Part 2 requirements.

**Perinatal Services.**

- i. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.
- ii. Perinatal services shall include:
  - a. Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
  - b. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
  - c. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
  - d. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).
- iii. Medical documentation that substantiates the beneficiary's pregnancy and the last day of pregnancy shall be maintained in the beneficiary record.
- iv. Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this Agreement as Document 1G, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Agreement shall not require a formal amendment.

**Naltrexone Treatment Services**

For each beneficiary, all of the following shall apply:

- a. The provider shall confirm and document that the beneficiary meets all of the following conditions:
  - i. Has a documented history of opiate addiction.
  - ii. Is at least 18 years of age.
  - iii. Has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgment. The provider shall administer a body specimen test to confirm the opiate free status of the beneficiary.

iv. Is not pregnant and is discharged from the treatment if she becomes pregnant. b. The physician shall certify the beneficiary's fitness for treatment based upon the beneficiary's physical examination, medical history, and laboratory results. c. The physician shall advise the beneficiary of the overdose risk should the beneficiary return to opiate use while taking Naltrexone and the ineffectiveness of opiate pain relievers while on Naltrexone.

### **Substance Use Disorder Medical Director**

- i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:
  - a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.
  - b. Ensure that physicians do not delegate their duties to non-physician personnel.
  - c. Develop and implement written medical policies and standards for the provider.
  - d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.
  - e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.
  - f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.
  - g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.
- ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

### **Provider Personnel**

- i. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:
  - a. Application for employment and/or resume
  - b. Signed employment confirmation statement/duty statement
  - c. Job description
  - d. Performance evaluations
  - e. Health records/status as required by the provider, AOD Certification or CCR Title 9
  - f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)
  - g. Training documentation relative to substance use disorders and treatment
  - h. Current registration, certification, intern status, or licensure

- i. Proof of continuing education required by licensing or certifying agency and program
- j. Provider's Code of Conduct.
- ii. Job descriptions shall be developed, revised as needed, and approved by the provider's governing body.

The job descriptions shall include:

- a. Position title and classification
- b. Duties and responsibilities
- c. Lines of supervision
- d. Education, training, work experience, and other qualifications for the position
- iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following:
  - a. Use of drugs and/or alcohol
  - b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain
  - c. Prohibition of sexual contact with beneficiaries
  - d. Conflict of interest
  - e. Providing services beyond scope
  - f. Discrimination against beneficiaries or staff
  - g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff
  - h. Protection of beneficiary confidentiality
  - i. Cooperate with complaint investigations
- iv. If a provider utilizes the services of volunteers and/or interns, written procedures shall be implemented which address:
  - a. Recruitment
  - b. Screening and Selection
  - c. Training and orientation
  - d. Duties and assignments
  - e. Scope of practice
  - f. Supervision
  - g. Evaluation
  - h. Protection of beneficiary confidentiality

v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

#### Beneficiary Admission

i. Each provider shall include in its policies, procedures, and practice, written admission and readmission criteria for determining beneficiary's eligibility and the medical necessity for treatment. These criteria shall include, at a minimum:

a. DSM diagnosis

b. Use of alcohol/drugs of abuse

c. Physical health status

d. Documentation of social and psychological problems.

ii. If a potential beneficiary does not meet the admission criteria, the beneficiary shall be referred to an appropriate service provider.

iii. If a beneficiary is admitted to treatment, the beneficiary shall sign a consent to treatment form.

iv. The Medical Director or LPHA shall document the basis for the diagnosis in the beneficiary record.

v. All referrals made by the provider staff shall be documented in the beneficiary record. vi. Copies of the following documents shall be provided to the beneficiary upon admission:

a. Beneficiary rights, share of cost if applicable, notification of DMC funding accepted as payment in full, and consent to treatment.

vii. Copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries:

a. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay.

b. Complaint process and grievance procedures.

c. Appeal process for involuntary discharge.

d. Program rules and expectations.

viii. Where drug screening by urinalysis is deemed medically appropriate the program shall:

a. Establish written procedures, which protect against the falsification and/or contamination of any urine sample.

b. Document urinalysis results in the beneficiary's file.

#### Assessment

i. The provider shall ensure a counselor or LPHA completes a personal, medical, and substance use history for each beneficiary upon admission to treatment.

a. Assessment for all beneficiaries shall include at a minimum:

- i. Drug/Alcohol use history
- ii. Medical history
- iii. Family history
- iv. Psychiatric/psychological history
- v. Social/recreational history
- vi. Financial status/history
- vii. Educational history
- viii. Employment history
- ix. Criminal history, legal status, and
- x. Previous SUD treatment history

b. The Medical Director or LPHA shall review each beneficiary's personal, medical, and substance use history if completed by a counselor within 30 calendar days of each beneficiary's admission to treatment date.

#### **Beneficiary Record**

i. In addition to the requirements of 22 CCR § 51476(a), the provider shall:

a. Establish, maintain, and update as necessary, an individual beneficiary record for each beneficiary admitted to treatment and receiving services.

b. Each beneficiary's individual beneficiary record shall include documentation of personal information.

c. Documentation of personal information shall include all of the following: i. Information specifying the beneficiary's identifier (i.e., name, number). ii. Date of beneficiary's birth, the beneficiary's sex, race and/or ethnic background, beneficiary's address and telephone number, and beneficiary's next of kin or emergency contact.

ii. Documentation of treatment episode information shall include documentation of all activities, services, sessions, and assessments, including, but not limited to all of the following:

a. Intake and admission data including, a physical examination, if applicable.

b. Treatment plans.

c. Progress notes.

d. Continuing services justifications.

e. Laboratory test orders and results.

f. Referrals.

g. Discharge plan.

h. Discharge summary.

- i. Contractor authorizations for Residential Services.
- j. Any other information relating to the treatment services rendered to the beneficiary.

**Diagnosis Requirements**

- i. The Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information if completed by a counselor through a face-to-face review or telehealth with the counselor to establish a beneficiary meets the medical necessity criteria in Article III.B.2.ii.
  - a. The Medical Director or LPHA shall document separately from the treatment plan the basis for the diagnosis in the beneficiary's record within 30 calendar days of each beneficiary's admission to treatment date.
    - i. The basis for the diagnosis shall be a narrative summary based on DSM-5 criteria, demonstrating the Medical Director or LPHA evaluated each beneficiary's assessment and intake information, including their personal, medical, and substance use history.
    - ii. The Medical Director or LPHA shall type or legibly print their name, and sign and date the diagnosis narrative documentation. The signature shall be adjacent to the typed or legibly printed name.

**Physical Examination Requirements**

- i. If a beneficiary had a physical examination within the twelve-month period prior to the beneficiary's admission to treatment date, the physician or registered nurse practitioner or physician's assistant (physician extenders) shall review documentation of the beneficiary's most recent physical examination within 30 calendar days of the beneficiary's admission to treatment date.
  - a. If a provider is unable to obtain documentation of a beneficiary's most recent physical examination, the provider shall describe the efforts made to obtain this documentation in the beneficiary's individual patient record.
  - ii. As an alternative to complying with paragraph (i) above or in addition to complying with paragraph (i) above, the physician or physician extender may perform a physical examination of the beneficiary within 30 calendar days of the beneficiary's admission to treatment date.
  - iii. If the physician or a physician extender, has not reviewed the documentation of the beneficiary's physical examination as provided for in paragraph (i), or the provider does not perform a physical examination of the beneficiary as provided for in paragraph (ii), then the LPHA or counselor shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination, until this goal has been met and the physician has reviewed the physical examination results. The physician shall type or legibly print their name, sign, and date documentation to support they have reviewed the physical examination results. The signature shall be adjacent to the typed or legibly printed name.

**Treatment Plan**

- i. For each beneficiary admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan, based upon the information obtained in the intake and assessment process.

a. The LPHA or counselor shall attempt to engage the beneficiary to meaningfully participate in the preparation of the initial treatment plan and updated treatment plans.

i. The initial treatment plan and updated treatment plans shall include all of the following:

1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation.

2. Goals to be reached which address each problem.

3. Action steps that will be taken by the provider and/or beneficiary to accomplish identified goals. 4. Target dates for the accomplishment of action steps and goals.

5. A description of the services, including the type of counseling, to be provided and the frequency thereof.

6. The assignment of a primary therapist or counselor.

7. The beneficiary's diagnosis as documented by the Medical Director or LPHA.

8. If a beneficiary has not had a physical examination within the 12-month period prior to the beneficiary's admission to treatment date, a goal that the beneficiary have a physical examination.

9. If documentation of a beneficiary's physical examination, which was performed during the prior 12 months, indicates a beneficiary has a significant medical illness, a goal that the beneficiary obtain appropriate treatment for the illness. b. The provider shall ensure that the initial treatment plan meets all of the following requirements:

i. The LPHA or counselor shall complete, type or legibly print their name, and sign and date the initial treatment plan within 30 calendar days of the admission to treatment date. The signature shall be adjacent to the typed or legibly printed name.

ii. The beneficiary shall review, approve, type, or legibly print their name, sign and date the initial treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of the admission to treatment date.

1. If the beneficiary refuses to sign the treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment. iii. If a counselor completes the initial treatment plan, the Medical Director or LPHA shall review the initial treatment plan to determine whether services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.

1. If the Medical Director or LPHA determines the services in the initial treatment plan are medically necessary, the Medical Director or LPHA shall type or legibly print their name, and sign and date the treatment plan within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.

ii. The provider shall ensure that the treatment plan is reviewed and updated as described below:

a. The LPHA or counselor shall complete, type, or legibly print their name, sign and date the updated treatment plan no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when there is a change in treatment modality or significant event,



whichever comes first. The signature shall be adjacent to the typed or legibly printed name. The updated treatment plan shall be updated to reflect the current treatment needs of the beneficiary.

b. The beneficiary shall review, approve, type, or legibly print their name and, sign and date the updated treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of signature by the LPHA or counselor. i. If the beneficiary refuses to sign the updated treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment.

c. If a counselor completes the updated treatment plan, the Medical Director or LPHA shall review each updated treatment plan to determine whether continuing services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.

i. If the Medical Director or LPHA determines the services in the updated treatment plan are medically necessary, they shall type or legibly print their name and, sign and date the updated treatment plan, within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.

### **Sign-in Sheet**

i. Establish and maintain a sign-in sheet for every group counseling session, which shall include all of the following:

a. The LPHA(s) and/or counselor(s) conducting the counseling session shall type or legibly print their name(s), sign, and date the sign-in sheet on the same day of the session. The signature(s) must be adjacent to the typed or legibly printed name(s). By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.

b. The date of the counseling session.

c. The topic of the counseling session.

d. The start and end time of the counseling session.

e. A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

### **Progress Notes**

Progress notes shall be legible and completed as follows: a. For outpatient services, Naltrexone treatment services, and recovery services, each individual and group session, the LPHA or counselor who conducted the counseling session or provided the service shall record a progress note for each beneficiary who participated in the counseling session or treatment service. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the counseling session. The signature shall be adjacent to the typed or legibly printed name.

ii. Progress notes are individual narrative summaries and shall include all of the following:

1. The topic of the session or purpose of the service.

2. A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals.

3. Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service.

4. Identify if services were provided in person, by telephone, or by telehealth.

5. If services were provided in the community, identify the location and how the provider ensured confidentiality.

b. For intensive outpatient services and residential treatment services, the LPHA or counselor shall record, at a minimum, one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services.

i. The LPHA or counselor shall type or legibly print their name, and sign and date progress notes within the following calendar week. The signature shall be adjacent to the typed or legibly printed name. I

i. Progress notes are individual narrative summaries and shall include all of the following:

1. A description of the beneficiary's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals.

2. A record of the beneficiary's attendance at each counseling session including the date, start and end times and topic of the counseling session.

3. Identify if services were provided in-person, by telephone, or by telehealth.

4. If services were provided in the community, identify the location and how the provider ensured confidentiality.

c. For each beneficiary provided case management services, the LPHA or counselor who provided the treatment service shall record a progress note. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary's name.

2. The purpose of the service.

3. A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals.

4. Date, start and end times of each service.

5. Identify if services were provided in-person, by telephone, or by telehealth.

6. If services were provided in the community, identify the location and how the provider ensured confidentiality.

d. For physician consultation services, additional medication assisted treatment, and withdrawal management, the Medical Director or LPHA working within their scope of practice who provided the treatment service shall record a progress note and keep in the beneficiary's file.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary's name.

2. The purpose of the service.

3. Date, start and end times of each service. 4. Identify if services were provided face-to-face, by telephone or by telehealth.

### **Continuing Services**

i. Continuing services shall be justified as shown below: a. For outpatient services, intensive outpatient services, Naltrexone treatment, and case management:

i. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.

ii. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the Medical Director or LPHA shall determine medical necessity for continued services for the beneficiary. The determination of medical necessity shall be documented by the Medical Director or LPHA in the beneficiary's individual patient record and shall include documentation that all of the following have been considered:

1. The beneficiary's personal, medical and substance use history.

2. Documentation of the beneficiary's most recent physical examination.

3. The beneficiary's progress notes and treatment plan goals.

4. The LPHA's or counselor's recommendation pursuant to Paragraph (i) above.

5. The beneficiary's prognosis.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the continuing services information when completed. The signature shall be adjacent to the typed or legibly printed name.

iii. If the Medical Director or LPHA determines that continuing treatment services for the beneficiary is not medically necessary, the provider shall discharge the beneficiary from the current LOC and transfer to the appropriate services. b. Residential services length of stay shall be in accordance with Article III.H of this Agreement.

## **Discharge**

i. Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. For outpatient services, intensive outpatient services and residential services, in addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Article II.G.2. of this Agreement. ii. An LPHA or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary with whom the provider loses contact. a. The discharge plan shall include, but not be limited to, all of the following:

- i. A description of each of the beneficiary's relapse triggers.
- ii. A plan to assist the beneficiary to avoid relapse when confronted with each trigger.
- iii. A support plan.

b. The discharge plan shall be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the beneficiary.

i. If a beneficiary is transferred to a higher or lower level of care based on ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a 30-calendar day lapse in treatment services.

c. During the LPHA's or counselor's last face-to-face treatment with the beneficiary, the LPHA or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. The signatures shall be adjacent to the typed or legibly printed name. A copy of the discharge plan shall be provided to the beneficiary and documented in the beneficiary record.

iii. The LPHA or counselor shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements: a. The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the beneficiary.

b. The discharge summary shall include all of the following:

- i. The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.
- ii. The reason for discharge.
- iii. A narrative summary of the treatment episode.
- iv. The beneficiary's prognosis.

## **Reimbursement of Documentation**

BHS allows for the inclusion of the time spent documenting when billing for a unit of service delivered, providers are required to include the following information in their progress notes:

- a. The date the progress note was completed.
- b. The start and end time of the documentation of the progress note.
- ii. Documentation activities shall be billed as a part of the covered service unit.

### Substance Abuse Block Grant

**Under the Substance Abuse Block Grant provider provisions, the contractor agrees with the following requirements:**

#### **Federal Award Subrecipient**

1. The Substance Abuse Prevention and Treatment Block Grant (SABG) is a federal award within the meaning of Title 45, Code of Federal Regulations (CFR), Part 75. This Contract is a subaward of the federal award to DHCS, then to the San Francisco Department of Public Health.
2. Contractor is a subrecipient and subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SABG set forth in the Uniform Guidance 2 CFR Part 200, as codified by the U.S. Department of Health and Human Services (HHS) at 45 CFR Part 75. 3.

**STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

**DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions: a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations. b) Establish a Drug-Free Awareness Program to inform employees about: 1. the dangers of drug abuse in the workplace; 2. the person's or organization's policy of maintaining a drug-free workplace; 3. any available counseling, rehabilitation and employee assistance programs; and, 4. penalties that may be imposed upon employees for drug abuse violations. c) Provide that every employee who works on the proposed Agreement will: 1. receive a copy of the company's drug-free policy statement; and, 2. agree to abide by the terms of the company's statement as a condition of employment on the Agreement. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

**NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

**CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:** Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of

hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

**EXPATRIATE CORPORATIONS:** Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

**SWEATFREE CODE OF CONDUCT:** a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website and Public Contract Code Section 6108. b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a). **DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

**GENDER IDENTITY:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

**CONTRACTOR NAME CHANGE:** An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

**CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:** a) When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled. b) "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax. c) Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

## **Section 1 – Control Requirements**

Contractors shall establish, written policies and procedures consistent with the control requirements set forth below; (ii) BHS will monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the BHS and its subcontractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, Part 2 commencing with Section 11760.
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000.
- c) Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7.
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130.
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-64 through 66.
- f) Title 2, CFR 200 -The Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.
- h) Title 42, CFR, Sections 8.1 through 8.6.
- i) Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).
- j) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.
- k) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).

contractors should be familiar with the above laws, regulations, and guidelines.

3. Contractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document, incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

## **Section 2 – General Provisions**

A. Restrictions on Salaries Contractor agrees that no part of any federal funds provided under this Contract shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. Salary and wages schedules may be found at [https://grants.nih.gov/grants/policy/salcap\\_summary.htm](https://grants.nih.gov/grants/policy/salcap_summary.htm). SABG funds used to pay a salary in excess of the rate of basic pay for Level I of the Executive Schedule shall be subject to disallowance. The amount disallowed shall be determined by subtracting the individual's actual salary from the Level I rate of basic

pay and multiplying the result by the percentage of the individual's salary that was paid with SABG funds (Reference: Terms and Conditions of the SABG award).

#### B. Primary Prevention

1. The SABG regulation defines "Primary Prevention Programs" as those programs "directed at individuals who have not been determined to require treatment for substance abuse" (45 CFR 96.121), and "a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of better treatment" (45 CFR 96.125). Primary prevention includes strategies, programs, and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic Alcohol and Other Drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families, and communities. The Contractor shall expend not less than its allocated amount of the SABG Primary Prevention Set-Aside funds on primary prevention as described in the SABG requirements (45 CFR 96.124).

#### C. Friday Night Live

Contractors receiving SABG Friday Night Live (FNL) funding must:

1. Engage in programming that meets the FNL Youth Development Standards of Practice, Operating Principles and Core Components outlined at <http://fridaynightlive.org/about-us/cfnlp-overview/>
2. Use the prevention data collection and reporting service for all FNL reporting including profiles and chapter activity.
3. Follow the FNL Data Entry Instructions for the PPSDS as provided by DHCS.
4. Meet the Member in Good Standing (MIGS) requirements, as determined by DHCS in conjunction with the California Friday Night Live Collaborative and the California Friday Night Live Partnership. Contractors that do not meet the MIGS requirements shall obtain technical assistance and training services from the California Friday Night Live Partnership and develop a technical assistance plan detailing how the Contractor intends to ensure satisfaction of the MIGS requirements for the next review.

#### D. Perinatal Practice Guidelines

Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines FY 2018-19 are attached to this Contract, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

E. Funds identified in this Contract shall be used exclusively for county alcohol and drug abuse services to the extent activities meet the requirements for receipt of federal block grant funds for prevention and treatment of substance abuse described in subchapter XVII of Chapter 6A of Title 42, the USC.



F. Room and Board for Transitional Housing, Recovery Residences, and Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment.

1. BHS uses SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), to cover the cost of room and board of residents in short term (up to 24 months) transitional housing and recovery residences. SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), are used to cover the cost of room and board of residents in DMC-ODS residential treatment facilities.

### **Section 3 - Performance Provisions**

#### **A. Monitoring**

- a) Whether the quantity of work or services being performed conforms to Exhibit B.
- b) BHS monitors that the contractor is abiding by all the terms and requirements of this Contract.
- c) Whether the Contractor is abiding by the terms of the Perinatal Practice Guidelines.

#### **B. Performance Requirements**

1. Contractors shall provide services to all eligible persons in accordance with federal and state statutes and regulations. Contractor shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:

- a) Lack of educational materials or other resources for the provision of services.
- b) Geographic isolation and transportation needs of persons seeking services or remoteness of services.
- c) Institutional, cultural, and/or ethnicity barriers.
- d) Language differences.
- e) Lack of service advocates.
- f) Failure to survey or otherwise identify the barriers to service accessibility.
- g) Needs of persons with a disability.

2. Contractor shall comply with any additional requirements of the documents that have been incorporated herein by reference.

### **Part II – General**

A. Additional Contract Restrictions This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

B. Hatch Act Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

C. No Unlawful Use or Unlawful Use Messages Regarding Drugs Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the

responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999- 11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

D. Noncompliance with Reporting Requirements Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in Exhibit A, Attachment I, Part III - Reporting Requirements, or as identified in Document 1F(a), Reporting Requirements Matrix for Counties.

E. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

F. Debarment and Suspension Contractor shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If a Contractor subcontracts or employs an excluded party DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

G. Restriction on Distribution of Sterile Needles No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996 All work performed under this Contract is subject to HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit F for additional information.

#### 1. Trading Partner Requirements

a) No Changes. Contractor hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).

b) No Additions. Contractor hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it will not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications (45 CFR 162.915 (c)).

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification (45 CFR 162.915 (d)).

2. Concurrence for Test Modifications to HHS Transaction Standards Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it will participate in such test modifications.

3. Adequate Testing Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4. Deficiencies Contractor agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. When County is a clearinghouse, Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5. Code Set Retention Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

6. Data Transmission Log Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Title 9, CCR, Division 4, Chapter 8, (Document 3H).

K. Cultural and Linguistic Proficiency To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

L. Intravenous Drug Use (IVDU) Treatment Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

M. Tuberculosis Treatment Contractor shall ensure the following related to Tuberculosis (TB):

1. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
2. Reduce barriers to patients' accepting TB treatment.
3. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000 Contractor and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (22 United States Code (USC) 7104(g)) as amended by section 1702 of Pub. L. 112-239.

O. Tribal Communities and Organizations Contractor shall regularly assess (e.g. review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, survey Tribal representatives for insight in potential barriers), the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area, and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

P. Participation of County Behavioral Health Director's Association of California. The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services. The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.

R. Perinatal Practice Guidelines Contractor must comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Byrd Anti-Lobbying Amendment (31 USC 1352) Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an

employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

T. Nondiscrimination in Employment and Services By signing this Contract, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, Contractor will not unlawfully discriminate against any person.

U. Federal Law Requirements:

1. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.
2. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
3. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
4. Age Discrimination in Employment Act (29 CFR Part 1625).
5. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
6. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
7. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
9. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
10. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
11. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
12. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

V. State Law Requirements:

1. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).
2. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
3. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.

4. No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

**W. Additional Contract Restrictions**

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

**X. Information Access for Individuals with Limited English Proficiency**

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

**iv. Timely Access: (42 CFR 438.206(c) (1) (i))**

(4) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:

(e) Provider must complete Timely Access Log for all initial requests of services.

(f) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).

(g) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).

(h) Provider must offer regular hours of operation.

(5) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.

(6) If the Provider fails to comply, the Contractor will take corrective action.

## DOCUMENTS INCORPORATED BY REFERENCE

All SABG documents incorporated by reference into this contract may not be physically attached to the contract, but can be found at DHCS' website:

<https://www.dhcs.ca.gov/provgovpart/Pages/SAPT-Block-Grant-Contracts.aspx>

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements <https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations <https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix - County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Practice Guidelines FY 2018-19 [https://www.dhcs.ca.gov/individuals/Documents/Perinatal\\_Practice\\_Guidelines\\_FY1819.pdf](https://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf)

Document 1K: Drug and Alcohol Treatment Access Report (DATAR) User Manual <http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (May 1, 2017) [http://www.dhcs.ca.gov/Documents/DHCS\\_AOD\\_Certification\\_Standards.pdf](http://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards.pdf)

Document 1V: Youth Treatment Guidelines [http://www.dhcs.ca.gov/individuals/Documents/Youth\\_Treatment\\_Guidelines.pdf](http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf)

Document 2F(b): Minimum Quality Drug Treatment Standards for SABG

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 3G: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 4 - Narcotic Treatment Programs <https://govt.westlaw.com/calregs/Search/Index>

Document 3H: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 8 - Certification of Alcohol and Other Drug Counselors <https://govt.westlaw.com/calregs/Search/Index>

Document 3J: CalOMS Treatment Data Collection Guide [http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

Document 3S: CalOMS Treatment Data Compliance Standards [http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_data\\_compliance%20standards%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_data_compliance%20standards%202014.pdf)

Document 3T: Non-Drug Medi-Cal and Drug Medi-Cal DHCS Local Assistance Funding Matrix  
Document 3T(a): SAPT Authorized and Restricted Expenditures Information (April 2017)

Document 3V : Culturally and Linguistically Appropriate Services (CLAS) National Standards  
<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Document 5A : Confidentiality Agreement