

AMENDED IN COMMITTEE

7/23/14

FILE NO. 140744

RESOLUTION NO.

1 [Contract Amendments - Richmond Area Multi Services, Inc. (RAMS) - \$42,506,514]

2 **Resolution approving amendments to two contracts between the Department of Public**
3 **Health and Richmond Area Multi Services, Inc., to provide behavioral health services**
4 **to: 1) children, youth, and families increasing the total contract amount to \$19,904,452;**
5 **and 2) adults, increasing the total contract amount to \$22,602,062 for a total value of**
6 **\$42,506,514 for the term of July 1, 2010, through December 31, 2015.**

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8 WHEREAS, The Department of Public Health awarded two contracts to Richmond
9 Area Multi Services, Inc. (RAMS) under a Request for Proposals in 2009; and

10 WHEREAS, The Department established two agreements with RAMS in 2010, which
11 were approved under Resolution No. 563-10 for a total value of \$34,773,853 for the term of
12 July 1, 2010, through December 31, 2015; and

13 WHEREAS, The Department wishes to amend the contracts, increasing the total
14 contract amounts by \$3,840,768 for services children, youth and families and \$3,891,893 for
15 services for adults, respectively, a total value of \$7,732,661, in order to enable continued
16 services through December 31, 2015; and

17 WHEREAS, Board of Supervisors' approval is required under City Charter, Section
18 9.118, as the amount of the increase exceeds \$500,000; and,

19 WHEREAS, A copy of this contract amendment is on file with the Clerk of the Board of
20 Supervisors in File No. 140744, which is hereby declared to be a part of this resolution as if
21 set forth fully herein; now, therefore, be it

22 **RESOLVED**, That the Board of Supervisors hereby authorizes the Director of Health
23 and the Office of Contract Administration/Purchaser, on behalf of the City and County of San
24

1 Francisco, to execute amendments to these contracts with Richmond Area Multi Services, Inc.
2 for an amount not to exceed \$42,506,514 from July 1, 2010 through December 31, 2015.

3 FURTHER RESOLVED, That the Board of Supervisors requires that any expenditures
4 under this amendment be consistent with Health Commission policy which currently provides
5 for a 12% contingency.

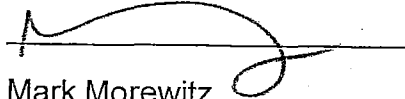
6 RECOMMENDED:

APPROVED:

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9 Barbara A. Garcia, MPA

10 Director of Health

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13 Mark Morewitz

14 Secretary to the Health Commission
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City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

June 23, 2014

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

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
JUN 23 AM 11:55

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for Board of Supervisors approval, which will allow the continuation of mental health services to children, youth and families and to adults by amending two of the Department of Public Health's current contracts with Richmond Area Multi-Services (RAMS) by a combined \$13,387,089.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118, as it exceeds \$500,000.

The following is a list of accompanying documents (five sets):

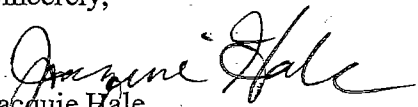
- o Resolution draft, signed by the Director of Health and Health Commission Secretary;
- o Resolution 563-10, approving the original contracts in 2010;
- o The proposed first amendment to the RAMS contract for services to children;
- o The original agreement for RAMS' services to children;
- o The proposed second amendment to the RAMS contract for services to adults;
- o The original agreement and first amendment for RAMS' services to adults;
- o Forms SFEC-126 for the Board of Supervisors and the Mayor.

We would appreciate consideration of this contract prior to the Board's August recess to provide continued services without interruption.

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

Thank you for your time and consideration.

Sincerely,


Jacquie Hale
Director

DPH Office of Contracts Management and Compliance

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

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

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

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

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

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- Hyde Street Community Service, \$17,162,210;
- Instituto Familiar de la Raza, \$14,219,161;
- Progress Foundation, \$92,018,333;
- Richmond Area Multi-Services, \$34,773,853;
- San Francisco Study Center, \$11,016,593;
- Seneca Center, \$63,495,327;
- Walden House, \$54,256,546;
- Westside Community Mental Health Center, \$43,683,160;
- Regents of the University of California, \$74,904,591; and

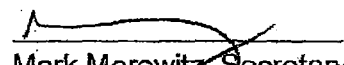
WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED:

 Mitchell Katz, M.D.
 Director of Health

APPROVED:

 Mark Morewitz, Secretary to the
 Health Commission



City and County of San Francisco

Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

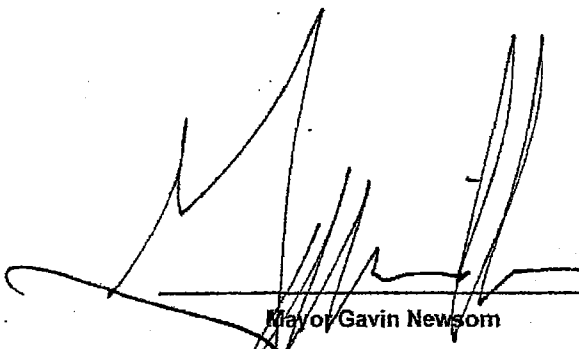
December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

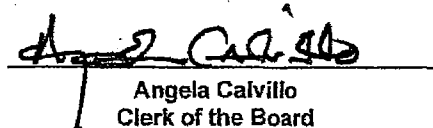
Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.



Mayor Gavin Newsom



Angela Calvillo
Clerk of the Board

December 8, 2010
Date Approved

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

First Amendment

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

RECITALS

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

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

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

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

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

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

First amendment this amendment.

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

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

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

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

P-550 (7-11) RAMS Children (CMS# 7265)	1 of 3	February 4, 2014
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associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Million Eight Hundred Nineteen Thousand Six Hundred Twenty Seven Dollars (\$20,819,627). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

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

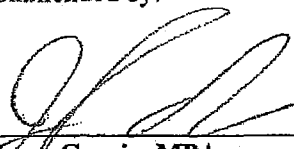
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

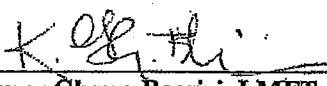
CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



Barbara Garcia, MPA
Director of Health
Department of Public Health

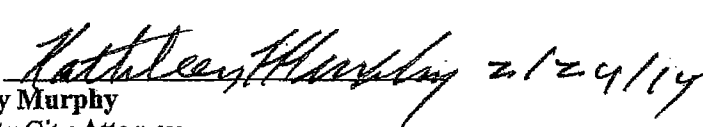


Kavoos Ghane Bassiri, LMFT, CGP / Date
Director of Health Chief Executive Officer
3626 Balboa St.
San Francisco, CA 94121

City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney

By: 
Kathy Murphy
Deputy City Attorney

Approved:

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

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

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

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

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

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

New Renewal Modification

3. **Goal Statement**

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

Short Term Outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral health; health and substance abuse issue on child and family; coordination of care and linkage to services. Long Term Outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

4. **Target Population**

RAMS Children, Youth & Family (CYF) Outpatient Services Program serves San Francisco children and youth, under the age of 18 who are beneficiaries of public health insurance, such as Medi-Cal, Healthy Families, Healthy Kids, their siblings and parents who are in need of psychiatric prevention and/or intervention services. There is a special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and US-born – a group that is traditionally underserved. There is targeted outreach and services to the Filipino community. Included are services to LGBTQIQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for assistance. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services. Services are provided at the RAMS Outpatient Clinic and in the community (e.g. on-site at San Francisco Unified School District schools).

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well over 19,000 adults, children, youth & families at over 80 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, Asian Youth Advocacy Network, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Therapists/Counselors (including psychologists, social workers, marriage & family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

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

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

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

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

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

To further support accessibility of services, the Outpatient Clinic Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond "normal" business hours. The Program hours are: Monday (9:00 am – 7:00 pm); Tuesday to Thursday (9:00 am to 8:00 pm); Friday (9:00 am to 5:00 pm).

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

& risk, functional impairments, and clinical needs. It is also reviewed by the clinical authorization committee and in consultation with SFDPH CBHS.

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

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

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during all program hours of operation, in order to increase accessibility.

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

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with

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

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

See CBHS Appendix B.

Furthermore, direct services are also provided by 15 pre-doctoral interns and practicum trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for pre-doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS' training program become community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

For the Filipino outreach, engagement and counseling services, RAMS has hired a full-time bilingual and bicultural Mental Health Counselor who is experienced with working with children, youth and their families and especially with the Filipino community, as well as a part-time bilingual and bicultural Filipino Peer Counselor to provide further outreach and engagement of Filipino families and community providers.

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), Medical Director (psychiatrist and direct service practitioner), and other senior staff. Cases are reviewed by PURQC more frequently than the CBHS minimum requirement. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback. RAMS ensures documentation or all requests for services in the AVATAR timely access log.

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

C. Cultural competency of staff and services

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

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

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

D. Client satisfaction

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

E. Measurement, analysis, and use of CANS data

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

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

Program Address: 3626 Balboa Street

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

Telephone: (415) 668-5955

Facsimile: (415) 668-0246

Contractor Address: RAMS Administration, 639 14th Avenue

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

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

Telephone: (415) 800-0699

Program Code: 3894-SD

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

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

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

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

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

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

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

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

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

- New Renewal Modification

3. **Goal Statement**

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

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

4. Target Population

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

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS Director of CYF Outpatient Services Clinic and/or School-Based Mental Health Partnership (SBMHP) Manager and Behavioral Health Therapists/Counselors (including psychologists, social workers, marriage & family therapists, etc.) meet with school personnel (principal or designee, special education director, and special education teachers) in the beginning and end of each school year, as needed, and ongoing for outreach to and recruitment of children/youth who qualify for services. This may include but is not limited to active participation/presentation in at least one SPED department meeting.

SBMHP Manager and/or Behavioral Health Therapists/Counselors participate in forums (e.g. Back to School Nights) that students' parents/caregivers attend to discuss services, provide psycho-education, and develop relationships to support student participation in services.

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

- Relationship Development: Developing rapport with school staff, students & families based on behavioral/mental health training & background including: using active listening skills, awareness

of non-verbal communication, empathy; understanding of child development, multifaceted cultural identity, & recognizing clients' unique strengths and needs.

- Classroom Observation: Direct observation of behavior impeding client's ability to learn and teachers' response to these behaviors allows for assessment of the strengths and needs and for development of specific intervention plans with teachers, clients, and families.
- Staff Development/Consultation with Teachers and Paraprofessionals: Educate school staff regarding behavioral/mental health issues and how they impact client's behavior. Provide them with tools to engage students, recognizing their particular strengths and needs.
- Client Consultation/Psycho education: Providing education and/or consultation to clients, families & communities regarding ED/SDC/LD classification & behavioral/mental health issues/services to address negative associations, and engage and retain student participation.
- Asset Building: Linkage of students to significant adult and community supports including mentors, community organizations, and participation in meaningful extracurricular activity
- "Push In" Groups: Working in ED classrooms with students, teachers and paraprofessionals to engage students in social skills training programs such as 2nd Step, to develop pro-social skills, frustration tolerance, and empathy development.

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

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

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

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

Initial assessment, individual therapy, group therapy, family therapy, case management, collateral and crisis intervention are treatment options, as clinically indicated. Outreach, milieu services, and consultation to the school personnel are provided as indirect services. A child/youth may be referred

for medication evaluation & support services at the RAMS Outpatient Clinic, when necessary. Length of stay varies, depending on the review of treatment plan of care and the Individualized Educational Plan. Child/youth may be seen twice a week for high intensity need, and may reduce to once a month for maintenance level need.

Using a Developmental Assets model, RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students' internal and external resources and supports. RAMS counselors have also been trained in Second Step for middle school sites and are providing "push in" groups in the middle school classrooms. A plan for implementation of these programs is agreed upon at the beginning of the school year with school administration and staff and submitted to CBHS. Second Step curriculum is presented in a group setting and/or individually for one semester and is amended to meet the needs of the students in the group with regard to grade and developmental level. Milieu services from the onsite SOAR clinician is also a significant aspect of service delivery. Milieu clinicians are responsible for aiding in the day-to-day functioning of the classroom environment which includes: classroom observation, implementation of behavioral support plans for students, de-escalation of students, consultation with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

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

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS. Because of limited mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need.

RAMS Therapists/Counselors, along with school personnel, determine students' exit criteria and process & procedure at the students' Individualized Education Plan (IEP) meetings. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensating, progress and status of Care Plan objectives, medication compliance, and the client's overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged to a lower level of care and/or be referred to Private Provider Network/Primary Care Physician. Furthermore, clients' transferring to other schools is also in consideration.

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

See CBHS Appendix B.

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

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), Medical Director (psychiatrist and direct service practitioner), and other senior staff. Cases are reviewed by PURQC more frequently than the CBHS minimum requirement. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet

weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

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

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

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

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

Program Code: 3894-6

Wellness Centers are located at:

- Phillip and Sala Burton Academic High School (94134)
- Downtown High School (94107)
- Galileo Academy of Science & Technology High School (94109)
- International Studies Academy (94107)
- June Jordan High School (94112)
- Abraham Lincoln High School (94116)
- Lowell Alternative High School (94132)
- Mission High School (94114)
- Thurgood Marshall High School (94124)
- John O'Connell Alternative High School (94110)
- School of the Arts/ Academy of Arts & Sciences (94131)
- SF International High School (94110)
- Raoul Wallenberg High School (94115)
- George Washington High School (94121)
- Ida B. Wells High School (94117)
- Civic Center Secondary School, SF-ACT (94122)

2. Nature of Document (check one)

New **Renewal** Modification

3. Goal Statement

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

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

4. Target Population

The target population includes 16 SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Many are referred for concerns relating to mood, behavior, and other adverse circumstances. Outreach is also to those who may benefit from case management, who are dealing with trauma/grief & loss, or families with limited resources. Services are provided on-site at schools (zip codes listed in section 1). Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for assistance. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services. Services are provided at the RAMS Outpatient Clinic (94121) and in the community (e.g. on-site at San Francisco Unified School District schools).

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

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

See CBHS Appendix B, CRDC pages.

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

Outreach and Promotion (MHSA activity category)

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

Screening and Assessment (MHSA activity category)

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

Mental Health Consultation (MHSA activity category)

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

Individual Therapeutic Services (MHSA activity category)

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

Group Therapeutic Services (MHSA activity category)

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

6. Methodology

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

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

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

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

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. There is a specific need for increased outreach to the Chinese student population, as Chinese students have historically underutilized behavioral health services when compared to their peers. Outreach also includes trainings to staff & parents as requested and in doing so, counselors also develop an outline for the presentation which is formatted so that other sites can utilize it. RAMS also utilizes its social networking capability and advertises its services, events and program highlights via RAMS public blogging and Facebook page.

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

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

For the SF-ACT program, students can be referred by probation officers, attorneys, public defenders, judges, parents, schools, treatment providers etc. Each student receives a CANS assessment by SF-AIIM Higher, a DPH provider that is part of the collaboration. Youth must be ages 14-18, have ongoing issues with substance abuse, significant emotional and behavioral risks, be at-risk for out-of-home placement and be capable of participating in program and treatment activities. Youth must also be approved by legal team that includes judge, public defender and district attorney of the Collaborative Court.

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

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

The RAMS model of Wellness services' treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health intervention group at 12 of the 16 high school-based Wellness Centers, at minimum. Examples include, but are not limited to: Anger Management, Life Skills, Mindfulness, 9th grade Transition group, Senior Transition group, etc. The RAMS model focuses on short-term behavioral health counseling and case management services, with longer durations to be assessed in consultation with RAMS supervisors and Wellness team. RAMS Counselors work within the school-based Wellness team under the direction of the Wellness Coordinator and RAMS supervisors.

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

Referrals to off-site services are indicated when:

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

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

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

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

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

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

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

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2013-14, there are six graduate student interns (counseling) and three volunteer counselors who hold masters degrees in a mental health discipline and are Marriage & Family Therapist Interns. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

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

Systems Transformation Methodology

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

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

Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school's needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with consumer community at convenient & easily-accessible venues/platforms (e.g. staff development trainings, PTSA meetings, "free periods," hosted lunch hour events). All meeting outcomes, evaluations, and reviews are reported to RAMS executive management along with any action plans (e.g. adjustment of service strategies in consideration of cultural relevancy and school-based setting). Furthermore, the RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS service delivery to children and youth.

- **MHSA Vision:** Describe how the program ensures that staff has the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.

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

RAMS Wellness capacity includes Spanish, Cantonese, Mandarin, Tagalog, Hakka, Taiwanese, Gujarati, and Hindi as well as can easily access the agency's enhanced capacity of 30 languages (Asian languages, and Russian). As part of RAMS' efforts to support and further enhance the professional development of its staff (including effective engagement strategies), RAMS consistently coordinates for various trainings such as: school-based program-specific trainings, weekly didactic trainings on culturally specific issues, monthly children & youth case conferences, and weekly Wellness program case conferences (only during summer). The RAMS Wellness program also retains a particular expert to provide consultation and facilitate discussions on systemic, macro-level issues that impact the youth and their community. Training topics are determined in various manners including a needs assessment/survey, emerging issues of clients (e.g. internet addiction), evidenced-based models of care, staff meetings, and feedback from direct service providers and clinical supervisors. Emerging client issues can also be identified through the Wellness database and tracking system that RAMS has developed in which there are "issue codes" that are associated to each session; thus, compiling data to identify prevalent matters. In addition, there is an ongoing selection of topics that are provided to ensure

retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

- A. CBHS Standard Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14.
- B. Individualized Program Objectives
 1. MHSA GOAL: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants
 - a. *Individualized Performance Objective:* Upon case closure, 75% of youth will indicate that they have met their goals, which are collaboratively developed between the provider and youth; this will be evidenced by case closing surveys.
 2. MHSA GOAL: Increased inter-dependence and social connections (within families and communities)
 - a. *Individualized Performance Objective:* Upon case closure, 75% of youth will indicate improvements in their life, specifically with regard to family and community (e.g. school, friends); this will be evidenced by case closing surveys.
 3. MHSA GOAL: Increased ability to cope with stress and express optimism and hope for the future
 - a. *Individualized Performance Objective:* Upon case closure, 75% of youth will indicate improvements to their coping abilities; this will be evidenced by case closing surveys.
 4. MHSA GOAL: Program satisfaction
 - a. *Individualized Performance Objective:* Upon case closure, 85% of youth will express overall satisfaction with services; this will be evidenced by case closing surveys.

8. Continuous Quality Assurance and Improvement

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

A. Achievement of Contract Performance Objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening in Avatar. With regards to management

monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected in real time, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 6 (brief), 12 (medium intensity) and 20 session (long term) for quality, thoroughness, accuracy and appropriateness of continuation of services. Long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, on at least, a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receive short-term interventions and that clients receiving medium to long-term interventions are monitored. On-site services are generally provided to those exhibiting high level of need and whose school attendance is conducive to regular sessions. In addition, two internal audits of charting occur annually – one peer review and one conducted by the director – to monitor compliance to legal and ethical standards of care.

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

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

C. Cultural Competency of staff and services

RAMS philosophy of care reflect values that recovery & rehabilitation are more likely to occur where the mental health systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers and their families and communities, at large. The agency upholds the Culturally and Linguistically

Appropriate Services (CLAS) standards. The following is how RAMS monitors, enhances, and improves service quality:

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

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

D. Client Satisfaction

RAMS adheres to the CBHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the program administers its own satisfaction survey, at case closure (for youth seen for more than six sessions) which include questions around meeting treatment goals, life improvement, perspectives about counseling, and relate-ability of counselor in respect to culture, age, gender, personality and other. Furthermore, the program conducts focus groups to solicit feedback on services. Biennially, the program administers satisfaction surveys to students and school staff, to determine areas of strength and challenges to programming. Results of the satisfaction methods are shared at staff meetings, reviewed by the RAMS Quality Assurance Council, and reported to executive management. Furthermore, the agency maintains a Youth Council, which meets monthly, and provides feedback on program services. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

E. Measurement, analysis, and use of CANS data

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

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

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

Program Code: 3894-04

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

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

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

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

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

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Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2013-2014

CMS#:

Appendix A-4

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

Funding Source (non-CBHS only):

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

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

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Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2013-2014

CMS#:

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

Funding Source (non-CBHS only):

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

Document Date: 2/25/2013

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Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2013-2014

CMS#:

Appendix A-4

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

Funding Source (non-CBHS only):

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

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5. Modality(ies)/Interventions

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

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

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the CBHS ECMHCI Program Director no later than November 15.

Modalities:

- *Consultation: Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation: Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Consultation Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire child care organization with multiple sites.
- *Parent Training Support Group:* Providing structured, formal training to a group of three or more parents on a specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.
- *Early Referral Linkage:* Includes linkage of children and families to additional community resources such as SFUSD Special Education Dept. or Golden Gate Regional Center.
- *Consultant Training/Supervision:* Ongoing supervision of consultants both individually and in groups, as well as a variety of training offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited to individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about their child's development and/or to explore parenting practices that could be used at home, developmental screening and/or assessment, and referrals to other agencies. These services are intended for children who have social or emotional problems that place them at risk for expulsion.
- *Early Intervention Services – Group:* Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Groups are intended to teach children social skills such as sharing and communicating effectively, affect regulation, and improve their ability to cooperate with peers and adults. Groups will be led by a mental health consultant, and a staff member from the site, if necessary and possible. Interventions are informed by the Ages and Stages Questionnaire (ASQ) or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
- *Mental Health Services-Individual/Family:* Therapeutic services for individual children and/or their family. Services are intended to address the mental health needs of children who need more support than what is offered through Early Intervention Services. Treatment is based on the child's diagnosis and focuses on symptom reduction to improve functioning. Family therapy will include the identified child. A CANS and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.
- *Mental Health Services-Group:* Group therapeutic service that focuses on reducing the symptoms of a diagnosable mental health problem, which is impairing their functioning. The group modality will be used for those children whose mental health concerns would be improved through the experience of interacting with peers who may have similar concerns. A CANS and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

6. Methodology

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

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

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

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

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

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

Consultation Services for Sites involve:

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

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

- Parenting classes in Chinese, Spanish, and/or English are offered at each site. Topics may include, but are not limited to: child development, discipline, promoting a child's self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents' needs.

- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place five times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown, which is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Family Activities are organized at least once a year to provide an opportunity for psycho-education, discuss parenting issues, and support.
- Fu Yau Parenting Group may be offered, and can meet bimonthly, to discuss parenting issues that related to the socio-emotional well-being of the parents' children. The group is co-facilitated and serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

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

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, at RAMS or CCDC, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 children, who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other "typically" developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.
- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children's play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents' work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children's regular playtime.
- Psychiatry services and/or consultation, as needed

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

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

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

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

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

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

See CBHS Appendix B.

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

No indirect services are provided.

7. Objectives and Measurements

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

8. Continuous Quality Improvement

- A. Achievement of contract performance objectives

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

Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Documentation quality, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. On a regularly scheduled basis, clinical documentation is reviewed by the PURQC committee. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

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

C. Cultural competency of staff and services

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

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

- Site/Client's preferred language for services is noted at initial meeting; during the site/case assignment process, the Program Director matches site/client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed
- Development of annual objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Client satisfaction

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

E. Measurement, analysis, and use of CANS data

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

9. Additional Required Language

Contractor will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI SOC Program Manager and RFP-10-2013.

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A

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

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

Reporting Unit: Not Applicable

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

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

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

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

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

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

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

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

Wellness Promotion (MHSA activity category)

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

Workforce Development (MHSA activity category)

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

6. Methodology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Systems Transformation Methodology

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

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

Appendix B
Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

not to exceed twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

- Appendix B-1a & 1c CYF Outpatient
- Appendix B-1C CYF SBMHP Partnership
- Appendix B-2 Wellness Center Program
- Appendix B-3 Fu Yau Project
- Appendix B-4 Summer Bridge

B. COMPENSATION

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

CONTRACTOR understands that, of this maximum dollar obligation, \$1,465,600 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010(BPHM04000063)	\$1,183,677
January 1, 2011 through June 30, 2011	\$1,881,595
July 1, 2011 through June 30, 2012	\$3,121,513
July 1, 2012 through June 30, 2013	\$3,396,939
July 1, 2013 through June 30, 2014	\$3,908,121
July 1, 2014 through June 30, 2015	\$3,908,121
June 30, 2015 through December 31, 2015	\$1,954,061
January 1, 2011 through December 31, 2015	\$19,354,027

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Chol / 415-800-0699 x205		Fiscal Year: FY14-15		
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 5/5/2014				
Contract CMS # (CDTA use only): 7265						
Contract Appendix Number:	B-1a	B-1b	B-1c	B-2		
Appendix A/Program Name:	Children Outpatient	Children Outpatient SD	EPSDT	Children Managed Care Outpatient		
Provider Number	3894	3894	3894	3894		
Program Code(s)	38947	3894SD	38945	3894MC		
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15		
					B1	B1 To B2
					SUBTOTAL	SUBTOTAL
FUNDING USES						
Salaries & Employee Benefits:	272,422	252,074	187,488	41,178	711,984	753,162
Operating Expenses:	25,976	24,036	17,878	12,394	67,890	80,284
Capital Expenses:	0			0	0	0
Subtotal Direct Expenses:	298,398	276,110	205,366	53,572	779,874	833,446
Indirect Expenses:	35,808	33,133	24,644	6,428	93,585	100,013
Indirect %:	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES	334,206	309,243	230,010	60,000	873,459	933,459
					Employee Fringe Benefits %:	27%
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	100,201	100,958	97,595	-	298,754	298,754
MH STATE - PSR EPSDT	13,500	-	87,835	-	101,335	101,335
MH STATE - MHSA (CSS)	-	51,765	-	-	51,765	51,765
MH STATE - MHSA (PEI)	-	-	-	-	-	0
MH STATE - MHSA (WET)	-	-	-	-	-	0
MH STATE - MH Realignment	85,201	100,308	-	-	185,509	185,509
MH COUNTY - General Fund	135,304	56,212	44,580	-	236,096	236,096
MH COUNTY - General Fund WO CODB	-	-	-	-	-	0
FFS Medi-Cal	-	-	-	4,200	-	4,200
MH STATE - PSR Managed Care	-	-	-	55,800	-	55,800
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	0
MH WORK ORDER - Human Services Agency	-	-	-	-	-	0
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	334,206	309,243	230,010	60,000	873,459	933,459
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	334,206	309,243	230,010	60,000	873,459	933,459
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	334,206	309,243	230,010	60,000	873,459	933,459

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Choi / 415-800-0699 x205		Fiscal Year: FY13-14	
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 2/25/2014			
Contract CMS # (CDTA use only): 7265					
Contract Appendix Number:	B-3a	B-3b	B-3c		
Appendix A/Program Name:	Children-Wellness Center Mental Health	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness		
Provider Number	3894	383800	3894		
Program Code(s)	38946	38946	3894		
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15		B-3 TOTAL
FUNDING USES					
Salaries & Employee Benefits:	972,322	286,787	238,795		1,497,904
Operating Expenses:	69,445	23,619	6,561		99,625
Capital Expenses:	0	0	0		0
Subtotal Direct Expenses:	1,041,767	310,406	245,356	0	1,597,529
Indirect Expenses:	125,012	37,248	29,443		191,704
Indirect %:	12%	12%	12%		12%
TOTAL FUNDING USES	1,166,779	347,655	274,799	0	1,789,233
					Employee Fringe Benefits %: 28%
CBHS MENTAL HEALTH FUNDING SOURCES					
MH FED - SDMC Regular FFP (50%)	27,500	-	-		27,500
MH STATE - PSR EPSDT	24,750	-	-		24,750
MH STATE - MHSA (CSS)	-	-	-		0
MH STATE - MHSA (PEI)	138,000	-	274,799		412,799
MH STATE - MHSA (WET)	-	-	-		0
MH STATE - MH Realignment	-	-	-		0
MH COUNTY - General Fund	13,218	-	-		13,218
MH COUNTY - General Fund WO CODB	14,236	-	-		14,236
FFS Medi-Cal	-	-	-		0
MH STATE - PSR Managed Care	-	-	-		0
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-		0
MH WORK ORDER - Human Services Agency	-	-	-		0
MH WORK ORDER - Dept. Children, Youth & Families	949,075	-	-		949,075
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,166,779	-	274,799	-	1,441,578
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
WORK ORDER - DCYF Wellness Center	-	190,240	-		190,240
SA COUNTY - SA General Fund CODB WO	-	2,854	-		2,854
SA STATE - PSR Drug Court	-	154,561	-		154,561
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	347,655	-	-	347,655
OTHER DPH:COMMUNITY PROGRAMS FUNDING SOURCES					
					-
					-
TOTAL OTHER DPH:COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,166,779	347,655	274,799	0	1,789,233
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,166,779	347,655	274,799	-	1,789,233

DPH 1: Department of Public Health Contract Budget Summary

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

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

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

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.							Appendix/Page #: B-#1b, Page 1b	
Provider Name: RAMS							Document Date: 5/5/2014	
Provider Number: 3894							Fiscal Year: FY14-15	
Program Name:	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	
Program Code (formerly Reporting Unit):	3894SD	3894SD	3894SD	3894SD	3894SD	3894SD	3894SD	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	Admin Wk		TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15	14-15	14-15	14-15	
FUNDING USES								
Salaries & Employee Benefits:	5,836	195,876	7,510	654	19,571	22,627		252,074
Operating Expenses:	558	18,678	716	62	1,866	2,156		24,036
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0		0
Subtotal Direct Expenses:	6,394	214,554	8,226	716	21,437	24,783		276,110
Indirect Expenses:	767	25,746	987	86	2,572	2,975		33,133
TOTAL FUNDING USES:	7,161	240,300	9,213	802	24,009	27,758		309,243
CBHS MENTAL HEALTH FUNDING SOURCES								
	Index Code							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	2,808	94,223	3,612	314	0	0	100,957
	HMHMPROP63							
MH STATE - MHSA (CSS)	PMHS63-1403	0	0	0	0	24,009	27,758	51,767
MH STATE - MH Realignment	HMHMCP751594	2,790	93,617	3,589	312	0	0	100,308
MH COUNTY - General Fund	HMHMCP751594	1,563	52,460	2,012	176	0	0	56,211
		0	0	0	0	0	0	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		7,161	240,300	9,213	802	24,009	27,758	309,243
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		7,161	240,300	9,213	802	24,009	27,758	309,243
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,161	240,300	9,213	802	24,009	27,758	309,243
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	3,426	89,000	1,850	200	357	671		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01	67.25	41.37		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	67.25	41.37		
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03	100.00	80.00		Total UDC:
Unduplicated Clients (UDC):	120	Included	Included	Included	Included	Included		120

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#1c, Page 1c
Provider Name: RAMS					Document Date: 5/5/2014
Provider Number: 3894					Fiscal Year: FY14-15
Program Name:	EPSDT	EPSDT	EPSDT	EPSDT	
Program Code (formerly Reporting Unit):	38945	38945	38945	38945	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15	
FUNDING USES					
Salaries & Employee Benefits:	2,555	174,131	10,148	654	187,488
Operating Expenses:	244	16,604	968	62	17,878
Capital Expenses (greater than \$5,000):	0	0	0	0	0
Subtotal Direct Expenses:	2,799	190,735	11,116	716	205,366
Indirect Expenses:	336	22,888	1,334	86	24,644
TOTAL FUNDING USES:	3,135	213,623	12,450	802	230,010
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,330	90,642	5,283	340
MH STATE - PSR EPSDT	HMHMCP751594	1,197	81,577	4,754	307
MH COUNTY - General Fund	HMHMCP751594	608	41,404	2,413	155
MH COUNTY - General Fund COOB	HMHMCP751594	0	0	0	0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,135	213,623	12,450	802
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		3,135	213,623	12,450	802
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,135	213,623	12,450	802
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
DPH Units of Service:	1,500	79,120	2,500	200	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03	
Unduplicated Clients (UDC):	75	Included	Included	Included	Total UDC: 75

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B#1, Page 3

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	MHSA (CSS) (HMHMPROP63 PMHS63-1403)			
	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 39,580	\$ 37,234	\$ 2,346			
Utilities (telephone, electricity, water, gas)	\$ 8,140	\$ 7,658	\$ 482			
Building Repair/Maintenance	\$ 2,300	\$ 2,164	\$ 136			
Materials & Supplies:						
Office Supplies	\$ 1,583	\$ 1,489	\$ 94			
Photocopying	\$ 700	\$ 659	\$ 41			
Printing	\$ 500	\$ 470	\$ 30			
Program Supplies	\$ 2,600	\$ 2,352	\$ 148			
Computer hardware/software	\$ 2,000	\$ 1,881	\$ 119			
General Operating:						
Training/Staff Development	\$ 2,500	\$ 2,352	\$ 148			
Insurance	\$ 4,140	\$ 3,895	\$ 245			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,800	\$ 2,634	\$ 166			
Staff Travel:						
Local Travel	\$ 400	\$ 376	\$ 24			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 747	\$ 703	\$ 44			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			

TOTAL OPERATING EXPENSE

\$67,890

\$63,867

\$4,023

\$0

\$0

\$0

1362

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

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

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#3a, Page 1a
Provider Name: RAMS						Document Date: 5/5/2014
Provider Number: 3894						Fiscal Year: FY14-15
Program Name:	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	
Program Code (formerly Reporting Unit):	38946	38946	38946	38946	38946	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	45/10-19	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	MH Promotion	TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15	14-15	
FUNDING USES						
Salaries & Employee Benefits:	2,909	46,969	2,997	1,843	104,523	159,241
Operating Expenses:	199	3,207	205	125	18,691	22,427
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0
Subtotal Direct Expenses:	3,108	50,176	3,202	1,968	123,214	181,668
Indirect Expenses:	373	6,021	384	236	14,786	21,800
TOTAL FUNDING USES:	3,481	56,197	3,586	2,204	138,000	203,468
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,462	23,606	1,508	926	0
MH STATE - PSR EPSDT	HMHMCP751594	1,316	21,245	1,356	833	0
MH COUNTY - General Fund	HMHMCP751594	703	11,346	724	445	0
	HMHMPROP63					
MH STATE - MHSA (PEI)	PMHS63-1410	0	0	0	0	138,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		3,481	56,197	3,586	2,204	138,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		3,481	56,197	3,586	2,204	138,000
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES			0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,481	56,197	3,586	2,204	138,000
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Use Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	1,666	20,814	720	550	1,380	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.09	2.70	4.98	4.01	100.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	100.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		
Unduplicated Clients (UDC):	27	Included	Included	Included	Included	27

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Appendix/Page #: B-#3a, Page 1b	
Provider Name: RAMS		Document Date: 5/5/2014	
Provider Number: 3894		Fiscal Year: FY14-15	
Program Name:	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	
Program Code (formerly Reporting Unit):	38946	38946	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	
Service Description:	MH Promotion	MH Promotion	TOTAL
FUNDING TERM:	14-15	14-15	
FUNDING USES			
Salaries & Employee Benefits:	801,067	12,014	813,081
Operating Expenses:	46,321	697	47,018
Capital Expenses (greater than \$5,000):	0	0	0
Subtotal Direct Expenses:	847,388	12,711	860,099
Indirect Expenses:	101,687	1,525	103,212
TOTAL FUNDING USES:	949,075	14,236	963,311
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code		
MH WORK ORDER - Dept. Children, Youth & Families	HMHMSCHOOLWO	949,075	949,075
MH COUNTY - General Fund WO CODB	HMHMCP751594		14,236
			0
			0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		949,075	14,236
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		949,075	14,236
NON-DPH FUNDING SOURCES			
			0
TOTAL NON-DPH FUNDING SOURCES		-	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		949,075	14,236
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	9,086	136	
Unit Type:	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	104.46	104.46	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	104.46	104.46	
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	1,200	Included	Total UDC: 1,200

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B#3e, Page 3

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

TOTAL OPERATING EXPENSE

\$69,445

\$3,736

\$18,691

\$46,321

\$697

\$0

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

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

DPH 3: Salaries & Benefits Detail

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

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

Position Title	TOTAL		General Fund DCYF WO CODB (HMHSCRES227)		DCYF WO (HMHSSCHOOLWO)		State PSR Drug Court (HMHSCRES227)		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.23	17,520	-	-	0.03	2,162	0.20	15,358	-	-	-	-
Clinical Supervisor	0.16	10,133	-	-	0.16	10,133	-	-	-	-	-	-
Child Psychiatrist/MD	0.01	1,844	-	-	0.01	1,844	-	-	-	-	-	-
Behavioral Health Therapist/Counselor	2.36	113,247	0.04	1,893	2.32	111,354	-	-	-	-	-	-
Medical Case Manager	1.00	49,399	-	-	-	-	1.00	49,399	-	-	-	-
ACT Program Manger	0.42	31,834	-	-	-	-	0.42	31,834	-	-	-	-
Office Manager	0.02	783	-	-	0.02	783	-	-	-	-	-	-
BIS Specialist /Admin Analyst/Assistant	0.01	370	-	-	0.01	370	-	-	-	-	-	-
Totals:	4.20	224,930	0.04	1,893	2.54	126,446	1.61	96,591	-	-	-	-

Employee Fringe Benefits:	27.50%	61,857	27.52%	621	27.50%	34,773	27.50%	26,563	-	-	-	-
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TOTAL SALARIES & BENEFITS

286,787	2,414	181,219	123,154	-	-
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DPH 4: Operating Expenses Detail

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

Appendix/Page #: B#3b, Page 3

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

1372

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#3c, Page 1	
Provider Name: RAMS						Document Date: 5/5/2014	
Provider Number: 3894						Fiscal Year: FY14-15	
Program Name:		MHSA PEI - School-Based Wellness					
Program Code (formerly Reporting Unit):		3894					
Mode/SFC (MH) or Modality (SA)		45/10-19					
Service Description:		MH Promotion					TOTAL
FUNDING TERM:		14-15					
FUNDING USES							
Salaries & Employee Benefits:		238,795					238,795
Operating Expenses:		6,561					6,561
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		245,356	0	0	0	0	245,356
Indirect Expenses:		29,443					29,443
TOTAL FUNDING USES:		274,799	0	0	0	0	274,799
CBHS MENTAL HEALTH FUNDING SOURCES							
MH STATE - MHSA (PEI)		HMHMPROP63/ PMHS63-1410	274,799				274,799
							0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			274,799				274,799
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-				-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-				-
TOTAL DPH FUNDING SOURCES			274,799				274,799
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES			-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			274,799				274,799
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS					
DPH Units of Service:		1,991					
Unit Type:		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		138.00					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		138.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):							
Unduplicated Clients (UDC):		275					Total UDC: 275

DPH 4: Operating Expenses Detail

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

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

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

1375

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#4, Page 1a	
Provider Name: RAMS					Document Date: 5/5/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)		
Program Code (formerly Reporting Unit):	389404	389404	389404	389404		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
FUNDING TERM:	14-15	14-15	14-15	14-15		
FUNDING USES						
Salaries & Employee Benefits:	171	9,275	82	17		9,545
Operating Expenses:	18	980	9	2		1,009
Capital Expenses (greater than \$5,000):	0	0	0	0		0
Subtotal Direct Expenses:	189	10,255	91	19	0	10,554
Indirect Expenses:	23	1,231	11	2		1,267
TOTAL FUNDING USES:	212	11,486	102	21	0	11,821
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	94	5,081	45	9	5,229
MH STATE - PSR EPSDT	HMHMCP751594	84	4,573	41	8	4,706
MH COUNTY - General Fund	HMHMCP751594	34	1,832	16	4	1,886
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		212	11,486	102	21	11,821
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		212	11,486	102	21	11,821
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		212	11,486	102	21	11,821
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	101	4,254	20	5		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	0.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		
Unduplicated Clients (UDC):	2	Included	Included	Included		Total UDC: 2

DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.										Appendix/Page #: B-#4, Page 1b					
Provider Name: RAMS										Document Date: 5/5/2014					
Provider Number: 3894										Fiscal Year: FY 2014 -15					
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	TOTAL
Program Code (formerly Reporting Unit)	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Mode/SFC (MH) or Modality (SA)	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:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Svcs MH Services Group (5% Cap)		
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
Salaries & Employee Benefits:	\$ 4,601	\$ 4,785	\$ 12,331	\$ 1,534	\$ 2,945	\$ 263	\$ 1,534	\$ 307	\$ 1,534	\$ 1,534	\$ 2,249	\$ 613	\$ 900	\$ 35,129	
Operating Expenses:	\$ 421	\$ 438	\$ 1,130	\$ 140	\$ 270	\$ 24	\$ 140	\$ 28	\$ 140	\$ 140	\$ 206	\$ 56	\$ 82	\$ 3,218	
Subtotal Direct Expenses:	\$ 5,023	\$ 5,223	\$ 13,460	\$ 1,674	\$ 3,214	\$ 288	\$ 1,674	\$ 335	\$ 1,674	\$ 1,674	\$ 2,455	\$ 670	\$ 982	\$ 38,347	
Indirect Expenses:	\$ 603	\$ 627	\$ 1,615	\$ 201	\$ 386	\$ 35	\$ 201	\$ 40	\$ 201	\$ 201	\$ 295	\$ 80	\$ 115	\$ 4,600	
TOTAL FUNDING USES:	\$ 5,626	\$ 5,850	\$ 15,075	\$ 1,875	\$ 3,600	\$ 323	\$ 1,875	\$ 375	\$ 1,875	\$ 1,875	\$ 2,750	\$ 750	\$ 1,097	\$ 42,947	
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code														
MH WORK ORDER - Human Services Agency															\$ -
MH WORK ORDER - Dept. Children, Youth & Families															\$ -
County General Fund Work Order (COOB)															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) ECMHI															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) FRC															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter															\$ -
MH STATE - MHSA	HMHMPROP63/PMHS63-1410	\$ 5,626	\$ 5,850	\$ 15,075	\$ 1,875	\$ 3,600	\$ 323	\$ 1,875	\$ 375	\$ 1,875	\$ 1,875	\$ 2,750	\$ 750	\$ 1,097	\$ 42,947
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 5,626	\$ 5,850	\$ 15,075	\$ 1,875	\$ 3,600	\$ 323	\$ 1,875	\$ 375	\$ 1,875	\$ 1,875	\$ 2,750	\$ 750	\$ 1,097	\$ 42,947
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 5,626	\$ 5,850	\$ 15,075	\$ 1,875	\$ 3,600	\$ 323	\$ 1,875	\$ 375	\$ 1,875	\$ 1,875	\$ 2,750	\$ 750	\$ 1,097	\$ 42,947
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	75	78	201	25	48	4	25	5	25	25	25	25	10	10	556
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	Staff Hour	Staff Hours
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Published Rate (Medi-Cal Providers Only):															Total UDC:
Unduplicated Clients (UDC):	126	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	126

OMH Legal Entity Matrix (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.													Appendix/Page #: B-#4, Page 10		
Provider Name: RAMS													Document Date: 5/5/2014		
Provider Number: 3894													Fiscal Year: FY 2014 -15		
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	TOTAL
Program Code (formerly Reporting Unit):	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Mode/SFC (MH) or Modality (SA):	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:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Svcs MH Services Group (5% Cap)		TOTAL
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
Salaries & Employee Benefits:	\$ 8,834	\$ 4,846	\$ 19,324	\$ 2,945	\$ 245	\$ 10,869	\$ 2,845	\$ 123	\$ 2,945	\$ 2,945	\$ 4,319	\$ 1,227	\$ 1,799	\$ 63,364	
Operating Expenses:	\$ 809	\$ 444	\$ 1,770	\$ 270	\$ 22	\$ 998	\$ 270	\$ 11	\$ 270	\$ 270	\$ 396	\$ 112	\$ 165	\$ 5,805	
Subtotal Direct Expenses:	\$ 9,643	\$ 5,290	\$ 21,094	\$ 3,214	\$ 268	\$ 11,865	\$ 3,214	\$ 134	\$ 3,214	\$ 3,214	\$ 4,714	\$ 1,339	\$ 1,964	\$ 69,169	
Indirect Expenses:	\$ 1,157	\$ 635	\$ 2,531	\$ 386	\$ 32	\$ 1,424	\$ 386	\$ 16	\$ 386	\$ 386	\$ 566	\$ 161	\$ 234	\$ 8,300	
TOTAL FUNDING USES:	\$ 10,800	\$ 5,925	\$ 23,625	\$ 3,600	\$ 300	\$ 13,289	\$ 3,600	\$ 150	\$ 3,600	\$ 3,600	\$ 5,280	\$ 1,500	\$ 2,198	\$ 77,469	
CBHS MENTAL HEALTH FUNDING SOURCES															
Index Code															
MH WORK ORDER - Human Services Agency															\$ -
MH WORK ORDER - Dept Children, Youth & Families															\$ -
County General Fund Work Order (COGE)															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) ECM#1 HMHMPROP10WO	\$ 10,800	\$ 5,925	\$ 23,625	\$ 3,600	\$ 300	\$ 13,289	\$ 3,600	\$ 150	\$ 3,600	\$ 3,600	\$ 5,280	\$ 1,500	\$ 2,198	\$ 77,469	
MH WORK ORDER - First Five (SF Children & Family Commission) ERC															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter															\$ -
MH STATE - MHSA															\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 10,800	\$ 5,925	\$ 23,625	\$ 3,600	\$ 300	\$ 13,289	\$ 3,600	\$ 150	\$ 3,600	\$ 3,600	\$ 5,280	\$ 1,500	\$ 2,198	\$ 77,469	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 10,800	\$ 5,925	\$ 23,625	\$ 3,600	\$ 300	\$ 13,289	\$ 3,600	\$ 150	\$ 3,600	\$ 3,600	\$ 5,280	\$ 1,500	\$ 2,198	\$ 77,469	
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	144	79	315	48	4	177	48	2	48	48	48	20	20	1,001	
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	Staff Hours	
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES ONLY)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Cost Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Published Rate (Medi-Cal Providers Only):															Total UDC:
Unduplicated Clients (UDC):	300	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	300

DMH Legal Entity Name (MI)/Contractor Name (SA): Richmond Area Multi-Services, Inc.										Appendix/Page #: B-#4, Page 1d					
Provider Name: RAMS										Document Date: 5/5/2014					
Provider Number: 3894										Fiscal Year: FY 2014 -15					
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	
Program Code (formerly Reporting Unit):	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Moders/FC (MH) or Modality (SA)	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:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Svcs MH Services Group (5% Cap)	TOTAL	
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
Salaries & Employee Benefits:	\$ 40,844	\$ 17,627	\$ 113,073	\$ 16,890	\$ 21,128	\$ 48,008	\$ 16,890	\$ 61	\$ 16,890	\$ 16,890	\$ 24,773	\$ 7,063	\$ 10,369	\$ 350,489	
Operating Expenses:	\$ 3,742	\$ 1,815	\$ 10,359	\$ 1,547	\$ 1,936	\$ 4,398	\$ 1,547	\$ 6	\$ 1,547	\$ 1,547	\$ 2,269	\$ 647	\$ 949	\$ 32,110	
Subtotal Direct Expenses:	\$ 44,586	\$ 19,242	\$ 123,432	\$ 18,438	\$ 23,064	\$ 52,406	\$ 18,438	\$ 67	\$ 18,438	\$ 18,438	\$ 27,042	\$ 7,710	\$ 11,308	\$ 382,609	
Indirect Expenses:	\$ 5,360	\$ 2,309	\$ 14,812	\$ 2,213	\$ 2,768	\$ 6,289	\$ 2,213	\$ 8	\$ 2,213	\$ 2,213	\$ 3,245	\$ 925	\$ 1,354	\$ 45,912	
TOTAL FUNDING USES:	\$ 49,936	\$ 21,551	\$ 138,244	\$ 20,651	\$ 25,832	\$ 58,695	\$ 20,651	\$ 75	\$ 20,651	\$ 20,651	\$ 30,287	\$ 8,635	\$ 12,662	\$ 428,521	
CBHS MENTAL HEALTH FUNDING SOURCES															
	Index Code														
MH WORK ORDER - Human Services Agency															\$ -
MH WORK ORDER - Dept. Children, Youth & Families															\$ -
County General Fund Work Order (COOB)															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All	HMHMCHPFAPWO	\$ 49,936	\$ 21,551	\$ 138,244	\$ 20,651	\$ 25,832	\$ 58,695	\$ 20,651	\$ 75	\$ 20,651	\$ 20,651	\$ 30,287	\$ 8,635	\$ 12,662	\$ 428,521
MH WORK ORDER - First Five (SF Children & Family Commission) ECMHI															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) FRC															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter															\$ -
MH STATE - MHSA															\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 49,936	\$ 21,551	\$ 138,244	\$ 20,651	\$ 25,832	\$ 58,695	\$ 20,651	\$ 75	\$ 20,651	\$ 20,651	\$ 30,287	\$ 8,635	\$ 12,662	\$ 428,521
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 49,936	\$ 21,551	\$ 138,244	\$ 20,651	\$ 25,832	\$ 58,695	\$ 20,651	\$ 75	\$ 20,651	\$ 20,651	\$ 30,287	\$ 8,635	\$ 12,662	\$ 428,521
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	666	287	1,843	275	344	783	275	1	275	275	275	115	115	5,531	
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	Staff Hour	Staff Hours
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Cost Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Published Rate (Medi-Cal Providers Only):															Total UDC:
Unduplicated Clients (UDC):	839	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	839

DMH Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.													Appendix/Page #: B-#4, Page 1e		
Provider Name: RAMS													Document Date: 5/5/2014		
Provider Number: 3894													Fiscal Year: FY 2014 -15		
Program Name	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	TOTAL
Program Code (formerly Reporting Unit):	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Mode: SFC (MH) or Modality (SA)	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	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Rel/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Svcs MH Services Group (5% Cap)		
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
SALARIES & EMPLOYEE BENEFITS:	\$ 8,711	\$ 5,214	\$ 9,815	\$ 4,294	\$ 16,808	\$ 18,596	\$ 4,294	\$ 123	\$ 4,294	\$ 4,294	\$ 6,298	\$ 1,779	\$ 2,609	\$ 88,129	
OPERATING EXPENSES:	\$ 798	\$ 478	\$ 899	\$ 393	\$ 1,540	\$ 1,795	\$ 393	\$ 11	\$ 393	\$ 393	\$ 577	\$ 163	\$ 239	\$ 8,073	
Subtotal Direct Expenses:	\$ 9,509	\$ 5,692	\$ 10,714	\$ 4,687	\$ 18,348	\$ 21,391	\$ 4,687	\$ 134	\$ 4,687	\$ 4,687	\$ 6,875	\$ 1,942	\$ 2,848	\$ 96,202	
INDIRECT EXPENSES:	\$ 1,141	\$ 683	\$ 1,286	\$ 562	\$ 2,202	\$ 2,567	\$ 562	\$ 16	\$ 562	\$ 562	\$ 825	\$ 233	\$ 346	\$ 11,547	
TOTAL FUNDING USES:	\$ 10,650	\$ 6,375	\$ 12,000	\$ 5,249	\$ 20,550	\$ 23,958	\$ 5,249	\$ 150	\$ 5,249	\$ 5,249	\$ 7,700	\$ 2,175	\$ 3,194	\$ 107,749	
CBHS MENTAL HEALTH FUNDING SOURCES															
	Index Code														
MH WORK ORDER - Human Services Agency															\$ -
MH WORK ORDER - Dept. Children, Youth & Families															\$ -
County General Fund Work Order (CODB)															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) ECMHI															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) FRC	HMHMCHSRIPWO	\$ 10,650	\$ 6,375	\$ 12,000	\$ 5,249	\$ 20,550	\$ 23,958	\$ 5,249	\$ 150	\$ 5,249	\$ 5,249	\$ 7,700	\$ 2,175	\$ 3,194	\$ 107,749
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter															\$ -
MH STATE - MHSA															\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 10,650	\$ 6,375	\$ 12,000	\$ 5,249	\$ 20,550	\$ 23,958	\$ 5,249	\$ 150	\$ 5,249	\$ 5,249	\$ 7,700	\$ 2,175	\$ 3,194	\$ 107,749
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 10,650	\$ 6,375	\$ 12,000	\$ 5,249	\$ 20,550	\$ 23,958	\$ 5,249	\$ 150	\$ 5,249	\$ 5,249	\$ 7,700	\$ 2,175	\$ 3,194	\$ 107,749
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	142	85	180	70	274	319	70	2	70	70	70	29	29	1,390	
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	Staff Hour	Staff Hour
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES ONLY)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00	
Cost Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00	
Published Rate (Medi-Cal Providers Only):															Total UDC:
Unduplicated Clients (UDC):	143	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	143

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

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Provider Name: RAMS

Document Date: 5/5/2014

Provider Number: 3894

Fiscal Year: FY 2014 -15

Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	
Program Code (formerly Reporting Unit):	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Mode/SFC (MH) or Modality (SA):	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:	Outreach: Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Svcs MH Services Group (5% Cap)		TOTAL
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
Salaries & Employee Benefits:	\$ 28,035	\$ 17,177	\$ 67,234	\$ 12,269	\$ 15,520	\$ 59,722	\$ 12,269	\$ 123	\$ 12,269	\$ 12,269	\$ 17,994	\$ 5,092	\$ 7,468	\$ 267,439	
Operating Expenses:	\$ 2,568	\$ 1,573	\$ 6,159	\$ 1,124	\$ 1,422	\$ 5,471	\$ 1,124	\$ 11	\$ 1,124	\$ 1,124	\$ 1,648	\$ 486	\$ 684	\$ 24,499	
Subtotal Direct Expenses:	\$ 30,603	\$ 18,750	\$ 73,393	\$ 13,393	\$ 16,942	\$ 65,193	\$ 13,393	\$ 134	\$ 13,393	\$ 13,393	\$ 19,643	\$ 5,558	\$ 8,152	\$ 281,938	
Indirect Expenses:	\$ 3,672	\$ 2,250	\$ 8,807	\$ 1,607	\$ 2,033	\$ 7,823	\$ 1,607	\$ 16	\$ 1,607	\$ 1,607	\$ 2,357	\$ 667	\$ 980	\$ 35,033	
TOTAL FUNDING USES:	\$ 34,275	\$ 21,000	\$ 82,200	\$ 15,000	\$ 18,975	\$ 73,016	\$ 15,000	\$ 150	\$ 15,000	\$ 15,000	\$ 22,000	\$ 6,225	\$ 9,132	\$ 326,971	
CBHS MENTAL HEALTH FUNDING SOURCES															
MH WORK ORDER - Human Services Agency	\$ 34,275	\$ 21,000	\$ 82,200	\$ 15,000	\$ 18,975	\$ 73,016	\$ 15,000	\$ 150	\$ 15,000	\$ 15,000	\$ 22,000	\$ 6,225	\$ 9,132	\$ 326,971	
MH WORK ORDER - Dept. Children, Youth & Families														\$ -	
County General Fund Work Order (COB)														\$ -	
MH WORK ORDER - First Five (SF Children & Family Commission) Presc														\$ -	
MH WORK ORDER - First Five (SF Children & Family Commission) ECMH														\$ -	
MH WORK ORDER - First Five (SF Children & Family Commission) FRC														\$ -	
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter														\$ -	
MH STATE - MHSA														\$ -	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 34,275	\$ 21,000	\$ 82,200	\$ 15,000	\$ 18,975	\$ 73,016	\$ 15,000	\$ 150	\$ 15,000	\$ 15,000	\$ 22,000	\$ 6,225	\$ 9,132	\$ 326,971	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 34,275	\$ 21,000	\$ 82,200	\$ 15,000	\$ 18,975	\$ 73,016	\$ 15,000	\$ 150	\$ 15,000	\$ 15,000	\$ 22,000	\$ 6,225	\$ 9,132	\$ 326,971	
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	457	280	1,096	200	253	974	200	2	200	200	200	83	83	4,228	
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	Staff Hours	
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Cost Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Published Rate (Medi-Cal Providers Only):														Total UDC:	
Unduplicated Clients (UDC):	574	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	574	

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DMH Legal Entity Name (MHy)/Contractor Name (SA): Richmond Area Multi-Services, Inc.														Appendix/Page #: B-#4, Page 1g	
Provider Name: RAMS														Document Date: 5/5/2014	
Provider Number: 3894														Fiscal Year: FY 2014 -15	
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	
Program Code (formerly Reporting Unit):	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	389404	
Mode/SFC (MH) or Modality (SA)	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:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Rel/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Svcs MH Services Group (5% Cap)		TOTAL
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
FUNDING USES															
SALARIES & EMPLOYEE BENEFITS:	\$ 15,643	\$ 3,681	\$ 37,359	\$ 4,601	\$ 1,472	\$ 10,450	\$ 4,601	\$ 184	\$ 4,601	\$ 4,601	\$ 6,748	\$ 1,902	\$ 2,789	\$ 98,631	
OPERATING EXPENSES:	\$ 1,433	\$ 337	\$ 3,423	\$ 422	\$ 135	\$ 957	\$ 422	\$ 17	\$ 422	\$ 422	\$ 618	\$ 174	\$ 256	\$ 9,036	
SUBTOTAL DIRECT EXPENSES:	\$ 17,076	\$ 4,018	\$ 40,782	\$ 5,022	\$ 1,607	\$ 11,407	\$ 5,022	\$ 201	\$ 5,022	\$ 5,022	\$ 7,366	\$ 2,076	\$ 3,045	\$ 107,667	
INDIRECT EXPENSES:	\$ 2,049	\$ 482	\$ 4,894	\$ 603	\$ 193	\$ 1,369	\$ 603	\$ 24	\$ 603	\$ 603	\$ 884	\$ 249	\$ 363	\$ 12,919	
TOTAL FUNDING USES:	\$ 19,125	\$ 4,500	\$ 45,676	\$ 5,625	\$ 1,800	\$ 12,776	\$ 5,625	\$ 225	\$ 5,625	\$ 5,625	\$ 8,250	\$ 2,325	\$ 3,408	\$ 120,586	
CBHS MENTAL HEALTH FUNDING SOURCES															
Index Code															
MH WORK ORDER - Human Services Agency															\$ -
MH WORK ORDER - Dept. Children, Youth & Families HMHMSCHOOLWO	\$ 19,125	\$ 4,500	\$ 45,676	\$ 5,625	\$ 1,800	\$ 12,776	\$ 5,625	\$ 225	\$ 5,625	\$ 5,625	\$ 8,250	\$ 2,325	\$ 3,408	\$ 120,586	
County General Fund Work Order (CODB)															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) P															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) ECMH															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) FRC															\$ -
MH WORK ORDER - First Five (SF Children & Family Commission) S															\$ -
MH STATE - MNSA															\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 19,125	\$ 4,500	\$ 45,676	\$ 5,625	\$ 1,800	\$ 12,776	\$ 5,625	\$ 225	\$ 5,625	\$ 5,625	\$ 8,250	\$ 2,325	\$ 3,408	\$ 120,586	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 19,125	\$ 4,500	\$ 45,676	\$ 5,625	\$ 1,800	\$ 12,776	\$ 5,625	\$ 225	\$ 5,625	\$ 5,625	\$ 8,250	\$ 2,325	\$ 3,408	\$ 120,586	
Amounts Over Caps (If Any)															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	255	60	609	75	24	170	75	3	75	75	75	31	31	1,558	
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	Staff Hours	
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Cost Per UOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00		
Published Rate (Medi-Cal Providers Only)															Total UDC:
Unduplicated Clients (UDC):	312	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	312

OPH 3: Salaries & Benefits Detail

Program Code: 289404
 Program Name: Early Childhood Childcare Initiative (Fu Yao)
 Document Date: 5/2/14

Position Title	TOTAL		General Fund (HMHMCF761694)		MHSA - PEI (HMHMPROP63 PMHSE3-1410)		SFCFC - HQCC (HMHMPROP10W0)		SFCFC - PFA (HMHMCHPFAPW0)		SFCFC - BRI (HMHMCHSRIPW0)		HSA (HMHMCHCDHSW0)		DCYF - HQCC (HMHMCHDCYFW0)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.95	\$ 82,650	\$ 0.01	\$ 864	0.04	3,181	0.07	5,738	0.38	31,738	0.09	7,980	0.28	24,217	0.10	8,932
Child Psychiatrist/MD	0.13	\$ 2,470	\$ 0.00	\$ 26	0.00	95	0.01	171	0.05	949	0.01	238	0.04	724	0.01	267
Clinical Supervisor	0.18	\$ 13,585	\$ 0.00	\$ 142	0.01	523	0.01	943	0.07	5,218	0.02	1,312	0.05	3,981	0.02	1,469
Mental Health Consultant	12.01	\$ 577,913	\$ 0.13	\$ 6,044	0.46	22,242	0.83	40,120	4.61	221,924	1.16	56,801	3.52	169,333	1.30	62,449
Administrative Assistant	1.15	\$ 39,250	\$ 0.01	\$ 410	0.04	1,511	0.08	2,725	0.44	15,072	0.11	3,790	0.34	11,601	0.12	4,241
Totals:	14.41	\$715,871	0.15	\$7,486	0.55	\$27,552	1.00	\$49,897	5.53	\$274,601	1.39	\$89,121	4.22	\$209,756	1.56	\$77,358

Employee Fringe Benefits:	28%	\$196,865	28%	\$2,059	28%	\$7,577	28%	\$13,687	28%	\$75,598	27%	\$19,008	28%	\$57,583	27%	\$21,273
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TOTAL SALARIES & BENEFITS: \$912,736 \$9,545 \$35,129 \$63,584 \$350,499 \$88,129 \$267,439 \$98,631

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B#4, Page 3

Expenditure Category	TOTAL	General Fund (HMMHCP751594)	MHSA - PEI (HMMHPROP63/PMHS63-1410)	SFCFC - HQCC (HMMHPROP10W0)	SFCFC - PFA (HMMHCHPFAPW0)	SFCFC - SRI (HMMHCHSRIPW0)	HSA (HMMHCHCDHSW0)	DCYF - HQCC (HMMHCHDCYFW0)
	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15
Occupancy:								
Rent	\$ 24,000	\$ 251	\$ 924	\$ 1,566	\$ 9,216	\$ 2,317	\$ 7,032	\$ 2,594
Utilities (phone, electricity, water, gas)	\$ 13,000	\$ 135	\$ 500	\$ 902	\$ 4,992	\$ 1,255	\$ 3,809	\$ 1,406
Building Repair/Maintenance	\$ 2,000	\$ 21	\$ 77	\$ 139	\$ 788	\$ 193	\$ 586	\$ 216
Materials & Supplies:								
Office Supplies	\$ 1,250	\$ 13	\$ 48	\$ 87	\$ 480	\$ 121	\$ 366	\$ 135
Photocopying	\$ 1,000	\$ 10	\$ 38	\$ 69	\$ 384	\$ 97	\$ 293	\$ 109
Printing	\$ 1,000	\$ 10	\$ 38	\$ 69	\$ 384	\$ 97	\$ 293	\$ 109
Program Supplies	\$ 8,000	\$ 198	\$ 726	\$ 407	\$ 2,252	\$ 566	\$ 1,719	\$ 634
Computer hardware/software	\$ 2,000	\$ 21	\$ 77	\$ 139	\$ 788	\$ 193	\$ 586	\$ 216
General Operating:								
Training/Staff Development	\$ 5,000	\$ 52	\$ 192	\$ 347	\$ 1,920	\$ 483	\$ 1,465	\$ 541
Insurance	\$ 4,500	\$ 47	\$ 173	\$ 312	\$ 1,728	\$ 435	\$ 1,319	\$ 486
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel:								
Local Travel	\$ 13,000	\$ 136	\$ 500	\$ 902	\$ 4,992	\$ 1,255	\$ 3,809	\$ 1,406
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor:								
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:								
Recruitment & Direct Staff Expenses	\$ 11,000	\$ 116	\$ 425	\$ 766	\$ 4,226	\$ 1,061	\$ 3,222	\$ 1,184
TOTAL OPERATING EXPENSE	\$83,750	\$1,009	\$3,218	\$5,806	\$32,110	\$8,073	\$24,496	\$9,036

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.							Appendix/Page #: B-#5, Page 1	
Provider Name: RAMS							Document Date: 5/5/2014	
Provider Number: 0							Fiscal Year: FY14-15	
Program Name:	MHSA WDET- Summer Bridge							
Program Code (formerly Reporting Unit):	3894							
Mode/SFC (MH) or Modality (SA):	45/10-19							
Service Description:	MH Promotion							TOTAL
FUNDING TERM:	14-15							
FUNDING USES								
Salaries & Employee Benefits:	33,070							33,070
Operating Expenses:	28,863							28,863
Capital Expenses (greater than \$5,000):	0							0
Subtotal Direct Expenses:	61,933	0	0	0	0	0	0	61,933
Indirect Expenses:	7,432							7,432
TOTAL FUNDING USES:	69,365	0	0	0	0	0	0	69,365
CBHS MENTAL HEALTH FUNDING SOURCES								
	Index Code							
MH STATE - MHSA (WET)	HMHMPROP63 PMHS63-1408	69,365						69,365
								0
								0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		69,365						69,365
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES		69,365						69,365
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES			0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		69,365						69,365
3HS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR							
DPH Units of Service:	1,041							
Unit Type:	Staff Hour	0	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	66.63							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	66.63	0.00	0.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):								Total UDC:
Unduplicated Clients (UDC):	40							40

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B#5, Page 3

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

DPH 7: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc.

Document Date: 05/05/14

Fiscal Year: FY14-15

1. SALARIES & BENEFITS

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

2. OPERATING COSTS

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

TOTAL INDIRECT COSTS \$ 418,727
 (Salaries & Benefits + Operating Costs)



RICHARE-01

RKUMAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2013

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

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

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL ISUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	OPS0062221	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 3,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	X CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	X Prof Liab \$3mm/\$4mm					PERSONAL & ADV INJURY \$ 3,000,000
	X Abuse Liab \$250k/\$1m					GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY		RIC0013128	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC201300001911	7/1/2013	7/1/2014	X WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		MPL576139700	7/1/2013	7/1/2016	Limit 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 2

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

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

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

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

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

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

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

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

RE: Early Childhood Mental Health Consultation at
 Potrero Hill FRC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 3

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

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

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

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

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

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

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

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



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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name of Person or Organization:

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 6

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

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

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

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 7

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

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

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

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

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

rams

Richmond area multi Services, inc.

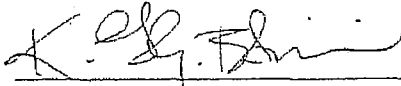
Community mental health

AUTOMOBILE LIABILITY COVERAGE WAIVER

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

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

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



Signature

7/6/09

Date

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

~~a non-profit corporation~~



May 19, 2004

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

From: Kavoos Ghane Bassiri, LMFT, CGP: ~~Kavoos Ghane Bassiri~~
Chief Executive Officer

Re: Waiver for Auto-Liability insurance

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

Waiver granted based on the above information.

*Nancy Johnston - Bellini
Deputy Risk Manager
5-21-04*

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

is changed to read:

A Waiver of Subrogation is hereby added to the policy.

See Form WC 04 03 06.

* Item 4. Change To:

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

Total Estimated Annual Premium \$ 109,974

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

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

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

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

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

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

Insured: Richmond Area Multi Services, Inc.

DBA:

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

NCCI Carrier Code No. 28746

Countersigned by _____

WC 89 06 00 A

Ed. 7-87

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

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

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

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

Schedule

Person or Organization

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

Job Description

All Operations of the Named Insured

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

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

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

DBA:

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

Countersigned by _____

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and

Richmond Area Multi Services, Inc.

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Richmond Area Multi-services, Inc., 3626 Balboa Street, San Francisco, CA 94121, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse.

WHEREAS, Request for Proposal was issued on July 31, 2009 and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

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

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixteen Million Sixty Three Thousand Six Hundred Eighty Four Dollars (\$16,063,684). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and

assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. **Payment Does Not Imply Acceptance of Work.** The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. **Qualified Personnel.** Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. **Responsibility for Equipment.** City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit

against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

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

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

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

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

5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

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

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

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

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy 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.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

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

f. 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.

g. 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.

h. Before commencing any operations under this Agreement, 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. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Liquidated Damages Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |
- And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY: Office of Contract Management and Compliance
 Department of Public Health

1380 Howard Street, Room 442
San Francisco, California 94103

FAX: (415) 255-3088
e-mail: Junko.Craft@sfdph.org

And: Andrew Williams
1380 Howard Street, 5th Floor
San Francisco, Ca 94103

FAX: (415) 255-3634
e-mail: Andrew.Williams@sfdph.org

To
CONTRACTOR: Kavoods Ghane Bassiri

Richmond Area Multi-Services, Inc.
3626 Balboa Street
San Francisco, CA 94121

FAX: (415) 668-5955
e-mail: kgbassiri@ramsinc.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his/her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the

City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

a. **The LBE Ordinance.** Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. **Compliance and Enforcement**

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. **Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions.

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

c. **Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. **Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six

months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set

forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

50. **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. **Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. **Services Provided by Attorneys.** Any services to be provided by a law firm or attorney 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.

55. **Supervision of Minors** Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. **Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and

shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Slavery Era Disclosure *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

61. **Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. **Dispute Resolution Procedure.** A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. **Additional Terms.** Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

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

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



Mitchell H. Katz, M.D.
Director of Health

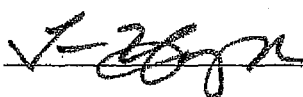
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/ Date

Approved as to Form:

Dennis J. Herrera
City Attorney

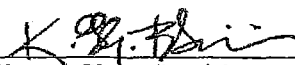
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By: 

Terence Howzell, Deputy
City Attorney

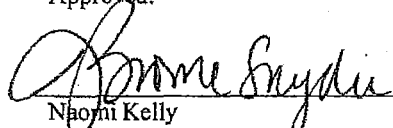
10/14/10
/ Date



Kavous Ghane Bassiri
President/CEO
3626 Balboa Street
San Francisco, CA 94121

10/10/10
Date

Approved:

6 

Naomi Kelly
Director of the Office of
Contract Administration and
Purchaser

12/15/10
Date

City vendor number: 15706

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: State Funded Children's Mental Health Services
- I: SFDPH Private Policy Compliance Standards
- J: Emergency Response

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Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

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

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

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

E. Adequate Resources:

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

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification,

disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

(2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.

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

L. Billing and Information System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

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

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

for contractors by Community Mental Health Services or Community Substance Abuse Services, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

S. 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.

T. Harm Reduction

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1a & A-1c Outpatient

Appendix A-2 Wellness Center

Appendix A-3 Fu Yau Project

Appendix A-4 Summer Bridge Program

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-1a & A-1c

Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services

Contract Term (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only): 10-11

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

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

Short Term Outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral; health and substance abuse issue on child and family; coordination of care and linkage to services. Long Term Outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

4. Target Population

RAMS Children, Youth & Family (CYF) Outpatient Services Program serves San Francisco children and youth, under the age of 18 who are beneficiaries of public health insurance, such as Medi-Cal and Healthy Families, and their siblings and parents who are in need of psychiatric prevention and/or intervention services. There is a special focus on serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and US-born – a group that is traditionally underserved. Included are services to LGBTQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for assistance. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Family Mosaic/TBS, are eligible for EPSDT services. Services are provided at the RAMS Outpatient Clinic and in the community (e.g. on-site at San Francisco Unified School District schools).

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

Document Date 10/12/2010
Page 1 of 7

6. Methodology

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

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well over 15,000 adults, children, youth & families at over 75 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, Asian Youth Advocacy Network, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Counselors/Workers (including Psychologists, Social Workers, Behavioral/ Mental Health Clinicians/Counselors/Workers), Peer Counselors, and Psychiatrists.

Also, the Peer Counselors provide additional support and may facilitate/co-facilitate workshops, engage & coordinate the Youth Advisory Council, and conduct various outreach activities to provide information about the program and general information on behavioral health matters and community resources. As peers, these individuals are able to address the stigma of mental illness utilizing a variant approach. Various outreach activities include, but are not limited to: organizing cultural events, conducting psycho-educational & informational workshops or activity groups, and providing support in natural environments. The type of activity, topic foci, and location also engage those who may not necessarily self-initiate counseling services. The workshops may use alternative references to behavioral health topics instead of using “loaded” words and language. There may also be targeted outreach activities to ethnic groups including Chinese, Koreans, Japanese, Cambodians, and Vietnamese. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

B. Describe your program’s admission, enrollment and/or intake criteria and process.

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

C. Describe your program’s service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

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

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-1a & A-1c

Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services

Contract Term (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

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

The Behavioral Health Counselors/Workers provide clients with on-going individual and group integrated behavioral health counseling, case management services, and as needed, conduct and collateral meetings. Having individual counseling and case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the clinician and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. A plan of care with goals is formally developed (within the first two months) and updated at least annually. This is a collaborative process (between counselor & client) in setting treatment goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Counselor. RAMS conducts home visits and linkages for client support services (e.g. childcare, transportation) to other community agencies and government offices. Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during all program hours of operation, in order to increase accessibility.

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

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

- E. Describe your program's staffing; which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

Furthermore, direct services are also provided by 16 pre-doctoral interns and practicum trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for pre-doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS' training program become

Document Date 10/12/2010

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Contractor: Richmond Area Multi-Services, Inc.

Appendix A-1a & A-1c

Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

7. Objectives and Measurements

A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.

A.1.g. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

A.1.h. CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

A.1.i. Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

A.1.j. Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Contractor: Richmond Area Multi-Services, Inc.
Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services
City Fiscal Year (CBHS only): 10-11

Appendix A-1a & A-1c
Contract Term (MM/DD/YY)
07 / 01 / 2010 through 06 / 30 / 2011
Funding Source (AIDS Office & CHPP only):

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

To further support services outcomes, RAMS conducts various strategies (culturally competent services, fostering trusting & safe counselor-client relationships) and maintains the following objectives for FY 2010-11: (1) 100% of clients/families will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred; and (2) 100% of all client plans of care will have a goal focusing maintaining/strengthening stability in the community, including positive community engagement, e.g. social network, vocational training/employment/volunteer activities, cultural centers; and (3) 100% of clients who have completed the program, and provide consent, will have a follow-up assessment (within six months of discharge) regarding services outcomes – if appropriate, program reengagement can take place. These will be evidenced by program and Avatar reports and records (e.g. Assessments, Treatment Plans of Care) documenting such data.

Contractor: Richmond Area Multi-Services, Inc.
Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services
City Fiscal Year (CBHS only): 10-11

Appendix A-1a & A-1c
Contract Term (MM/DD/YY)
07/01/2010 through 06/30/2011
Funding Source (AIDS Office & CHPP only):

8. Continuous Quality Improvement

CYF Outpatient Services Program's goal is to implement a culturally competent, efficient and effective coordinated care model of service, where clients are actively involved and where they learn to build on strengths, alleviate/manage symptoms and develop/make choices that assist them to the maximum extent possible to lead satisfying and productive lives in the least restrictive environments. Short Term Outcomes include: engagement of at risk and underserved children, youth and families into behavioral health services; identification of strengths and difficulties; engagement of consumers in a comprehensive treatment plan of care; symptom reduction, asset development; education on impact of behavioral; health and substance abuse issue on child and family; coordination of care and linkage to services. Long Term Outcomes include: marked reduction of psychiatric and substance abuse symptoms preventing the need for a higher more intensive level of care; improvement of functioning as evidenced by increased school success, increased family/home stability and support; and maximized Asset Building as evidenced by successful transfer to community and natural supports.

Furthermore, the program aims to meet and exceed the CBHS' care standards and annual performance objectives. Outcomes are measured/monitored by the following methods:

- Child and Adolescent Needs and Strengths, evidenced-based assessment tool
- Monthly chart audits, conducted by counselor and a report submitted to the Program Director
- Psychiatrist Peer Chart Audits
- Data analysis & review: Database/tracking system for tracking symptoms reductions (e.g. number of impairments at intake vs. annual update/discharge; level of accomplishing treatment goals; service utilization reviews).
- Service Utilization Committee – Committee comprised of the Program Director, Child Psychiatrist, and a licensed counselor; meets twice-monthly to review frequency of treatment and modality/type of services, and the match to client's progress & clinical needs
- Weekly Clinical Supervision & Case Conferences – Supervisors & colleagues provide feedback to counselors in their work resulting in adjusted intervention strategies, as needed
- Review Treatment Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the client

The CYF Outpatient Program engages in various organizational development and monitoring activities, ensuring accountability in all regards. Such activities include but are not limited to:

- COMPASS and CODECAT (training needs assessment), at least every two years
- Monthly service utilization reports, program-wide
- Monthly program all-staff meetings to discuss administrative issues and matters
- Regular program operations meetings including SFDPH program monitors
- Program retreats & focused discussions on program design and service delivery
- Clinical Supervision Evaluation (by staff to supervisors), at least annually
- Director of Clinical Services holds individual supervision with Program Director (every two weeks) and monthly meetings with all RAMS Program Directors
- Program Director submits a monthly written report to Director of Clinical Services on activities and progress on plans of improvement, if any
- Program Director submits written report to RAMS executive management on status/progress of contract, culturally competency, and integration & compliance goals, at least quarterly
- Director of Clinical Services submits a written report to RAMS CEO on program activities, status/progress on contract, culturally competency, and integration & compliance goals
- Monthly agency-wide all-staff meetings to discuss administrative issues and matters
- RAMS Quality Council (includes staff and consumers)
- Organizational and clinical consultation with field experts
- RAMS executive management (CEO, Chief Financial Officer, Deputy Chief/Director of Clinical Services, Director of Human Resources, and Operations Manager) meet every two weeks to discuss agency-wide matters, including program issues, and management
- Annual program reviews by external entities

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-1a & A-1c

Program: Children, Youth, Family Outpatient Services
Program and EPSDT Services

Contract Term (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

- Accreditation Visits (Medi-Cal certification; American Psychological Association)

Quality assurance involves a high level of consumer involvement, as the best informant for the program services is the target population, themselves. RAMS coordinates various opportunities to obtain feedback on program delivery of culturally competent services, identifying strengths of strategies, and recommendations for program design, including group topics, group sessions scheduling, and the physical environment. Such methods include, but are not limited to:

- Meaningful engagement in treatment (counselor & client, with collateral meetings/input), with the client providing suggestions
- Hiring & retaining a Peer/Youth Counselor, an integral member of the outreach & services team
- Anonymous consumer & family member satisfaction surveys (internal & external surveys).
- Anonymous feedback through suggestions boxes in the two client wait areas
- Focus groups with consumers, at least twice yearly
- Client Councils (Youth and Caregiver/Family), with quarterly meetings
- Clients are invited to monthly RAMS Board of Directors meeting to share their experiences and provide feedback (location is rotated to support accessibility)

For all quality assurance activities, the Program Director includes its outcome (narrative, qualitative/quantitative data, including all suggestions) in a written report to executive management; recommendations are explored as is its feasibility with developed plans of action (if any), at least monthly to executive management, Quality Assurance Council, the consumer(s), and/or community-at-large. Also, RAMS has demonstrated history of being fully cooperative with CBHS with all quality improvement activities, as evidenced by the excellent track record of meeting all of the contract objectives.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

Contractor: Richmond Area Multi-Services, Inc.
Program: CYF Outpatient Services (School-Based Partnership)
City Fiscal Year (CBHS only): 10-11

Appendix A-1b
Contract Term (MM/DD/YY)
7/01/10 through 6/30/2011

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

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

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

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

Lowell High School
1101 Eucalyptus Drive
San Francisco, CA 94132
(415) 759-2730

Marina Middle School
3500 Fillmore Street
San Francisco, CA 94123
(415) 749-3495

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

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

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The program provides on-site, school-based mental health services for students with an "Emotional Disturbance" (ED) and other special day classrooms. Major goals of School-Based Mental Health Partnership (SBMHP) programs include the prevention or referrals of ED youth to less or more restrictive settings, involvement of parents and caregivers in their children's education and services, and support to teachers/classroom/school environments to increase student engagement in learning and school connection. Partnerships necessarily involve collaboration with school officials, caregivers and youth themselves to promote and increase developmental assets and school engagement.

4. Target Population

The program serves San Francisco Unified School District (SFUSD) Marina and Presidio Middle Schools as well as George Washington, School of the Arts (SOTA), Mission, Lowell and Galileo High Schools (total of 8.5 classrooms). The SBMHP provides vital access to mental health services for emotionally disabled (ED) youth and their families and support to the school personnel who work with them. Services may also include students involved in Special Day Class (SDC) or

Contractor: Richmond Area Multi-Services, Inc.
Program: CYF Outpatient Services (School-Based Partnership)
City Fiscal Year (CBHS only): 10-11

Appendix A-1b

Contract Term (MM/DD/YY)
7 / 01 / 10 through 6 / 30 / 2011
Funding Source (AIDS Office & CHPP only):

other Learning Disabled (LD) programs experiencing mental health difficulties that are impacting their ability to learn, who could potentially be diagnosed ED without intervention.

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS Director of CYF Outpatient Services Clinic and Behavioral Health Counselors/Workers (including Psychologists, Social Workers, Behavioral/Mental Health Clinicians/Counselors/Workers) meet with school personnel (principal or designee, special education director, and special education teachers) in the beginning and end of each school year, as needed, and ongoing for outreach to and recruitment of children/youth who qualify for services. This may include but is not limited to active participation/presentation in at least one SPED department meeting.

RAMS Director of CYF Outpatient Services Clinic and/or Behavioral Health Counselors/Workers participate in forums (e.g. Back to School Nights) that students' parents/caregivers attend to discuss services, provide psycho-education, and develop relationships to support student participation in services.

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

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

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

Children/youth in ED special day classrooms, with AB3632 status, or other special education classes are referred by school personnel to the on-site RAMS Behavioral Health Counselors/Workers. The process for referral and priority of students for enrollment is agreed upon during the MOU process at the beginning of the school year and is amended as necessary to meet the needs of the students and school sites.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

RAMS counselors provide on-site mental health services to the students referred for services. Each counselor dedicates 12 hours per week per partnership, for behavioral/mental health services (at least 8 hr/wk on-site). Each counselor provides at least 8 hours of on-site services at George Washington, Galileo, Lowell and Mission High Schools and Marina Middle

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Program: CYF Outpatient Services (School-Based Partnership)
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School; 12 hours on-site at Presidio Middle School, and 18 hours on-site at SOTA for a total of 8.5 classrooms, when schools are in operation (including summer school). Students have the option of receiving behavioral/mental health services at RAMS Outpatient Clinic when school is not in operation in an effort to provide continuity of care.

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

Using a Developmental Assets model, RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students' internal and external resources and supports. RAMS counselors have also been trained in Second Step for middle school sites. A plan for implementation of these programs is agreed upon at the beginning of the school year with school administration and staff and submitted to CBHS. Second Step curriculum is presented in a group setting for one semester and is amended to meet the needs of the students in the group with regard to grade and developmental level.

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

RAMS Behavioral Health Counselors/Workers, along with school personnel, determine students' exit criteria and process & procedure at the students' Individualized Education Plan (IEP) meetings.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. *Note: For CBHS, Appendix B is sufficient.*

See CBHS Appendix B.

Each staff receives individual supervision from a senior clinician regularly and participates in monthly clinical case conferences & trainings (internal and external) and weekly clinical group supervision.

7. Objectives and Measurements

- A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 - 2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009 - 2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 - June 2011 will be compared with the data collected in July 2009 - June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.

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City Fiscal Year (CBHS only): 10-11

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A.1.g. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

A.1.h. CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

A.1.i. Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

A.1.i. Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010 - 2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

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Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

8. Continuous Quality Improvement

The RAMS CYF Outpatient Services (SBMHP) CQI activities include:

- Review Partnership Goals and Progress – Site liaisons maintain quarterly contact to review the needs of the school staff and students and discuss the efficacy of strategies to engage and support this target population
- Review Treatment Goals and Progress – Counselors regularly review the treatment goals and progress with students, caregivers and teachers on her/his own, with clinical supervisor, peers (group supervision), and students, caregivers and teachers themselves.
- Teacher's Report on Outcomes – Currently, per request by CBHS, teachers provide student information twice a year (October & May) to Counselors. The report evaluates the student's strengths and difficulties (SDQ) and measures change over time. RAMS, with Partnership providers, will work with CBHS to further develop this comprehensive measurement tools for student's outcomes.
- Parent/Caregiver Version of the SDQ which allows Parents/Caregiver to also rate student's strengths and difficulties. Parents also have an opportunity to participate in the semi-annual State of California "Consumer's Satisfaction Survey".
- Student Self-Report Version of the SDQ – This report is developed in collaboration with CBHS and is in addition to the semi-annual State of California "Consumer's Satisfaction Survey". The self-reporting may include an assessment on mood, coping strategies, levels of acting out/undesired behaviors, stressors at home/school/community, social relationships, academic performance, and intervention outcomes.
- Ongoing Assessment of Students, with Teachers and Families – Counselors meet with students weekly, teachers weekly or monthly, and families at least monthly or quarterly to continue the assessment of presenting issues, strengths, needs, impact on functioning in personal self-care, home, school, and community, precipitating events and other significant life events such as divorce, immigration, trauma, etc. This assessment is inclusive of risk factors such as previous history of aggression, self-harm tendencies, substance use/abuse, and psychiatric history. Counselors also review intervention methods and monitor effectiveness of the intervention, and adjust strategies when needed.
- IEP and other Special Education Related Meetings – Provide Counselor information regarding student's academic needs and how the system plans to implement the intervention.

Measurement tools and methods include:

- Review Partnership Goals and Program – Feedback from the Site Liaison meeting will be incorporated into strategies to engage and support teachers, students and caregivers
- Weekly Clinical Supervision – Supervisors & colleagues provide feedback & suggestions to Counselors in their work resulting in adjusted intervention strategies, as needed.
- Review Treatment Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the students.

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- Teacher's Report on Outcomes – Meeting and planning with the teachers to integrate services using the outcome measures.
- Family's Report – Counselors work with families in supporting their assessment of students.
- Student's Self-Report – This is the most useful piece as students are the active role in her/his own self-assessment, treatment planning, and recovery.
- Ongoing Assessment of Students, with Teachers and Families – Counselors work with students, teachers, and families to assess, plan, and implement intervention, and adjust plan and implementation according to the assessment.
- IEP and other Special Education Related Meetings – Utilizing the information and planning at the IEP, Counselors, along with other parties, implement the treatment plan.
- Child and Adolescent Needs and Strengths, evidenced-based assessment tool
- Use of consumer-developed materials (per SFDPH) such as "Choose Your Therapist" and "Do You Feel Me" Forms

On a regularly scheduled basis, all RAMS Program Directors are required to present their program & services and its status/progress to the RAMS Quality Council chaired by the RAMS Operations Manager, which its membership consists of an administrator, a director, clinical supervisor, consumer, and a direct service provider within the agency as-a-whole. The recommendations from the Quality Council are to be implemented and the Program Director is to report back to the Council as to the progress. In addition, although regularly reviewed, every program & its services are presented in its entirety to the RAMS Board of Directors (preferably on-site at the program).

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

Contractor: Richmond Area Multi-Services, Inc.
Program: Wellness Centers Program

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Appendix A-2

City Fiscal Year (CBHS only): 10-11

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

Wellness Centers are located at:

- Phillip and Sala Burton Academic High School
- Downtown High School
- Galileo Academy of Science & Technology High School
- International Studies Academy (ISA)
- June Jordan High School
- Abraham Lincoln High School
- Lowell Alternative High School
- Mission High School
- Thurgood Marshall High School
- John O'Connell Alternative High School
- School of the Arts (SOTA)
- SF International High School
- Raoul Wallenberg High School
- George Washington High School
- Ida B. Wells High School

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population includes all SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Many are referred for concerns relating to mood, behavior, and other adverse circumstances. Outreach is also to those who may benefit from intensive case management, who are dealing with trauma/grief & loss, or families with limited resources.

Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). This group reflects the greater health needs of children of low-income and with special health needs qualifying them for assistance. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Family Mosaic/TBS, are eligible for EPSDT services. Services are provided at the RAMS Outpatient Clinic and in the community (e.g. on-site at San Francisco Unified School District schools).

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Program: Wellness Centers Program

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5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

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).

RAMS Wellness Centers Program services are provided by: Behavioral Health Counselors (including Psychologists, Social Workers, Behavioral/ Mental Health Clinicians/Counselors/Workers), Clinical Case Manager, Trauma/Grief & Loss Group Counselor, and seven interns/volunteers. All staff/interns have a Clinical Supervisor and overall program oversight is the responsibility of the Director of Behavioral Health Services/Program Director.

Behavioral health outreach, awareness, promotion, and educational services are provided to the entire student population, as requested by each school site. There is a specific need for increased outreach to the Chinese student population, as Chinese students have historically underutilized behavioral health services when compared to their peers. Furthermore, RAMS conducts at least one presentation on behavioral health issues to school staff or parents for each school site. In doing so, counselors also develop an outline for the presentation which is formatted so that other sites can utilize it.

Engagement & retention is an ongoing dialogue that RAMS has with students & families by communicating respect, fostering curiosity, empathy, and a non-judgmental attitude. This has proven successful, as supported by the increase of RAMS service utilization at each high school site.

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

Students are referred by teachers, administrators, other Wellness staff members, or are self-referred for services. All students who are referred to a RAMS counselor receive an on-site, face-to-face confidential assessment/evaluation the next available day of the referral. The RAMS school-based assessment assess the student's strengths and interactions between psychological, biological, socio-cultural, and environmental factors that are impacting the youths functioning in school, at home, and in the community. Any student who the RAMS counselor has assessed to be experiencing behavioral health related symptoms after the initial evaluation, are considered appropriate for services. These 'identified students' may receive individual and/or group services on-site, or may be referred to RAMS Outpatient Clinic, another community-based organization, or their medical provider for behavioral health services, as deemed appropriate. RAMS also works closely with the school and family in efforts to provide comprehensive care.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

RAMS program models and treatment modalities are based on a client-centered, youth-focused, strength-based model with an inter-relational approach. As 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, for in working with adolescents.

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To maximize the direct services provided on-site, RAMS coordinates with each school and Wellness Center to determine staff scheduling to align with school structures, to the extent possible. Counselors are on-site from the beginning of the school day to 30 minutes after school. 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/Program Director and Wellness Center team. As possible, RAMS staff meetings (supervision, etc.), trainings, and time-off (vacations) do not conflict with school schedules. During such unavoidable instances, RAMS assures appropriate staffing coverage. During school breaks, RAMS offers direct services (counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

The RAMS model of Wellness services' treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health intervention group at 12 of the 15 high school-based Wellness Centers, at minimum. 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. RAMS Counselors work within the school-based Wellness team under the direction of the Wellness Coordinator and RAMS supervisors.

During each stage of engagement, 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). The Counselor determines such need during the assessment, weighing risk factors that can prompt more immediate on-site services with short term counseling (one to five sessions), medium length (six to 11 sessions), or long term counseling (12 or more sessions, requires DSM IV diagnosis and potential decompensation). Assessments are reviewed for quality assurance, by clinical supervisors and the RAMS Director of Behavioral Health Services/Program Director with treatment planning (e.g. length of treatment) being discussed with the Wellness team (as appropriate). On-site services are generally provided to those exhibiting high level of need and whose school attendance is conducive to regular sessions. Treatment frequency is reported & reviewed monthly for medium length cases by clinical supervisors and long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, at least a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receives short-term interventions and that clients receiving medium to long-term interventions are monitored; there is a formal approval process to approve services provided for more than a year.

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

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

Disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client (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

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Program: Wellness Centers Program

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his/her developmental expectation. Stressors are also considered whether the child/ youth may decompensate if service is terminated or stepped-down.

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

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2010-11, there are five graduate student interns (counseling, social work), one pre-doctoral psychology intern, and one volunteer Counselor who holds a master's degree in a mental health discipline and is a Marriage & Family Therapist Intern. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

7. Objectives and Measurements

- A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Only for MHSA PEI-funded Services:

Objective E.1: Prevention

E.1.c. Ensure that all adolescents served by your program have obtained an Adolescent Wellness Check-up within the past twelve months or refer the adolescent for a Wellness Check-up. Promote alcohol, tobacco, and other drug screening for youth in all public health clinics and have available referral sources if needed for Primary Care Physicians.

E.1.f. Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.

Only for EPSDT Services:

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.

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A.1.g. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

A.1.h. CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

A.1.i. Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

A.1.j. Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

For Wellness Centers Program:

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

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Funding Source (AIDS Office & CHPP only):

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client-retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

To further support services outcomes, RAMS Wellness Centers Program conducts various strategies and maintains the following objectives for FY 2010-11:

1. To help decrease stigma of behavioral health students and increase utilization of services, RAMS will facilitate one workshop for teachers providing education on referrals (e.g. Asian & Pacific Islander students).
2. Create centralized group listserv to assist colleagues' awareness of community services in order to help disseminate info to students & families. This will increase student/family awareness about support & health services available to them in the community.
3. Facilitate one training in trauma intervention to help counselors on most recent effective treatments in area to help students decrease emotional barriers to academics success and increase coping skills

FY 2010-11 MHSA-PEI: School of the Arts (SOTA) Wellness Center Site:

1. At least 80% of students receiving behavioral health services will report feeling better about themselves (e.g. self-esteem, improved quality of life), as measured by an anonymous evaluation survey.
2. At least 75% of students receiving behavioral health services will report improved handling daily life (e.g. coping and independence skills), as measured by an anonymous evaluation survey.
3. At least 80% of students receiving behavioral health services will express overall satisfaction with services, as measured by an anonymous evaluation survey.

FY 2010-11 MHSA-PEI: Enhanced Support Services (Trauma/Grief & Loss Group Counselor, Clinical Case Mgr):

- 1) At least 75% of students receiving services and engaged in groups will report increased coping skills and effective utilization of resources in dealing with issues of grief & loss/trauma, as evidenced by pre- & post-tests
- 2) At least 70% of students receiving services and enrolled in groups will complete the group counseling cycle, as evidenced by attendance records
- 3) Of the 85% of students receiving services and referred to community resources, 85% will be successfully linked to said services, as evidenced by Case Management Log

Data Source:

Program records and reports, student self-reports and surveys.

Document Date 10/12/2010

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8. Continuous Quality Improvement

RAMS has a highly collaborative partnership with ETR Associates who conducts outcome evaluations on Wellness Centers, including the integrated behavioral health services. As the Wellness contractor since 2000, RAMS has actively participate in this evaluation through the administration of student surveys, participation in focus groups, and other data collection efforts in order to assess the primary knowledge and changes of students. RAMS and ETR has engaged in various discussions on enhancing program evaluation methods (including strategies on data collection and measurement indicators).

Quality assurance practices and methods include, but are not limited to:

- Weekly Clinical Supervision & Case Conferences – Supervisors & colleagues provide feedback to counselors in their work resulting in adjusted intervention strategies, as needed
- Pre & Post Survey with Grief & Trauma groups
- Annual Consumer Satisfaction Surveys and Focus Groups
- Consumer self-evaluations (satisfaction with services, outcomes)
- Review Treatment Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the client
- Child and Adolescent Needs and Strengths, assessment tool utilized for clients with Medi-Cal
- Use of consumer-developed materials (per SFDPH) such as “Choose Your Therapist” and “Do You Feel Me” Forms, for clients with Medi-Cal
- Chart audits, by Clinical Supervisors and/or Director of Behavioral Health Services
- Psychiatrist Peer Chart Audits
- Data analysis & review: Database/tracking system for tracking symptoms reductions (e.g. number of impairments at intake vs. annual update/discharge; service utilization reviews).

RAMS Wellness Centers Program engages in various organizational and programmatic development and monitoring activities, ensuring accountability in all regards. Furthermore, the program aims to meet and exceed the CBHS' care standards and annual performance objectives. To further support services outcomes, RAMS engages in various strategies and activities, such as:

- COMPASS and CODECAT (Integration needs assessment), at least every two years
- Monthly program all-staff meetings to discuss administrative issues and matters
- Regular program operations meetings including SFDPH program monitors
- Program retreats & focused discussions on program design and service delivery
- Clinical Supervision Evaluation (by staff of supervisors), at least annually
- Director of Clinical Services holds individual supervision with Director of Behavioral Health Services (every two weeks); monthly meetings with all RAMS Program Directors
- Director of Behavioral Health Services submits a monthly written report to Director of Clinical Services on activities and progress on plans of improvement/development
- Director of Behavioral Health Services submits written report to RAMS executive management on status/progress of contract, culturally competency, and integration & compliance goals, at least quarterly
- Director of Clinical Services submits a written report to RAMS CEO on program activities, status/progress on contract, culturally competency, and integration & compliance goals
- Monthly agency-wide all-staff meetings to discuss administrative issues and matters
- RAMS Quality Council (includes staff and consumers)
- Organizational and clinical consultation with field experts
- RAMS executive management (CEO, Chief Financial Officer, Deputy Chief/Director of Clinical Services, Director of Human Resources, and Operations Manager) meet every two weeks to discuss agency-wide matters, including program issues, and management
- Annual program reviews by external entities
- Accreditation Visits (Medi-Cal certification)

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-2

Program: Wellness Centers Program

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 10-11

Funding Source (AIDS Office & CHPP only):

For all quality assurance activities, the Program Director includes its outcome (narrative, qualitative/quantitative data, including all suggestions) in a written report to executive management; recommendations are explored as to its feasibility with developed plans of action (if any), at least monthly to executive management, Quality Assurance Council, the consumer(s), and/or community-at-large. Also, RAMS has demonstrated history of being fully cooperative with CBHS with all quality improvement activities, as evidenced by the excellent track record of meeting all of the contract objectives.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

(for ECMHCI Contracts Only)

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program: Fu Yau Project

Contract Term: 07/01/10 to 06/30/11

City Fiscal Year (CBHS only): 2010-2011

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

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The Fu Yau Project targets young children from prenatal to five years old, who are from low-income families. These families include TANF and CalWORKs recipients, the working poor, and recent or new immigrants and refugees residing in San Francisco. The geographic locations include all 11 districts in San Francisco. Families who are of low income and have limited or no English-speaking ability tend to have little or no access to culturally appropriate mental health services. Almost 50% of the subsidized childcare population in San Francisco is of Chinese and other Asian descents; more than 10% are of Hispanic descent. Because the links between race, ethnicity, language, and socio-economic status are inextricable, the target populations of the Fu Yau Project are the underserved, low-income families of color in the City. This may include African-American families and immigrants from Asia and Latin America.

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

HSA/DCYF/SFCFC

<u>Child Care Sites</u>	<u># of Children</u>	<u># of Classrooms</u>	<u># of Staff</u>	<u>Language Capacity</u>	<u>Consultant Name</u>	<u>Consultant Hours/Week</u>
Asian Women Resource Center	39	3	6	English/Chinese	Janny Wong	10
The Family School Mission/Bernal Heights	48	3	12	English	Chiaki Sasaki	6
EOC-OMI	24	1	4	English/Chinese	Chiaki Sasaki	4
EOC-Rainbow	68	3	12	English/Chinese	Stephanie Chen	4
EOC-Chinatown/North beach	24	1	4	English/Chinese	Stephanie Chen	4
EOC Busy Bee	23	1	6	English	TBD	4
EOC Oscaryne Williams	30	2	10	English	TBD	4

Center of Hope						
EOC Cleo Wallace Child Care	50	4	16	English	TBD	4
EOC Martin Luther King Child Care	30	2	10	English	TBD	4
EOC Sojourner Truth	30	2	10	English	TBD	4
EOC Western Addition Child Care	30	1	4	English	TBD	4
EOC Mission	35	1	6	English	Chiaki Sasaki	4
EOC Delta	30	1	6	English	TBD	4
SF Head Start OMI	51	3	12	English/Chinese	Janny Wong	6
SF Head Start West Side	30	2	6	English/Chinese	TBD	6
SF Head Start Ella Hill Hutch	22	2	6	English/Chinese	Colleen Wong	6
True Sunshine	44	2	8	English/Chinese	Colleen Wong	2
SFUSD Excelsior@Guadelupe	60	3	20	English/Chinese	Stephanie Chen	6
SFUSD Grattan	40	2	10	English/Chinese/ Vietnamese	Helen Duong	6
SFUSD Jefferson	52	3	20	English/Chinese	Paul Lee	6
SFUSD Noriega	136	7	30	English/Chinese	William Lee	6
SFUSD Tule Elk Park	96	6	24	English	Chiaki Sasaki	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	Peter Chan	2 per mo.
Wu Yee Home-based-Tenderloin	10	1	1	English/Chinese	Peter Chan	2 Per mo
Wu Yee New Generations	64	5	18	English/Chinese	Colleen Wong	6
Wu Yee Early Head Start Infarit Center 831 Broadway	26	3	12	English/Chinese	Sarah Mak	6
Wu Yee EHS FCC David Lo	19	10	1	English/Chinese	Rose Sneed	2 per mo.
Wu Yee EHS FCC Selina Chen	4	1	2	English	Chiaki Sasaki	2 per mo.
Wu Yee EHS FCC Siu Kam Cheung	6	1	2	English/Chinese	William Lee	2 per mo.
Wu Yee EHS FCC Tracy Fong	5	1	2	English/Chinese	Stephanie Chen	2 per mo.
Wu Yee EHS FCC Wendy Choi	4	1	2	English/Chinese	Janny Wong	2 per mo.
Wu Yee EHS Xiao Ling Liang	6	1	2	English/Chinese	Sarah Mak	2 per mo.
Wu Yee EHS Xue Lan Kuang	5	1	2	English/Chinese	Peter Chan	2 per mo.
<i>Total</i>	<i>1152</i>	<i>81</i>	<i>287</i>			<i>124.5</i>

SFCFC PFA

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
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Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program: Fu Yau Project

Contract Term (MM/DD/YY) 07/01/10 to 06/30/11

City Fiscal Year (CBHS only): 2010-2011

Funding Source:

SFUSD E.R. Taylor	80	4	5	English	Chiaki Sasaki	6
Glide Child Care Center	49	2	12	English/Chinese/ Spanish	TBD	6
Kai Ming Powell	20	1	6	English/Chinese	Janny Wong	6
Kai Ming Broadway	80	4	10	English/Chinese	Sarah Mak	6
Kai Ming Geary	60	2	10	English/Chinese	Colleen Wong	6
Kai Ming Richmond	30	2	8	English/Chinese	Colleen Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	Colleen Wong	6
Kai Ming Sunset	44	2	8	English/Chinese	Helen Duong	6
Wu Yee Tenderloin GoldenGate 177	32	2	6	English/Chinese/ Spanish	William Lee	6
SFUSD Commodore- Stockton	90	5	20	English/Chinese	Stephanie Chen	6
FCC Song Moy	8	1	2	English	Helen Duong	2 hrs/mo.
Wu Yee Lok Yuen	40	2	10	English/Chinese	Sarah Mak	6
SFUSD Argonne	66	3	12	English/Chinese	Helen Duong	6
SF Head Start Cadillac	40	2	6	English/Chinese	TBD	6
SFUSD Sarah B. Cooper	48	2	12	English/Chinese	Helen Duong	6
Wu Yee Generations	36	1	8	English/Chinese	William Lee	6
<i>Total</i>	<i>763</i>	<i>38</i>	<i>143</i>			<i>90.5</i>

MHSA

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
Asian Family Support Center-Sunset	24	1	4	English/Chinese	Paul Lee	8

SFCFC SRI

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
Asian Family Support Center-Richmond	24	1	6	English/Chinese	Peter Chan	6
Glide	30	1	6	English	TBD	6
Sunset Beacon	30	1	6	English/Chinese	TBD	6
Wu Yee Joy Lok	30	1	15	English/Chinese	Peter Chan	6
Potrero Hill	30	1	5	English	Janny Wong	6
<i>Total</i>	<i>144</i>	<i>5</i>	<i>38</i>			<i>30</i>

5. Modality(ies)/Interventions

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

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

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS. The Site Agreement is received by CBHS no later than November 15, 2010.

Modalities:

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation – Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Standards of Practice (SOP) – Fu Yau Project abides by the following standards of practice into its scope of work:

NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to permanent supportive housing facilities and family resources centers. In other words, the Standards of Practice do not apply to those settings.

Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Activity				
Program Observation	Initially upon entering the site and 2 to 3 times	Initially upon entering the site and 2 to 3 times	Initially upon entering the site and	Initially upon entering the site and

	a year per classroom equaling 4 to 6 hours per year	a year per classroom equaling 4 to 6 hours per year	2 to 4 times a year per classroom equaling 6 to 10 hours per year	2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Activity				
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

- Direct treatment services occur within the child care center and/or shelter as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPAA regulations pertaining to the provisions of services and the maintenance of records.

6. Methodology

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

Fu Yau Project currently has MOU's with several large, state and federally funded child-care organizations (e.g. Head Start and San Francisco Unified School District). Fu Yau (FY) also works with community-based, non-profits such as Glide Child Care Center. 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. Describe your program's admission, enrollment and/or intake criteria and process.

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

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

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Consultation Services for Sites involve:

- Weekly or biweekly on-site observation and consultation to program
- Observation and consultation on specific, individual children as requested and needed
- In-services training to Center staff
- Special events such as staff retreat and/or all day training for Center staff as requested and needed by Centers
- 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 sites, usually 4 to 8 hours per week or biweekly between 8 a.m. to 6 p.m., Monday through Friday

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

- A series of four to six sessions of parenting classes in Chinese, Spanish, and/or English at each site. Topics may include, but are not limited to: child development, discipline, promoting child's self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents' needs.

- Parent Advisory Committee meetings to guide us in effectively targeting the concerns and problems of the community. These meetings take place five times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown, which is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Parenting Group meets bimonthly to discuss parenting issues that relate to the socio-emotional well-being of the parents' children. The group is co-facilitated and serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

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

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, at RAMS or CCDC, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 children, who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other "typically" developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.
- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children's play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents' work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children's regular playtime.
- Psychiatry services and/or consultation, as needed

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

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

D. Describe your program's exit criteria and process

Site providers (staff/administrators), Fu Yau Consultants, and the Director of Fu Yau Project meet at least twice a year to assess/evaluate the mental health consultation needs of each site. In each of these meetings, the site administrators may choose to refocus the services and/or request to change the intensity of consultation activities. For example, at a particular site, an administrator may choose to move from almost exclusively receiving direct individual/group services to more staff/programmatic consultation or to more work with parents in the form of workshops or trainings.

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

7. Objectives and Measurements

A. Performance/Outcome Objectives (FY 2010/2011)

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

NOTE: During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service (consultation to staff and direct service to parents) during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

B. CBHS Compliance Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors
Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2010.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors
Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2010.

C. CBHS Privacy Objectives

- 1) DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.
Required Documentation: Program has approved and implemented policies and procedures that abide by the rules outlined in the DPH Privacy Policy. Copies of these policies are available to patients/clients.
- 2) All staff who handles patient health information are trained and annually updated in the program's privacy policies and procedures.
Required Documentation: Program has written documentation that staff members have received appropriate training in patient privacy and confidentiality.
- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal transition is provided.
Required Documentation: Program has evidence in patients'/clients' charts or electronic files that they were "noticed" in their relevant language either in writing or verbally. **(APPLICABLE to DIRECT SERVICES ONLY)**
- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.
Requirement Documentation: Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.
- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.
Requirement Documentation: Program has a HIPAA complaint log form that is used by all relevant staff. **(APPLICABLE to DIRECT SERVICES ONLY)**
- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.
Requirement Documentation: Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. **(APPLICABLE to DIRECT SERVICES ONLY)**

D. Other Objectives

For MHSA-funded services, additional objectives for FY 2010-11 include:

- 1. At least 75% of parents who participate in workshops will self-report using a survey an increased understanding of effective strategies for parenting their children.
- 2. At least 75% of Family Resource Center staff will self-report using a survey that they found their mental health consultant's suggestions helpful.
- 3. The mental health consultant will report using an observational tool that identified children exhibit a 75% decrease in their behavior problems.

** Data collection includes program reports, self-report surveys, and evaluation tools.

CBHS Annual Performance (FY 2010-11) – Objective E.1: Prevention

E.1.f. Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.

E. EPSDT Services Objectives:

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 - 2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009 - 2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.

A.1.g. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

A.1.h. CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

A.1.i. Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

A.1.j. Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010 - 2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program: Fu Yau Project

Contract Term (MM/DD/YY) 07/01/10 to 06/30/11

City Fiscal Year (CBHS only): 2010-2011

Funding Source:

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

8. Continuous Quality Improvement

Each Fu Yau Project Consultant receives supervision from the Director of Fu Yau Project, who is supervised by RAMS Deputy Chief/Director of Clinical Services; overall oversight is by the Chief Executive Officer. Additionally, consultants receive weekly clinical supervision through RAMS and/or CCDC. Fu Yau staff members participate in a weekly meeting during which critical cases and clinical issues are discussed. The Director of Fu Yau Project also meets twice a year, or more frequently as needed, with each childcare site personnel and the assigned Fu Yau Consultant to review site and family needs, service delivery, and the quality of care. Fu Yau Project facilitates Parent Advisory meetings five times a year to solicit feedback and support from parents. Fu Yau also facilitates quarterly Childcare Administrator meetings to maintain connectedness among the childcare community and the mental health consultants, and to review the impact of the mental health consultation among the sites.

Fu Yau Project distributes satisfaction surveys to each parent who participates in parenting classes to solicit feedback. Fu Yau also complies with CBHS-CYF, other funders, and contract evaluators' requirements so to assist in assessing the quality of programs, community needs, and effectiveness of service delivery. The Director of Fu Yau Project participates in the Childcare Mental Health Consultation Network to review quality of care, service delivery, community needs, and resources.

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program: Fu Yau Project

Contract Term (MM/DD/YY) 07/01/10 to 06/30/11

City Fiscal Year (CBHS only): 2010-2011

Funding Source:

On a regularly scheduled basis, RAMS members of the management team are required to present their program & services and its status/progress to the RAMS Quality Council chaired by the RAMS Operations Manager, which its membership consists of an administrator, a director, clinical supervisor, consumer, and a direct service provider within the agency as-a-whole. The recommendations from the Quality Council are to be implemented and the Program/Project Director is to report back to the Council as to the progress. Also, every program & its services are regularly presented in its entirety to the RAMS Board of Directors (preferably on-site at the program).

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS assures that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. In addition and in general, the contractor agrees to abide by the most current, State-approved Quality Management Plan as it applies to this Project. The billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

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

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

New **Renewal** **Modification**

3. **Goal Statement**

The Summer Bridge Program goals & outcomes are to: (a) promote awareness of psychological well-being and (b) foster interest in health & human services as career options.

July 2010 to June 2011 is the second fiscal year of Summer Bridge: Summer 2010 is the first program year; school year 2010-11 is to continue engaging graduates, recruiting new members, and planning for the second summer program in 2011; Summer 2011 is the second program year.

4. **Target Population**

The target population includes all San Francisco's high school youth of diverse backgrounds. RAMS targets junior & senior grades, as these groups are more cognizant of post-high school/graduation activities.

At least 90% of each cohort will be of underrepresented communities within the healthcare workforce (e.g. behavioral health consumers, African-Americans, Latinos, Native Americans, Asian & Pacific Islander Americans), with a balance between males and females.

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

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

RAMS operates this program, in collaboration with Horizons Unlimited, Samoan Community Development Center (SCDC), and Bayview Hunters Point Foundation for Community Improvement (BVHP). This partnership & collaboration truly provides for a "bridge" of knowledge and expertise. RAMS has expertise in culturally competent mental health services, serving disenfranchised communities, and training the next generation of practitioners. SCDC has extensive youth programs (target Samoan and Pacific-Islander communities) that support cultural identity, educational workshops, community outreach, crisis response, counseling, and intensive home-based supervision for probation youth. Horizons Unlimited serves youth (targeting Latino community) through the arts, employment, substance abuse prevention &

treatment, and gender-focused empowerment & counseling services; for over a decade, Horizons has operated a peer leadership & education program and its

current focus is on mentoring young Latinas for peer counseling & human services. BVHP provides community mental health services to children, youth & families (prevalence of African American constituents) at the outpatient clinic and schools, engages at-risk youth in pro-social activities, and substance abuse prevention & treatment services. In this partnership, RAMS is the lead agency to operate and evaluate the program. The other agencies support the program through youth recruitment within underrepresented communities in the healthcare workforce; furthermore, SCDC and Horizons Unlimited also serve as facility sites for the program's operation.

The first Summer Bridge crossed over two fiscal years since SFUSD summer break started in June. The first two weeks of the program is in June, and the next six weeks are in July and August. With the expansion for Fiscal Year 2010-11, RAMS is able to expand the program into the school year by facilitating activities that engage interested Summer Bridge graduates in a deeper, more meaningful and more specific interest in the behavioral health field.

6. Methodology

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

As RAMS currently provides services in over 75 sites throughout San Francisco, the agency is uniquely positioned well and has the expertise to outreach & promote the program to culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. RAMS is able to leverage existing resources towards this effort; the agency is the contract provider of behavioral health services for the high school-based Wellness Center (all 15 public high schools) and provides behavioral/mental health & outreach services at Balboa Teen Health Center and serves the ED Partnership at high & middle schools. RAMS builds upon these existing partnerships with Wellness Centers, schools' administration & student bodies as well as collaborate with SFUSD and partner agencies for program recruitment. Targeted outreach is conducted at schools with the highest prevalence of underrepresented communities (e.g. Balboa, Burton, Galileo, International Studies Academy, Lincoln, Marshall, Mission, O'Connell and Washington High Schools). Furthermore, Summer Bridge 2010 graduates and RAMS Youth Council members are peer recruiters at their respective high schools and communities. As RAMS staff (i.e. Summer Bridge Program Coordinator and Counselors, Behavioral/Mental Health Clinicians/Counselors/Workers) continue to be at the school site throughout the school year, Summer Bridge participants can sustain mentorship & support upon program completion. Furthermore, within this partnership, Horizons Unlimited, SCDC, and BVHP are specifically assisting with outreach and recruitment within their respective constituencies and community groups. This supports the efforts of the Summer Bridge program with having a participant group that reflects underrepresented communities in the healthcare workforce.

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

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

RAMS is known to ethnic media & mainstream press and will use these means for marketing and organizing activities to reach the general public. The agency has been featured and included in various media and/or public campaigns with entities, such as KQED, SF Chronicle, Los Angeles Times, Sacramento Bee, Mental Health Weekly, KTSF-26, KMTP-32 (World Channel), Sing Tao (Radio and Newspaper), Ming Pao, World Journal, Philippine News, AsianWeek, and The Richmond ReView.

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

This program is operated with a high community engagement and input process. During the curriculum and program review/development, Summer Bridge 2010 graduates and RAMS Youth Council and community engagement & feedback is obtained regarding application procedures, curriculum, and program completion/graduation requirements. In general, participants must be enrolled in a San Francisco high school. The target population are the junior & senior grades, as these groups are more cognizant of post-high school/graduation activities. At least 90% of each cohort will be of underrepresented communities within the healthcare workforce (e.g. behavioral health consumers, African-Americans, Latinos, Native Americans, Asians & Pacific Islanders Americans), with a balance between males and females. General application process includes the youth submitting an application to the program, for which RAMS reviews and makes a determination about program acceptance (in consideration of a match between program and student needs).

During the curriculum and program review/development, all organizations involved (RAMS, SCDC, BVHP, and Horizons Unlimited) holds meetings that include those that reflect the diversity of the community to obtain recommended program operations elements. RAMS builds upon the collective expertise & experience of all the partners involved in working with the target

population. RAMS and the Project Coordinator conduct research on community best practices/approaches/models. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Methods for engagement include: focus groups, surveys, community meetings, and facilitated discussions.

RAMS builds upon the experience and lessons learned from Summer 2010 as well as engages Summer Bridge 2010 graduates, RAMS Youth Council members, and stakeholders including: youth and families of diverse backgrounds, the school's student associations & clubs, Wellness Centers' staff (e.g. Coordinator, Peer Advisor), school personnel & faculty and youth & community centers.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Facilitated by the Summer Bridge Coordinator and Counselor, the eight-week summer program is from June to August. Participants meet three times a week which include meeting at the base site with presentations from community members, community site visits so that students may "see" the various human services work settings, and convening at the end of the week to process and integrate learning for the week. Each meeting day is about four hours, with a weekly total of face-to-face contact for up to 12 hours; other independent, self-study hours may be needed, to work on final project. Additionally, students may have apprenticeships and job shadowing experiences in various settings such as vocational counseling (e.g. RAMS Hire-Ability Vocational Services), residential facility setting (e.g. RAMS Broderick Street Adult Residential), welfare-to-work system of care (e.g. RAMS PAES Counseling & Pre-Vocational Services), and other youth organizations in collaboration with partner agencies and collaborators. To further enhance accessibility of Summer Bridge to underrepresented communities, the program's day-to-day operation/base is at Horizons Unlimited (SF Mission District: 440 Potrero Avenue) and/or SCDC (SF Visitacion Valley District: 2055 Sunnydale Avenue). As many of the target population reside in SF's East and Southeast sectors, they are well familiar with all these "youth-friendly" community centers. All sites are easily accessible by public transportation.

Summer Bridge Program structure:

- Based on weekly theme that reflects areas related in mental health (e.g. psychotherapy, higher education, family issues, addiction and dependence, alternative healing methods)
- Team building activities and team/individual projects
- Motivational speakers representing diverse communities (ethnic, racial, gender, sexual orientation, leadership/behavioral health, college students, college professors)
- Trial and/or actual college application exercises
- Skills building regarding searching for community resources (e.g. mental health/human services, primary care, vocational services)
- Weekly journaling to reflect on learning

- Weekly process group to help participants integrate learning on a weekly basis
- A final project(s) to be presented at the end of the program to the cohort and their families; this project represents a culmination of the youth's experience, learning, and possible career goal/planning.
- Community site visits are the highlight of the program, as this brings the "real world" into the facilitated curriculum; such agencies for site visits may include:
 - Community mental health agencies (adults, children & youth, vocational, holistic)
 - Training programs of mental health fields and discussions with current students
 - Community events and health fairs
 - University and college campuses & tours, including seeing a "live" college course, visiting the academic counseling office
- To support youth & families in addressing barriers of program participation & completion, Summer Bridge connects youth with community services (e.g. case management) such as:
 - Behavioral health services (Wellness Centers, other community agencies)
 - Primary care services (teen health clinics)
 - Academic support and/or mentorship programs
 - Childcare services (Wu Yee Children's Services, Children's Council)
 - Connect youth to local family resource centers and/or youth centers
- Each student that completes the program receives a monetary stipend/incentive

As the curriculum is being delivered (during summer session), there are mid-course focus group/survey and program completion satisfaction surveys that will inform program structure; RAMS shall make adjustments, as appropriate and feasible.

During the School Year, Summer Bridge maintains ongoing engagement with youth in the following activities:

- Ongoing engaging youth via multi-media (e.g. Summer Bridge Facebook)
- Coordinate semi-annual Summer Bridge reunions of graduates (Winter Break 2010 and Spring Break 2011)
- During school breaks, Summer Bridge engages graduates in mini-workshops, sharing of "apprenticeship" and youth council experience, keeping young graduates interested in the behavioral/mental health field
- Coordinate a Spring Focus Group – Engage Summer Bridge 2010 graduates in reviewing curriculum and advise on the development of curriculum for Summer Bridge 2011; participate as "mentors" and "trainers" for Summer Bridge 2011, etc.

RAMS, during the school year, also coordinates the Youth Council. Specifically, the Summer Bridge graduates are invited to join the RAMS Youth Council Description, which aims to engage youth in a deeper understanding of community mental health services, soliciting their input in service delivery, continue to educate youth the importance of mental wellness and de-stigmatization of seeking mental health service behaviors. Completion of Youth Council responsibilities result in a \$250 stipend.

Youth Council Description and Activities:

- Actively participate in council meetings, which are held once a month during the school year (ending May 2011)
- Learn about the various youth-oriented programs operated by RAMS
- Learn advocacy skills
- Provide feedback on how to improve RAMS programs
- Assist in engagement activities of Summer Bridge graduates
- Participate in trainings related to the mental health profession
- Be an "apprentice" at RAMS and other community organizations/programs, with such opportunities as:
 - "Shadow" the Play Therapy Room Committee – Students develop deeper understanding of non-verbal/interactive psychotherapy through play, meaning of symbols, and use of selected toys and their function, while assisting with room organization & set-up
 - "Shadow" Sand Tray Therapy Committee – Students develop deeper understanding of "Jungian" symbols of sand tray figurines, gain exposure to sand tray therapy, and develop knowledge of the hierarchy of the figurines and symbols, while assisting with room organization & set-up.
 - "Volunteer" at a RAMS partner child care program – Assist with tutoring of elementary school age students, and receive training on child development, how to work with challenging behaviors in the classroom, etc;
 - Students are encouraged to work with Wellness Center staff and becoming a "youth outreach worker"

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

In general, participants must participate in the activities, community site visits, and complete the assigned projects of the eight-week summer program. Upon completion, program graduates receive a monetary incentive/acknowledgement.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

Please see CBHS Appendix B.

7. Objectives and Measurements

A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Program reports and records.

Objective E.1: Prevention

E.1.f. Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

The Summer Bridge Program's long-term goal is to mentor youth and foster exposure to career in health and human services (mental health related fields). Other program long term outcomes/goals include:

- Community will be more aware of mental wellness/psychological well-being;
- Community will reduce stigmatization when seeking behavioral health services; and
- Increase in workforce of culturally and linguistically competent mental health professionals.

Program short-term goals are to:

- Promote the awareness of mental wellness/psychological well-being
- De-stigmatize the seeking practice of mental health and community services
- Introduce and foster interest in health & human fields (mental health) as career options
- Stimulate underrepresented youth interest in pursuing higher education
- Provide practical experience for youth in the mental health/health and human services.

To further support program goals, RAMS conducts various strategies and maintains the following objectives for FY 2010-11:

- Research and document evidence- and practice-based practices and models for effective program design structures
- Hold at least two Partnership Committee Meetings, as evidenced by minutes/notes
- Recruit Summer Bridge 2010 graduates and other young people and form RAMS CYF Youth Council as advisory body for RAMS CYF programs and Summer Youth 2011
- RAMS Youth Council will meet monthly between November 2010 to May 2011
- Host two reunions for Summer Bridge 2010 graduates to foster continued interest in mental health field
- Hold at least three Focus Group Meetings (youth, parents, adolescent service providers, etc.) to gain feedback about program curriculum and recruitment strategies, as evidenced by meeting minutes & notes
- Develop and distribute promotional material (e.g. flyers, etc.) and engage in at least four outreach activities/events promoting the program, particularly in outreaching to target population communities
- Revise/review curriculum for Summer Bridge 2011 from experience of Summer Bridge 2010, and feedback from presenters, staff, participants and Youth Council
- Recruit 30 participants for Summer Bridge 2011, with a minimum of 20 youth, as evidenced by program records
- At least 90% of the Summer Bridge 2011 cohort will be of underrepresented communities within the healthcare workforce (e.g. behavioral health consumers, African-Americans, Latinos, Native Americans, Asians & Pacific Islanders), with a balance between males and females

Short-term outcome objectives for FY 2010-11 (as evidenced by self reported pre- and post questionnaire) for youth development, upon program completion, are:

- Youth will have an overall positive experience with Summer Bridge (85% of participants will express overall satisfaction with the program);
- Youth will be more aware of mental wellness/psychological well-being (80% of participants will report increased awareness of mental wellness);
- Youth will have reduced levels of stigma/normalize the utilization of seeking behavioral health services; normalize the utilization of behavioral health services (80% of participants will report they or families will seek mental health services when needed);
- Youth will find role models in the behavioral health/health and human services (80% of participants will indicate that they know how to connect with a career role model such as a staff/mentor/internship supervisor);
- Youth will be motivated to finish high school (90% of participants will plan to complete high school);
- Youth will be more engaged in their own community and families (80% of participants will express a desire to continue to volunteer/intern/work in their community); and
- Youth will apply for college in health and human services fields (50% of graduates of Summer Bridge Project will apply to college or mental health/human service programs upon graduation from high school).

8. Continuous Quality Improvement

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and ensure culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Youth (mandatory) and their families (requested) are invited to the orientation of the Summer Bridge in June 2011. Participants are given a pre-and post-questionnaire to assess values and beliefs of mental health services, expectations of the Summer Bridge program, role models in their lives (youth), school and career plans (youth). During the last week of the eight-week program, there is a separate focus groups (for youth and families) to solicit similar information and feedback regarding the curriculum of the program, recruitment process, accessibility, cultural competency and effectiveness. Mid-program focus group/surveys are conducted for feedback on session. All feedback will be reviewed and inform the program design and be incorporate, as appropriate.

RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS CYF service delivery and Summer Bridge 2011 curriculum, engagement, recruitment. Summer Bridge 2010 graduates also serve as advisors for Summer Bridge 2011 curriculum development, recruitment, trainer, and mentor.

On a regularly scheduled basis, RAMS members of the management team are required to present their program & services and its status/progress to the RAMS Quality Council chaired by the RAMS Operations Manager, which its membership consists of an administrator, a director,

clinical supervisor, consumer, and a direct service provider within the agency as-a-whole. The recommendations from the Quality Council are to be implemented and the Program Director is to report back to the Council as to the progress. In addition, although regularly reviewed, every program & its services are presented in its entirety to the RAMS Board of Directors.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a & A-1c Outpatient

Appendix B-2 Wellness Center

Appendix B-3 Fu Yau Project

Appendix B-4 Summer Bridge Program

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixteen Million Sixty Three Thousand Six Hundred Eighty Four Dollars (\$16,063,684) for the period of July 1, 2010 through June 30, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,721,109 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health.

CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller.

CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY'S Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY'S allocation of funding for SERVICES for the appropriate fiscal year.

CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

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

July 1, 2010 through December 31, 2010(BPHM04000063)	\$1,183,677
January 1, 2011 through June 30, 2011	\$1,684,838
July 1, 2011 through June 30, 2012	\$2,868,515
July 1, 2012 through June 30, 2013	\$2,868,515
July 1, 2013 through June 30, 2014	\$2,868,515
July 1, 2014 through June 30, 2015	\$2,868,515
June 30, 2015 through December 31, 2015	To be Determined
January 1, 2011 through December 31, 2015	\$14,342,575

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

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

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

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

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

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

	A	B	C	D	E	F	G	H
1	DPH 1: Department of Public Health Contract Budget Summary							
2	CONTRACT TYPE - This contract is:	New X	Renewal	Modification				
3	If modification, Effective Date of Mod.		# of Mod:		VENDOR ID (DPH USE ONLY):			
4	LEGAL ENTITY NUMBER: 09343							
5	GAL ENTITY/CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS)							
6	APPENDIX NUMBER:	B-1a	B-1b	B-1c				B-1
7	PROVIDER NUMBER:	3894	5894	3894				
8	PROVIDER NAME:	Children Outpatient	Children Outpatient SD	EPSDT				SUBTOTAL
9	CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11				
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS	228,495	141,284	172,634				542,353
12	OPERATING EXPENSE	33,577	20,767	25,376				79,720
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)							
14	SUBTOTAL DIRECT COSTS	262,012	162,051	198,010				622,073
15	INDIRECT COST AMOUNT	31,442	19,447	23,760				74,649
16	INDIRECT %	12%	12%	12%				
17	TOTAL FUNDING USES:	293,454	181,498	221,770				696,722
18	CBHS MENTAL HEALTH FUNDING SOURCES							
19	FEDERAL REVENUES - click below							
20	SDMC Regular FFP (50%)	84,210	42,458	97,585				224,263
21	ARRA SDMC FFP (11.59)	19,520	9,842	22,623				51,985
22	STATE REVENUES - click below							
23	MHSA		50,000					50,000
24	EPSDT State Match			65,212				65,212
25	GRANTS - click below							
26								
27	Please enter other funding source here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31								
32								
33								
34	Please enter other funding source here if not in pull down							
35	3RD PARTY PAYOR REVENUES - click below							
36								
37	Please enter other funding source here if not in pull down							
38	REALIGNMENT FUNDS	64,690	32,616					97,306
39	COUNTY GENERAL FUND	125,034	46,582	36,340				207,956
40	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	293,454	181,498	221,770				696,722
41	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
42	FEDERAL REVENUES - click below							
43								
44	STATE REVENUES - click below							
45								
46	GRANTS/PROJECTS - click below							
47								
48	Please enter other funding source here if not in pull down							
49	WORK ORDERS - click below							
50								
51	Please enter other funding source here if not in pull down							
52	3RD PARTY PAYOR REVENUES - click below							
53								
54	Please enter other funding source here if not in pull down							
55	COUNTY GENERAL FUND							
56	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
57	TOTAL DPH REVENUES	293,454	181,498	221,770				696,722
58	NON-DPH REVENUES - click below							
59								
60	TOTAL NON-DPH REVENUES							
61	TOTAL REVENUES (DPH AND NON-DPH)	293,454	181,498	221,770				696,722
62	Prepared by/Phone #: Ken Choi/Kavocs Bassiri 415-668-5955							

	A	B	C	D	E	F	G	H
1	D-PH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11				APPENDIX #: B-1a, Page 1			
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)							
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
5	REPORTING UNIT NAME:	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	
6	REPORTING UNIT:	38947	38947	38947	38947	38947	38947	
7	MODE OF SVCS / SERVICE FUNCTION CODE	15/01-08 Case Mgt	15/10-59	15/60-69 Medication Support	15/70-79 Crisis	45/10-18 Intervention-OP		
8	SERVICE DESCRIPTION	Brokerage	MH Svcs			MH Promotion		TOTAL
9	CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS	7,534	205,037	8,323	1,524	5,617		228,435
12	OPERATING EXPENSE	1,186	30,138	1,223	224	826		33,577
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0	0		0
14	SUBTOTAL DIRECT COSTS	9,100	235,175	9,546	1,748	6,443		262,012
15	INDIRECT COST AMOUNT	1,082	28,221	1,146	210	773		31,442
16	TOTAL FUNDING USES:	10,182	263,396	10,692	1,958	7,216		293,454
17	CBHS MENTAL HEALTH FUNDING SOURCES:							
18	FEDERAL REVENUES - click below							
19	SDMC Regular FFP (50%)	2,925	75,584	3,068	562	2,071		84,210
20	APRA SDMC FFP (11.59)	678	17,521	711	150	480		19,520
21	STATE REVENUES - click below							
24	GRANTS - click below	CFDA #:						
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31								
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS	2,246	58,064	2,357	432	1,591		64,690
37	COUNTY GENERAL FUND	4,343	112,227	4,556	834	3,074		125,034
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
39	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJECTS - click below	CFDA #:						
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
55	TOTAL DPH REVENUES	10,182	263,396	10,692	1,958	7,216		293,454
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES	0	0	0	0	0		0
59	TOTAL REVENUES (DPH AND NON-DPH)	10,182	263,396	10,692	1,958	7,216		293,454
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²							
63	COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	4.82	3.88	65.00		
64	COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.02	2.61	4.82	3.88	65.00		
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	4.82	3.88	66.00		
66	UNDUPLICATED CLIENTS	90	Included	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11				APPENDIX #: B-1b, Page 1			
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)				PROVIDER #: 3894			
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
5	REPORTING UNIT NAME:	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD Outreach	Children Outpatient SD Admin Wk		
6	REPORTING UNIT:	3894SD	3894SD	3894SD	3894SD	3894SD		
7	MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	45/10-19	45/10-19		
8	SERVICE DESCRIPTION:	Case Mgr Brokerage	MH Svcs	Medication Support	MH Promotion	MH Promotion		TOTAL
9	CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS	3,074	99,276	12	19,506	19,416		141,284
12	OPERATING EXPENSE	452	14,582	2	2,867	2,854		20,767
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0	0		0
14	SUBTOTAL DIRECT COSTS	3,526	113,868	14	22,373	22,270		162,051
15	INDIRECT COST AMOUNT	423	13,665	2	2,685	2,672		19,447
16	TOTAL FUNDING USES:	3,949	127,533	16	25,058	24,942		181,498
17	CBHS MENTAL HEALTH FUNDING SOURCES							
18	FEDERAL REVENUES - click below							
19	SDMC Regular FFP (50%)	1,275	41,178	5				42,458
20	ARRA SOMC FFP (11.59)	296	9,545	1				9,842
21	STATE REVENUES - click below							
22	MHSA				25,058	24,942		50,000
23								
24	GRANTS - click below	CFDA #:						
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31								
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS	979	31,633	4				32,616
37	COUNTY GENERAL FUND	1,399	45,177	6				46,582
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	3,949	127,533	16	25,058	24,942		181,498
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJECTS - click below	CFDA #:						
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
55	TOTAL DPH REVENUES	3,949	127,533	16	25,058	24,942		181,498
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES	0	0	0	0	0		0
59	TOTAL REVENUES (DPH AND NON-DPH)	3,949	127,533	16	25,058	24,942		181,498
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²							
63	UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.955	48,863	3	386	624		
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	4.82	65.00	40.00		
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	4.82	65.00	40.00		
66	UNDUPLICATED CLIENTS	90	Included	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11			APPENDIX #: B-1c, Page 1				
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)				PROVIDER #: 3894			
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
5	REPORTING UNIT NAME::		EPSDT	EPSDT	EPSDT	EPSDT		
6	REPORTING UNIT:		38945	38945	38945	38945		
7	MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-09	15/60-69	15/70-79		
8	SERVICE DESCRIPTION		Case Mgt	MH Svcs	Medication Support	Crisis	#N/A	TOTAL
9	CBHS FUNDING TERM:		7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS		5,014	155,473	10,111	2,036		172,634
12	OPERATING EXPENSE		737	22,853	1,465	300		25,376
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)		0	0	0	0		0
14	SUBTOTAL DIRECT COSTS		5,751	178,326	11,577	2,336		198,010
15	INDIRECT COST AMOUNT		690	21,398	1,392	280		23,760
16	TOTAL FUNDING USES:		6,441	199,724	12,969	2,616		221,770
17	CBHS-MENTAL HEALTH FUNDING SOURCES							
18	FEDERAL REVENUES - click below							
19	SDMC Regular FFP (50%)		2,834	87,892	5,718	1,151		97,595
20	ARRA SDMC FFP (11.59)		657	20,874	1,325	267		22,623
21	STATE REVENUES - click below							
22	EPSDT State Match		1,894	58,730	3,618	769		65,212
23								
24	GRANTS - click below		CFDA #:					
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31								
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS							
37	COUNTY GENERAL FUND		1,056	32,728	2,127	429		36,340
38	TOTAL CBHS-MENTAL HEALTH FUNDING SOURCES:		6,441	199,724	12,969	2,616		221,770
39	CBHS-SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJECTS - click below		CFDA #:					
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS-SUBSTANCE ABUSE FUNDING SOURCES:							
55	TOTAL DPH REVENUES		6,441	199,724	12,969	2,616		221,770
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES		0	0	0	0	0	0
59	TOTAL REVENUES (DPH AND NON-DPH)		6,441	199,724	12,969	2,616		221,770
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²							
63	NET-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.02	2.61	4.82	3.88	0.00	
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.02	2.61	4.82	3.88	0.00	
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		2.02	2.61	4.82	3.88		
66	UNDUPLICATED CLIENTS		75	Included	Included	Included	Included	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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	A	B	C	D	E	G	H	J	K	M	N	P	Q
1	DPH 3: Salaries & Benefits Detail												
2													
3	Provider Number (same as line 7 on DPH 1):	3894											
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)											
5													
6													
7		TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MSHA (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
8		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
9		FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
10	POSITION TITLE												
11													
12	Director of CYF OP Services Clinic	0.58	\$ 40,250.00	0.53	\$ 37,391	0.04	\$ 2,889						
13	Clinical Supervisor	0.08	\$ 6,202.00	0.07	\$ 5,757	0.01	\$ 445						
14	Child Psychiatrist	0.20	\$ 53,040.00	0.19	\$ 49,234	0.01	\$ 3,808						
15	Behavioral Health Counselor/Worker	7.05	\$ 282,182.00	6.54	\$ 261,813	0.51	\$ 20,248						
16	Peer Counselor	0.20	\$ 4,892.00	0.19	\$ 4,634	0.01	\$ 358						
17	Intake Coordinator/Office Manager	0.25	\$ 10,818.00	0.23	\$ 10,040	0.02	\$ 779						
18	BIS Specialist /Admin. Analyst/Assistant	0.92	\$ 31,220.00	0.85	\$ 28,980	0.07	\$ 2,240						
19	Housekeeper/Janitor	0.20	\$ 5,200.00	0.19	\$ 4,827	0.01	\$ 373						
20			\$										
21			\$										
22			\$										
23			\$										
24			\$										
25			\$										
26			\$										
27			\$										
28			\$										
29	TOTALS	9.47	\$433,862	8.79	\$402,746	0.68	\$31,136						
30													
31													
32	EMPLOYEE FRINGE BENEFITS	25%	\$108,471	25%	\$100,887	25%	\$7,784	#DIV/0!		#DIV/0!		#DIV/0!	
33													
34													
35	TOTAL SALARIES & BENEFITS		\$542,363		\$503,633		\$38,920						
36													
37													
38													
39													
			Percentage	0.628235365		0.628235365							

	A	B	C	D	E	F	G	H	
1	DPH 4: Operating Expenses Detail								
2							APPENDIX #:	B-1, Page 3	
3							Document Date:	10/12/10	
4	Provider Number (same as line 7 on DPH 1):		3894						
5	Provider Name (same as line 8 on DPH 1):		Richmond Area Multi-Services, Inc. (RAMS)						
6									
7									
8									
9									
10									
11	Expenditure Category								
12	Rental of Property	\$	39,978.00	37,109	2,669				
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	8,046.00	7,469	577				
14	Office Supplies, Postage	\$	12,371.00	11,483	888				
15	Building Maintenance Supplies and Repair	\$	4,677.00	4,341	336				
16	Printing and Reproduction	\$	50.00	46	4				
17	Insurance	\$	3,545.00	3,291	254				
18	Staff Training	\$	3,000.00	2,785	215				
19	Staff Travel-(Local & Out of Town)	\$	673.00	625	48				
20	Rental of Equipment	\$	2,136.00	1,983	153				
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-						
22		\$	-						
23		\$	-						
24		\$	-						
25		\$	-						
26		\$	-						
27	OTHER	\$	-						
28	Recruitment	\$	2,935.00	2,724	211				
29	Payroll Processing	\$	1,574.00	1,461	113				
30	Client-Related Expenses/Meeting Expenses/Misc.	\$	735.00	682	53				
31		\$	-						
32		\$	-						
33									
34	TOTAL OPERATING EXPENSE		\$79,720	\$73,999	\$5,721				

1484

DPH 5: Capital Expenditures Detail

APPENDIX #: B-1, Page 4
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894

Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

1. Equipment

No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST

TOTAL EQUIPMENT COST

2. Remodeling

Description:

TOTAL REMODELING COST

TOTAL CAPITAL EXPENDITURE
 (Equipment plus Remodeling Cost)

1485

	A	B	C
1	CBHS BUDGET JUSTIFICATION - Appendix B-1		
2	Provider Number (same as line 7 on DPH 1): 3884		
3	Provider Name (same as line 5 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)		
4	DATE: 10/12/2010 Fiscal Year: 10-11		
5			
6	Salaries and Benefits	Salaries	FTE
7	<p>Director of Clinical Services Clinic - Provides oversight of program service delivery, evaluation and quality assurance, clinical training coordination, supervision of direct services staff & supervisors and staff personnel matters.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in mental health or related field; current licensure as a Clinical Psychologist, LCSW, and/or LMFT; 2+ years of post-licensure experience or 4+ years of experience in a child, youth & family outpatient setting.</p> <p>0.675 FTE x \$70,000 per year = \$40,250</p>	\$40,250	0.58
8	<p>Clinical Supervisor - Provides weekly clinical supervision to direct services staff and ensures compliance to clinical care standards (e.g. RAMS, SFDPH) including documentation & record keeping standards and quality of services delivery.</p> <p>Minimum Qualifications: Licensed as a Clinical Psychologist, LCSW, and/or LMFT; eligibility to provide clinical supervision; 1+ year of experience in a community mental health setting preferred.</p> <p>0.675 FTE x \$82,993 per year = \$6,202</p>	\$6,202	0.06
9	<p>Child Psychiatrist - Assumes medical responsibility for cases and prescribes medications, as necessary, working with clients, families, and the multidisciplinary care providers regarding psychiatric services as well as treatment planning, assessing progress, and reviewing/approving disposition of cases.</p> <p>Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience working with child, youth and their families; experience in community behavioral health and school settings preferred.</p> <p>0.20 FTE x \$265,200 per year = \$53,040</p>	\$53,040	0.20
10	<p>Behavioral Health Clinician/Worker (including: psychologist, social worker, Behavioral/Mental Health Clinician/Counselor/Worker) - Provides case management, individual, group, and/or family counseling &/or psychotherapy, clinical evaluation, and collateral therapy services.</p> <p>Minimum Qualifications: Varies - from at least a Bachelor's Degree to Doctorate Degree &/or Clinical Licensure; 1+ year of experience providing services to severely mentally ill children, youth, and their families, in a community behavioral health setting &/or urban public school settings (salary dependant on qualifications & experience).</p> <p>7.05 FTE x \$40,023 per year = \$282,162</p>	\$282,162	7.05
11	<p>Peer Counselor - Provides emotional support and may facilitate/coordinate workshops, engages & coordinates the Youth Advisory Council, and conducts various outreach activities to provide information about the program and general information on behavioral health matters and community resources.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; 3-5 years experience with the community behavioral health system; and 2 years of peer counseling experience or related experiences.</p> <p>0.20 FTE x \$4,960 per year = \$1,722,490</p>	\$4,992	0.20
12	<p>Intake Coordinator/Office Manager - Coordinates intake process by scheduling assessments, conducting initial screening, and processing & maintaining documentation; Provides oversight & supervision to front office/administrative & facilities/housekeeping staff, maintains vendor files and records as well as office equipment, supplies, and systems.</p> <p>Minimum Qualifications: Bachelor's Degree; at least 1 year of supervisory experience in office setting, preferred.</p> <p>0.25 FTE x \$43,264 per year = \$10,816</p>	\$10,816	0.25
13	<p>BIS Specialist/Admin Analyst/Assistant - Manages client databases and assists in preparing productivity reports; answers phones and performs reception functions.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; experience with database management & maintenance, database queries & reports, MS Excel, MS Access, and FileMaker Pro, highly preferred.</p> <p>0.915 FTE x \$34,120 per year = \$31,220</p>	\$31,220	0.92
14	<p>Housekeeper/Janitor - Maintains a clean and healthy facility; performs repairs and maintenance; provides janitorial services.</p> <p>Minimum Qualifications: Experience in custodial cleaning for an office environment/setting.</p> <p>0.20 FTE x \$25,000 per year = \$5,200</p>	\$5,200	0.20
15			
16			
17	TOTAL SALARIES	\$433,682	9.47
18			
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO		
20	25% of Salaries		
21		\$108,471	
22			
23	TOTAL BENEFITS	\$108,471	
24			
25	TOTAL SALARIES & BENEFITS	\$542,153	9.47
26			

	A	B	C
27	Operating Expenses		
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided		
29	Occupancy:		
30	Rent:		
31	Rental of building		
32	2,254 sq. ft. x 1.46 per sq. ft. x 12 months	\$39,978	
33			
34	Utilities:		
35	Electricity, gas, telephone, trash removal and water		
36	Based on last year's usage, \$8,046 per year	\$8,046	
37			
38	Building Maintenance:		
39	Building repair and maintenance		
40	Based on last year's usage, \$4,677 per year	\$4,677	
41			
42	Total Occupancy:	\$52,701	
43	Materials and Supplies:		
44	Office Supplies:		
45	Stationery, postage, software, and computer equipment for Avalar Sys.		
46	Based on last year's usage, \$6,371 per year + \$6,000 Computer Equip.	\$12,371	
47			
48	Printing/Reproduction:		
49	Copy supplies, business cards, and business related printing/copying		
50	Based on projection, \$50 per year	\$50	
51			
52	Program/Medical Supplies:		
53			
54			
55	Total Materials and Supplies:	\$12,421	
56			
57	General Operating:		
58	Insurance:		
59	Property and liability insurance and Malpractice Insurance		
60	Based on quoted premiums, \$3,645 per year	\$3,645	
61			
62	Staff Training:		
63	Training classes, conferences, meetings, and membership		
64	Based on projection, \$3,000 per year	\$3,000	
65			
66	Rental of Equipment:		
67	Copier rental	\$2,136	
68	Based on monthly payment, \$178 per month x 12 months		
69			
70	Total General Operating:	\$8,681	
71			
72	Staff Travel (Local & Out of Town):		
73	Staff mileage reimbursement		
74	Based on last year's usage, \$673 per year	\$673	
75			
76		\$673	
77			
78	Consultants/Subcontractors:		
79			
80			
81			
82			
83	Total Consultants/Subcontractors:	\$0	
84			
85			
86	Other:		
87	Recruitment	\$2,935	
88	Payroll Processing	\$1,574	
89	Client-Related Expenses/Meeting Expenses/Misc.	\$735	
90	Based on projection		
91			
92	Total Other:	\$5,244	
93			
94	TOTAL OPERATING COSTS:	\$79,720	
95			
96	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0	
97			
98	TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	622,073	
99			
100	INDIRECT COSTS:		
101	Administration, Accounting, Human Resources, BIS (12%)	74,849	
102	TOTAL INDIRECT COSTS:	74,849	
103			
104	CONTRACT TOTAL:	696,722	

	A	B	C	D	E	F	G	H
1	DPH 1: Department of Public Health Contract Budget Summary							
2	CONTRACT TYPE - This contract is:	New X	Renewal	Modification				
3	If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
4	LEGAL ENTITY NUMBER: 00343							
5	LEGAL ENTITY/CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS)							
6	APPENDIX NUMBER	B-2a	B-2b	B-2c				B-2
7	PROVIDER NUMBER	3894	3894	3894				
		Children- Wellness Center- Mental Health	Children- Wellness Center- Substance Abuse	MHSA PEI- School- Based Wellness				
8	PROVIDER NAME:							SUBTOTAL
9	CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11				
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS	864,578	162,983	166,739				1,194,300
12	OPERATING EXPENSE	18,389	3,544	7,368				29,301
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)	0						
14	SUBTOTAL DIRECT COSTS	882,967	166,527	174,107				1,223,601
15	INDIRECT COST AMOUNT	105,956	19,983	20,893				146,832
16	INDIRECT %	12%	12%	12%				
17	TOTAL FUNDING USES:	988,923	186,510	195,000				1,370,433
18	CBHS MENTAL HEALTH FUNDING SOURCES							
19	FEDERAL REVENUES - click below							
20	SDMC Regular FFP (50%)	27,500						27,500
21	ARRA SDMC FFP (11.59)	6,374						6,374
22	STATE REVENUES - click below							
23	MHSA	82,400		150,000				232,400
24	EPSDT State Match	21,126						21,126
25	GRANTS - click below							
26								
27	Please enter other funding source here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29	MHSA			45,000				45,000
30	WORK ORDERS - click below							
31	Dept of Children, Youth & Families	842,230	186,510					1,028,740
32								
33								
34	Please enter other funding source here if not in pull down							
35	3RD PARTY PAYOR REVENUES - click below							
36								
37	Please enter other funding source here if not in pull down							
38	REALIGNMENT FUNDS							
39	COUNTY GENERAL FUND	9,293						9,293
40	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	988,923	186,510	195,000				1,370,433
41	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
42	FEDERAL REVENUES - click below							
43								
44	STATE REVENUES - click below							
45								
46	GRANTS/PROJECTS - click below							
47								
48	Please enter other funding source here if not in pull down							
49	WORK ORDERS - click below							
50								
51	Please enter other funding source here if not in pull down							
52	3RD PARTY PAYOR REVENUES - click below							
53								
54	Please enter other funding source here if not in pull down							
55	COUNTY GENERAL FUND							
56	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
57	TOTAL DPH REVENUES	988,923	186,510	195,000				1,370,433
58	NON-DPH REVENUES - click below							
59								
60	TOTAL NON-DPH REVENUES							
61	TOTAL REVENUES (DPH AND NON-DPH)	988,923	186,510	195,000				1,370,433
62	Prepared by/Phone #: Ken Choi/Kavoos Bassiri 415-668-5955							

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

FISCAL YEAR: 10-11		APPENDIX #: B-2a, Page 1					
LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)		PROVIDER #: 3894					
PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
REPORTING UNIT NAME:	Wellness Center	Wellness Center	Wellness Center	Wellness Center	Wellness Center	Wellness Center	
REPORTING UNIT	38946	38946	38946	38946	38946	38946	
MODE OF SVCS / SERVICE FUNCTION CODE:	15/01-09	15/10-59	15/60-69	15/70-79	45/10-19	45/10-19	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Medication Support	Intervention-OP	MH Promotion	MH Promotion	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	5,898	45,721	3,048	1,510	72,480	735,920	864,678
OPERATING EXPENSE	129	997	66	33	1,091	16,073	18,389
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	6,027	46,718	3,116	1,543	73,571	751,993	882,967
INDIRECT COST AMOUNT	723	5,607	374	166	6,829	90,237	105,956
TOTAL FUNDING USES:	6,750	52,325	3,489	1,729	82,400	842,230	988,923
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	2,887	22,381	1,493	739			27,500
ARRA SDMC FFP (11.59)	669	5,188	346	171			6,374
STATE REVENUES - click below							
MHSA					82,400		82,400
EPSDT State Match	2,218	17,193	1,146	569			21,126
GRANTS - click below							
CFDA #:							
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Dept of Children, Youth & Families						842,230	842,230
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	976	7,563	504	250			9,293
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	6,750	52,325	3,489	1,729	82,400	842,230	988,923
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
TOTAL DPH REVENUES	6,750	52,325	3,489	1,729	82,400	842,230	988,923
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	6,750	52,325	3,489	1,729	82,400	842,230	988,923
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²	3,342	20,048	724	446	936	9,539	
UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	4.82	3.88	CR	CR	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	4.82	3.88	CR	CR	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.02	2.61	4.82	3.88			
UNDUPLICATED CLIENTS	27	Included	Included	Included	126	1,326	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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	A	B	C	D	E	G	H	J	K	M	N	P	Q	
1	DPH 3: Salaries & Benefits Detail													
2												APPENDIX #:	B-2a, Page 2	
3	Provider Number (same as line 7 on DPH 1):		3894										Document Date:	10/12/10
4	Provider Name (same as line 8 on DPH 1):		Richmond Area Multi-Services, Inc. (RAMS)											
5														
6														
7		TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MSHA (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DCYE (dept. name)		WORK ORDER #2: (dept. name)		
8		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		
9		FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
10		POSITION TITLE												
11														
12	Director of Behavioral Health Services	0.00	\$ 41,833.00	0.04	2,470	0.10	7,000			0.40	32,363			
13	Clinical Supervisor	0.73	\$ 47,424.00	0.05	3,254	0.03	1,545			0.68	42,625			
14	Child Psychiatrist	0.07	\$ 17,219.00	0.00	1,055	0.01	2,340			0.06	13,824			
15	Behavioral Health Counselor	12.80	\$ 579,659.00	0.84	37,995	1.00	43,819			11.08	497,744			
16	Office Manager	0.05	\$ 2,301.00	0.00	102	0.02	865			0.03	1,334			
17	BIS Specialist /Admin Analyst/Assistant	0.26	\$ 8,804.00	0.01	427	0.08	2,783			0.17	5,594			
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29	TOTALS	14.62	\$997,240	0.95	\$45,304	1.23	\$58,452			12.44	\$503,484			
30														
31														
32	EMPLOYEE FRINGE BENEFITS	24%	\$187,338	24%	\$10,874	24%	\$14,026			24%	\$142,436			
33														
34														
35	TOTAL SALARIES & BENEFITS		\$864,578		\$56,178		\$72,400				\$735,920			

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	A	B	C	D	E	F	G	H	
1	DPH 4: Operating Expenses Detail								
2							APPENDIX #:	B-2a, Page 3	
3							Document Date:	10/12/10	
4	Provider Number (same as line 7 on DPH 1):	3894							
5	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)							
6									
7									
8									
9									
10									
11	Expenditure Category								
12	Rental of Property	\$ 1,332.00	79	231			1,022		
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,133.00	148	46			1,939		
14	Office Supplies, Postage	\$ 336.00	19	87			230		
15	Building Maintenance Supplies and Repair	\$ 17.00	1	3			13		
16	Printing and Reproduction	\$ -							
17	Insurance	\$ 5,342.00	349	423			4,570		
18	Staff Training	\$ 829.00	58				771		
19	Staff Travel-(Local & Out of Town)	\$ 852.00	54	97			701		
20	Rental of Equipment	\$ 72.00	9	12			51		
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -							
22		\$ -							
23		\$ -							
24		\$ -							
25		\$ -							
26		\$ -							
27	OTHER	\$ -							
28	Recruitment	\$ 416.00	30				385		
29	Client-Related Expenses	\$ 3,981.00	282				3,699		
30	Meeting Expenses/Misc.	\$ 644.00	37				607		
31	Payroll Processing Fees	\$ 2,436.00	159	192			2,085		
32		\$ -							
33									
34	TOTAL OPERATING EXPENSE	\$18,389	\$1,225	\$1,091			\$16,073		

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	A	B	C	D	E
1	DPH 5: Capital Expenditures Detail				
2					
3	Provider Number (same as line 7 on DPH 1):	3894	APPENDIX #: B-2a, Page 4 Document Date: 10/12/10		
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)			
5					
6					
7					
8	1. Equipment				
9	No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTAL EQUIPMENT COST				
19					
20	2. Remodeling				
21	Description:				
22					
23					
24					
25					
26					
27	TOTAL REMODELING COST				
28					
29	TOTAL CAPITAL EXPENDITURE				
30	(Equipment plus Remodeling Cost)				

	A	B	C	D
1	CBHS BUDGET JUSTIFICATION - Appendix B-2a			
2	Provider Number (same as line 7 on DPH 1): 3894			
3	Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)			
4	DATE: 10/12/2010		Fiscal Year: 10-11	
5				
6	Salaries and Benefits	Salaries	FTE	
7	<p>Director of Behavioral Health Services - Provides oversight of program service delivery, evaluation and quality assurance, clinical training coordination, supervision of direct services staff & supervisors, and staff personnel matters.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in Psychology, Counseling, Social Work, or related fields; current licensure as a Clinical Psychologist, LCSW, and/or LMFT; 2+ years of experience providing direct services in a community behavioral health/school-based setting.</p>	\$41,833	0.60	
8	<p>Clinical Supervisor - Provides clinical supervision to direct services staff and ensures compliance to clinical care standards including documentation & record keeping standards and quality of services delivery.</p> <p>Minimum Qualifications: Licensed as a Clinical Psychologist, LCSW, and/or LMFT and 2+ years of experience post-licensure providing behavioral health services in a community behavioral health/school based setting.</p>	\$47,424	0.73	
9	<p>Child Psychiatrist - Assumes medical responsibility for cases and prescribes medications, as necessary, working with clients, families, and the multidisciplinary care providers regarding psychiatric services as well as treatment planning, assessing progress, and reviewing/approving disposition of cases.</p> <p>Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience working with child, youth and their families; experience in community behavioral health and school settings preferred.</p>	\$17,219	0.07	
10	<p>Behavioral Health Counselors - Provide school-based mental health and substance abuse services in the forms of individual, group, and family treatment, clinical case management, intake assessment, clinical evaluation, and consultation services.</p> <p>Minimum Qualifications: Master's Degree in Psychology, Social Work, Counseling, or a related field; 1+ year of experience providing mental health and substance abuse services in a school based setting and 1+ year of experience providing mental health services in a community mental health setting.</p>	\$579,659	12.90	
11	<p>Office Manager - Provides oversight & supervision to front office/administrative & facilities/housekeeping staff, maintains vendor files and records as well as office equipment, supplies, and systems.</p> <p>Minimum Qualifications: Bachelor's Degree; at least 1 year of supervisory experience in office setting, preferred.</p>	\$2,301	0.05	
12	<p>BIS Specialist/Admin Analyst/Assistant - Manages client databases and assists in preparing productivity reports.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; experience with database management & maintenance, database queries & reports, MS Excel, MS Access, and FileMaker Pro, highly preferred.</p>	\$8,804	0.26	
13				
14				
15				
16				
17	TOTAL SALARIES	\$697,240	14.62	
18				
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO			
20	24% of Salaries	\$167,338		
21				
22				
23	TOTAL BENEFITS	\$167,338		
24				
25				
26	TOTAL SALARIES & BENEFITS	\$864,578	14.62	

	A	B	C	D
27	Operating Expenses			
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total			
29	Occupancy:			
30	Rent			
31	Rental of building			
32	75 sq. ft. x 1.48 per sq. ft. x 12 months	\$1,332		
33				
34	Utilities:			
35	Electricity, gas, telephone, trash removal and water			
36	Based on last year's usage, \$2,133 per year	\$2,133		
37				
38	Building Maintenance:			
39	Building repair and maintenance			
40	Based on experience, \$17 per year	\$17		
41				
42		Total Occupancy:	\$3,482	
43	Materials and Supplies:			
44	Office Supplies:			
45	Stationary, postage, software, or minor equipment			
46	Based on experience, \$26 a month x 12 months	\$336		
47				
48	Printing/Reproduction:			
49				
50				
51				
52	Program/Medical Supplies:			
53				
54				
55		Total Materials and Supplies:	\$336	
56				
57	General Operating:			
58	Insurance:			
59	Property and liability insurance and Malpractice insurance			
60	Based on quoted premiums, \$5,342 per year	\$5,342		
61				
62	Staff Training:			
63	Training classes, conferences, meetings, and membership			
64	Based on last year's costs, \$829 per year	\$829		
65				
66	Rental of Equipment:			
67	Copier rental			
68	Based on monthly payment, \$6 per month x 12 months	\$72		
69				
70		Total General Operating:	\$6,243	
71				
72	Staff Travel (Local & Out of Town):			
73	Staff mileage reimbursement			
74	Based on experience, \$852 per year	\$852		
75				
76		\$852		
77				
78	Consultants/Subcontractors:			
79				
80				
81				
82				
83				
84		Total Consultants/Subcontractors:	\$0	
85				
86	Other:			
87	Recruitment	\$415		
88	Client-Related Expenses	\$3,981		
89	Meeting Expenses/Misc.	\$644		
90	Payroll Processing Fees	\$2,436		
91				
92		Total Other:	\$7,476	
93				
94		TOTAL OPERATING COSTS:	\$18,389	
95				
96	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0		
97				
98		TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$82,967	
99				
100	INDIRECT COSTS			
101	Administration, Accounting, Human Resources, BIS (12%)	105,956		
102		TOTAL INDIRECT COSTS:	105,956	
103				
104		CONTRACT TOTAL:	988,923	

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11			APPENDIX #: B-2b, Page 1				
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS) PROVIDER #: 3894							
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
5	REPORTING UNIT NAME:	Wellness						
6	REPORTING UNIT:	SA						
7	MODE OF SVCS / SERVICE FUNCTION CODE:	38946						
8	SERVICE DESCRIPTION:	45/10-19						
9	CBHS FUNDING TERM:	MH Promotion	#N/A	#N/A	#N/A	#N/A	#N/A	TOTAL
10	FUNDING USES:	7/1/09 - 6/30/11	7/1/10 - 6/30/11					
11	SALARIES & EMPLOYEE BENEFITS		162,983					162,983
12	OPERATING EXPENSE		3,544					3,544
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)							
14	SUBTOTAL DIRECT COSTS		166,527					166,527
15	INDIRECT COST AMOUNT		19,983					19,983
16	TOTAL FUNDING USES:		186,510					186,510
17	CBHS MENTAL HEALTH FUNDING SOURCES:							
18	FEDERAL REVENUES - click below							
19								
20								
21	STATE REVENUES - click below							
24	GRANTS - click below	CFDA #:						
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31	Dept of Children, Youth & Families		186,510					186,510
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS							
37	COUNTY GENERAL FUND							
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		186,510					186,510
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJECTS - click below	CFDA #:						
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
55	TOTAL DPH REVENUES		186,510					186,510
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES							
59	TOTAL REVENUES (DPH AND NON-DPH)		186,510					186,510
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²		16,468					
63	NET-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR					
64	COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR					
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
66	UNDULICATED CLIENTS		337					

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

1496

	A	B	C	D	E	F	G	H	
1	DPH 4: Operating Expenses Detail								
2									
3									
4	Provider Number (same as line 7 on DPH 1):	3894						APPENDIX #:	B-2b, Page 3
5	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)						Document Date:	10/12/10
6									
7									
8									
9									
10									
11	Expenditure Category								
12	Rental of Property	\$	213.00				213		
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	429.00				429		
14	Office Supplies, Postage	\$	51.00				51		
15	Building Maintenance Supplies and Repair	\$	3.00				3		
16	Printing and Reproduction	\$	-						
17	Insurance	\$	1,012.00				1,012		
18	Staff Training	\$	171.00				171		
19	Staff Travel-(Local & Out of Town)	\$	155.00				155		
20	Rental of Equipment	\$	12.00				12		
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-						
22		\$	-						
23		\$	-						
24		\$	-						
25		\$	-						
26		\$	-						
27	OTHER	\$	-						
28	Recruitment	\$	85.00				85		
29	Client-Related Expenses	\$	819.00				819		
30	Meeting Expenses/Misc.	\$	132.00				132		
31	Payroll Processing Fees	\$	462.00				462		
32		\$	-						
33									
34	TOTAL OPERATING EXPENSE		\$3,544				\$3,544		

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: DCYF (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	7/1/10-6/30/11	Term: _____
\$ 213.00				213	
\$ 429.00				429	
\$ 51.00				51	
\$ 3.00				3	
\$ -					
\$ 1,012.00				1,012	
\$ 171.00				171	
\$ 155.00				155	
\$ 12.00				12	
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 85.00				85	
\$ 819.00				819	
\$ 132.00				132	
\$ 462.00				462	
\$ -					

1497

	A	B	C	D	E	G	H	J	K	M	N	P	Q
1	DPH 3: Salaries & Benefits Detail												
2													
3	Provider Number (same as line 7 on DPH 1):	3894											APPENDIX #: B-2b, Page 2
4	Provider Name (same as line 6 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)											Document Date: 10/12/10
5													
6													
7		TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DCYE (dept. name)		WORK ORDER #2: (dept. name)	
8		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
9		Term: 7/1/10-6/30/11		Term:		Term:		Term:		Term: 7/1/10-6/30/11		Term:	
10		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES	
11	POSITION TITLE												
12	Director of Behavioral Health Services	0.10	\$ 7,167.00							0.10	7,167		
13	Clinical Supervisor	0.15	\$ 9,439.00							0.15	9,439		
14	Child Psychiatrist	0.01	\$ 3,061.00							0.01	3,061		
15	Behavioral Health Counselor	2.45	\$ 110,224.00							2.45	110,224		
16	Office Manager	0.01	\$ 304.00							0.01	304		
17	BIS Specialist /Admin Analyst/Assistant	0.04	\$ 1,243.00							0.04	1,243		
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29	TOTALS	2.75	\$131,438							2.75	\$131,438		
30													
31													
32	EMPLOYEE FRINGE BENEFITS	24%	\$31,545							24%	\$31,545		
33													
34													
35	TOTAL SALARIES & BENEFITS		\$162,983								\$162,983		

1498

	A	B	C	D	E
1	DPH 5: Capital Expenditures Detail				
2					
3	Provider Number (same as line 7 on DPH 1):	3894	APPENDIX #: B-2b, Page 4 Document Date: 10/12/10		
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)			
5					
6					
7					
8	1. Equipment				
	No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST
9					
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTAL EQUIPMENT COST				
19					
20	2. Remodeling				
21	Description:				
22					
23					
24					
25					
26					
27	TOTAL REMODELING COST				
28					
29	TOTAL CAPITAL EXPENDITURE				
30	(Equipment plus Remodeling Cost)				

	A	B	C	D
1	CBHS BUDGET JUSTIFICATION - Appendix B-2b			
2	Provider Number (same as line 7 on DPH 1): 3894			
3	Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)			
4	DATE: 10/12/2010		Fiscal Year: 10-11	
5				
6	Salaries and Benefits	Salaries	FTE	
7	<p>Director of Behavioral Health Services - Provides oversight of program service delivery, evaluation and quality assurance, clinical training coordination, supervision of direct services staff & supervisors, and staff personnel matters.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in Psychology, Counseling, Social Work, or related fields; current licensure as a Clinical Psychologist, LCSW, and/or LMFT; 2+ years of experience providing direct services in a community behavioral health/school-based setting.</p> <p>0.1023 FTE x \$70,000 per year = \$7,167</p>	\$7,167	0.10	
8	<p>Clinical Supervisor - Provides clinical supervision to direct services staff and ensures compliance to clinical care standards including documentation & record keeping standards and quality of services delivery.</p> <p>Minimum Qualifications: Licensed as a Clinical Psychologist, LCSW, and/or LMFT and 2+ years of experience post-licensure providing behavioral health services in a community behavioral health/ school based setting.</p> <p>0.146 FTE x \$64,610 per year = \$9,439</p>	\$9,439	0.15	
9	<p>Child Psychiatrist - Assumes medical responsibility for cases and prescribes medications, as necessary, working with clients, families, and the multidisciplinary care providers regarding psychiatric services as well as treatment planning, assessing progress, and reviewing/approving disposition of cases.</p> <p>Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience working with child, youth and their families; experience in community behavioral health and school settings preferred.</p> <p>0.0013 FTE x \$239,153 per year = \$3,061</p>	\$3,061	0.01	
10	<p>Behavioral Health Counselors - Provide school-based mental health and substance abuse services in the forms of individual, group, and family treatment, clinical case management, intake assessment, clinical evaluation, and consultation services.</p> <p>Minimum Qualifications: Master's Degree in Psychology, Social Work, Counseling, or a related field; 1+ year of experience providing mental health and substance abuse services in a school based setting and 1+ year of experience providing mental health services in a community mental health setting.</p> <p>2.448 FTE x \$45,008 per year = \$110,224</p>	\$110,224	2.45	
11	<p>Office Manager - Provides oversight & supervision to front office/administrative & facilities/housekeeping staff, maintains vendor files and records as well as office equipment, supplies, and systems.</p> <p>Minimum Qualifications: Bachelor's Degree; at least 1 year of supervisory experience in office setting, preferred.</p> <p>0.007 FTE x \$43,415 per year = \$304</p>	\$304	0.01	
12	<p>BIS Specials/Admin Analyst/Assistant - Manages client databases and assists in preparing productivity reports.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; experience with database management & maintenance, database queries & reports, MS Excel, MS Access, and FileMaker Pro, highly preferred.</p> <p>0.037 FTE x \$33,603 per year = \$1,243</p>	\$1,243	0.04	
13				
14				
15				
16				
17	TOTAL SALARIES	\$131,498	2.75	
18				
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO			
20	24% of Salaries	\$31,545		
21				
22				
23	TOTAL BENEFITS	\$31,545		
24				
25				
26	TOTAL SALARIES & BENEFITS	162,983	2.75	

	A	B	C	D
27	Operating Expenses			
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total			
29	Occupancy:			
30	Rent:			
31	Rental of building			
32	12 sq. ft. x 1.48 per sq. ft. x 12 months	\$213		
33				
34	Utilities:			
35	Electricity, gas, telephone, trash removal and water			
36	Based on last year's usage, \$429 per year	\$429		
37				
38	Building Maintenance:			
39	Building repair and maintenance			
40	Based on experience, \$3 per year:	\$3		
41				
42		Total Occupancy:	\$645	
43	Materials and Supplies:			
44	Office Supplies:			
45	Stationary, postage, software, or minor equipment			
46	Based on experience, \$4.25 a month x 12 months	\$51		
47				
48	Printing/Reproduction:			
49				
50				
51				
52	Program/Medical Supplies:			
53				
54				
55		Total Materials and Supplies:	\$51	
56				
57	General Operating:			
58	Insurance:			
59	Property and liability insurance and Malpractice insurance			
60	Based on quoted premiums, \$1,012 per year	\$1,012		
61				
62	Staff Training:			
63	Training classes, conferences, meetings, and membership			
64	Based on last year's costs, \$171 per year	\$171		
65				
66	Rental of Equipment:			
67	Copier rental			
68	Based on monthly payment, \$1 per month x 12 months	\$12		
69				
70		Total General Operating:	\$1,195	
71				
72	Staff Travel (Local & Out of Town):			
73	Staff mileage reimbursement			
74	Based on experience, \$155 per year	\$155		
75				
76		\$155		
77				
78	Consultants/Subcontractors:			
79				
80				
81				
82				
83				
84		Total Consultants/Subcontractors:	\$0	
85				
86	Other:			
87	Recruitment	\$85		
88	Client-Related Expenses	\$819		
89	Meeting Expenses/Misc.	\$132		
90	Payroll Processing Fees	\$462		
91				
92		Total Other:	\$1,498	
93				
94		TOTAL OPERATING COSTS:	\$3,544	
95				
96	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0		
97				
98		TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	166,527	
99				
100	INDIRECT COSTS			
101	Administration, Accounting, Human Resources, BIS (12%)	19,983		
102		TOTAL INDIRECT COSTS:	19,983	
103				
104		CONTRACT TOTAL:	186,510	

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11			APPENDIX #: B-2c, Page 1				
3	LEGAL ENTITY NAME:		Richmond Area Multi-Services, Inc. (RAMS)		PROVIDER #:			3894
4	PROVIDER NAME:		Richmond Area Multi-Services, Inc. (RAMS)					
5	REPORTING UNIT NAME:		School Based					
6	REPORTING UNIT		Wellness					
7	MODE OF SVCS / SERVICE FUNCTION CODE		3694					
8	SERVICE DESCRIPTION		45/10-19		#N/A		#N/A	
9	CBHS FUNDING TERM:		7/1/10 - 6/30/11					
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS		166,739					166,739
12	OPERATING EXPENSE		7,368					7,368
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)							
14	SUBTOTAL DIRECT COSTS		174,107					174,107
15	INDIRECT COST AMOUNT		20,893					20,893
16	TOTAL FUNDING USES:		195,000					195,000
17	CBHS MENTAL HEALTH FUNDING SOURCES:							
18	FEDERAL REVENUES - click below							
19								
20								
21	STATE REVENUES - click below							
22	MHSA		150,000					
23								
24	GRANTS - click below		CFDA #:					
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29	MHSA		45,000					45,000
30	WORK ORDERS - click below							
31								
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS							
37	COUNTY GENERAL FUND							
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		195,000					45,000
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJECTS - click below		CFDA #:					
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
55	TOTAL DPH REVENUES		195,000					45,000
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES							
59	TOTAL REVENUES (DPH AND NON-DPH)		195,000					45,000
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²		1,132					
63	NET-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR					
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR					
65	PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
66	UNDUPLICATED CLIENTS		1,200					

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

1502

	A	B	C	D	E	G	H	J	K	M	N	P	Q
1	DPH 3: Salaries & Benefits Detail												
2												APPENDIX #: B-2c; Page 2	
3	Provider Number (same as line 7 on DPH 1):	3884											Document Date: 10/12/10
4	Provider Name (same as line 3 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)											
5													
6													
7		TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: <u>MUSA</u> (grant title)		GRANT #2: _____ (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
8		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
9		Term: <u>7/1/10-6/30/11</u>		Term: _____		Term: <u>7/1/10-6/30/11</u>		Term: _____		Term: _____		Term: _____	
10		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES	
11	POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
12	Director of Behavioral Health Services	0.25	\$ 17,500.00			0.25	17,500						
13	Clinical Supervisor	0.10	\$ 6,400.00			0.10	6,400						
14	Child Psychiatrist	0.02	\$ 4,680.00			0.02	4,680						
15	Behavioral Health Counselor	0.05	\$ 2,600.00			0.05	2,600						
16	Clinical Case Manager	1.00	\$ 43,680.00			1.00	43,680						
17	Group Counselor	1.00	\$ 44,670.00			1.00	44,670						
18	Office Manager	0.04	\$ 1,737.00			0.04	1,737						
19	BIS Specialist /Admin Analyst/Assistant	0.40	\$ 13,000.00			0.40	13,000						
20													
21													
22													
23													
24													
25													
26													
27													
28													
29	TOTALS	2.86	\$134,457			2.86	\$134,487						
30													
31													
32	EMPLOYEE FRINGE BENEFITS	24%	\$32,272			24%	\$32,272						
33													
34													
35	TOTAL SALARIES & BENEFITS		\$166,730				\$166,730						

1503

	A	B	C	D	E	F	G	H	
1	DPH 4: Operating Expenses Detail								
2									
3									
4	Provider Number (same as line 7 on DPH 1):	3894						APPENDIX #:	B-2c, Page 3
5	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)						Document Date:	10/12/10
6									
7									
8									
9									
10									
11	Expenditure Category								
12	Rental of Property	\$	231.00			231			
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	1,477.00			1,477			
14	Office Supplies, Postage	\$	3,240.00			3,240			
15	Building Maintenance Supplies and Repair	\$	50.00			50			
16	Printing and Reproduction	\$	100.00			100			
17	Insurance	\$	737.00			737			
18	Staff Training	\$	500.00			500			
19	Staff Travel-(Local & Out of Town)	\$	250.00			250			
20	Rental of Equipment	\$	24.00			24			
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)								
22									
23									
24									
25									
26									
27	OTHER								
28	Client-Related Expenses	\$	120.00			120			
29	Payroll Processing Fees	\$	639.00			639			
30		\$	-						
31		\$	-						
32		\$	-						
33									
34	TOTAL OPERATING EXPENSE		\$7,368			\$7,368			

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MHSA (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7/1/10-6/30/11	Term: _____	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
\$ 231.00		231			
\$ 1,477.00		1,477			
\$ 3,240.00		3,240			
\$ 50.00		50			
\$ 100.00		100			
\$ 737.00		737			
\$ 500.00		500			
\$ 250.00		250			
\$ 24.00		24			
\$ 120.00		120			
\$ 639.00		639			
\$ -					
\$ -					
\$ -					

1504

	A	B	C	D	E
1	DPH 5: Capital Expenditures Detail				
2					
3	Provider Number (same as line 7 on DPH 1):	3894		APPENDIX #:	B-2c, Page 4
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)		Document Date:	10/12/10
5					
6					
7					
8	1. Equipment				
9	No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST
10					
11					
12					
13					
14					
15					
16					
17					
18	TOTAL EQUIPMENT COST				
19					
20	2. Remodeling				
21	Description:				
22					
23					
24					
25					
26					
27	TOTAL REMODELING COST				
28					
29	TOTAL CAPITAL EXPENDITURE				
30	(Equipment plus Remodeling Cost)				

	A	B	C	D
1	CBHS BUDGET JUSTIFICATION - Appendix B-2c			
2	Provider Number (same as line 7 on DPH 1): 3894			
3	Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)			
4	DATE: 10/12/2010		Fiscal Year: 10-11	
5				
6	Salaries and Benefits	Salaries	FTE	
7	<p>Director of Behavioral Health Services - Provides oversight or program service delivery, evaluation and quality assurance, clinical training coordination, supervision of direct services staff & supervisors, and staff personnel matters.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in Psychology, Counseling, Social Work, or related fields; current licensure as a Clinical Psychologist, LCSW, and/or LMFT; 2+ years of experience providing direct services in a community behavioral health/school-based setting.</p> <p>0.25 FTE x \$70,000 per year = \$17,500</p>	\$17,500	0.25	
8	<p>Clinical Supervisor - Provides clinical supervision to direct services staff and ensures compliance to clinical care standards including documentation & record keeping standards and quality of services delivery.</p> <p>Minimum Qualifications: Licensed as a Clinical Psychologist, LCSW, and/or LMFT and 2+ years of experience post-licensure providing behavioral health services in a community behavioral health/school based setting.</p> <p>0.10 FTE x \$64,000 per year = \$6,400</p>	\$6,400	0.10	
9	<p>Child Psychiatrist - Assumes medical responsibility for cases and prescribes medications, as necessary, working with clients, families, and the multidisciplinary care providers regarding psychiatric services as well as treatment planning, assessing progress, and reviewing/approving disposition of cases.</p> <p>Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience working with child, youth and their families; experience in community behavioral health and school settings preferred.</p> <p>0.015 FTE x \$312,000 per year = \$4,680</p>	\$4,680	0.02	
10	<p>Behavioral Health Counselor - Provides school-based mental health and substance abuse services in the forms of individual, group, and family treatment, clinical case management, intake assessment, clinical evaluation, and consultation services.</p> <p>Minimum Qualifications: Master's Degree in Psychology, Social Work, Counseling, or a related field; 1+ year of experience providing mental health and substance abuse services in a school based setting and 1+ year of experience providing mental health services in a community mental health setting.</p> <p>0.05 FTE x \$52,000 per year = \$2,600</p>	\$2,600	0.05	
11	<p>Clinical Case Manager - Provides & coordinates behavioral health services such as case management & follow-up, referral & linkage, outreach & advocacy, intake & assessments, and participation in meetings as needed.</p> <p>Minimum Qualifications: Master's Degree in Psychology, Social Work, Counseling, or a related field; 1+ year of experience providing mental health and substance abuse services in a school based setting and 1+ year of experience providing case management services in a community mental health setting.</p> <p>1.00 FTE x \$43,680 per year = \$43,680</p>	\$43,680	1.00	
12	<p>Group Counselor (Trauma/Grief & Loss) - Provides behavioral health services with emphasis on Trauma/Grief&Loss-related services, including crisis intervention & assessments, mediation & de-escalation, individual/group counseling (immediate-response and ongoing/short-term as needed), case management, intake & assessment, clinical evaluation, as well as outreach, education, and consultation.</p> <p>Minimum Qualifications: Master's Degree in Psychology, Social Work, Counseling, or a related field; 1+ year of experience providing mental health and substance abuse services in a school based setting and 1+ year of experience providing youth-based crisis support services in community behavioral health setting.</p> <p>1.00 FTE x \$44,870 per year = \$44,870</p>	\$44,870	1.00	
13	<p>Office Manager - Provides oversight & supervision to front office/administrative & facilities/housekeeping staff, maintains vendor files and records as well as office equipment, supplies, and systems.</p> <p>Minimum Qualifications: Bachelor's Degree; at least 1 year of supervisory experience in office setting, preferred.</p> <p>0.04 FTE x \$43,416 per year = \$1,730</p>	\$1,737	0.04	
14	<p>BIS Specialist/Admin Analyst/Assistant - Manages client databases and assists in preparing productivity reports.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; experience with database management & maintenance, database queries & reports, MS Excel, MS Access, and FileMaker Pro, highly preferred.</p> <p>0.4 FTE x \$32,500 per year = \$13,000</p>	\$13,000	0.40	
15				
16				
17	TOTAL SALARIES	\$134,467	2.86	
18				
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO			
20	24% of Salaries	\$32,272		
21				
22				
23	TOTAL BENEFITS	\$32,272		
24				
25	TOTAL SALARIES & BENEFITS	166,739	2.86	
26				

	A	B	C	D
27	Operating Expenses			
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount			
29	Occupancy:			
30	Rent:			
31	Rental of building			
32	13 sq. ft. x 1.48 per sq. ft. x 12 months	\$231		
33				
34	Utilities:			
35	Electricity, gas, telephone, trash removal and water			
36	Based on last year's usage, \$1,477 per year	\$1,477		
37				
38	Building Maintenance:			
39	Building repair and maintenance			
40	Based on experience, \$50 per year	\$50		
41				
42		Total Occupancy:	\$1,758	
43	Materials and Supplies:			
44	Office Supplies:			
45	Stationary, postage, software, or minor equipment			
46	Based on experience, \$270 a month x 12 months	\$3,240		
47				
48	Printing/Reproduction:			
49	Printer supplies, business cards, and business related printing/copying			
50	Based on projection, \$100 per year	\$100		
51				
52	Program/Medical Supplies:			
53				
54				
55		Total Materials and Supplies:	\$3,340	
56				
57	General Operating:			
58	Insurance:			
59	Property and liability insurance and Malpractice Insurance			
60	Based on quoted premiums, \$737 per year	\$737		
61				
62	Staff Training:			
63	Training classes, conferences, meetings, and membership			
64	Based on expectation, \$500 per year	\$500		
65				
66	Rental of Equipment:			
67	Copier rental			
68	Based on monthly payment, \$2 per month x 12 months	\$24		
69				
70		Total General Operating:	\$1,261	
71				
72	Staff Travel (Local & Out of Town):			
73	Staff mileage reimbursement			
74	Based on experience, \$250 per year	\$250		
75				
76		\$250		
77				
78	Consultants/Subcontractors:			
79				
80				
81				
82				
83		Total Consultants/Subcontractors:	\$0	
84				
85				
86	Other:			
87	Client-Related Expenses	\$120		
88	Payroll Processing Fees	\$639		
89				
90				
91		Total Other:	\$759	
92				
93		TOTAL OPERATING COSTS:	\$7,388	
94				
95				
96	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0		
97				
98	TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	174,107		
99				
100	INDIRECT COSTS			
101	Administration, Accounting, Human Resources, BIS (12%)	20,893		
102	TOTAL INDIRECT COSTS:	20,893		
103				
104	CONTRACT TOTAL:	195,000		

	A	B	C	D	E	F	G	H
1	DPH 1: Department of Public Health Contract Budget Summary							
2	CONTRACT TYPE - This contract is:		New X	Renewal	Modification			
3	If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
4	LEGAL ENTITY NUMBER: 00343							
5	LEGAL ENTITY/CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS)							
6	APPENDIX NUMBER	B-3	B-4				B-3 & 4	B-1, 2, 3, & 4
7	PROVIDER NUMBER	3894	3894					
8	PROVIDER NAME:	High Quality Childcare Initiative (Fu Yau)	MHSA WDET Summer Bridge				SUBTOTAL	TOTAL
9	CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11					
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS	793,855	28,366				822,221	2,558,874
12	OPERATING EXPENSE	36,711	23,095				59,806	168,827
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)							
14	SUBTOTAL DIRECT COSTS	830,566	51,461				882,027	2,727,701
15	INDIRECT COST AMOUNT	99,668	6,175				105,843	327,324
16	INDIRECT %	12%	12%					
17	TOTAL FUNDING USES:	930,234	57,636				987,870	3,056,025
18	CBHS MENTAL HEALTH FUNDING SOURCES:							
19	FEDERAL REVENUES - click below							
20	SDMC Regular FFP (50%)	5,229					5,229	256,992
21	ARRA SDMC FFP (11.59)	1,212					1,212	59,571
22	STATE REVENUES - click below							
23	MHSA	25,000	57,636				82,636	365,036
24	EPSDT State Match	4,017					4,017	90,355
25	GRANTS - click below							
26								
27	Please enter other funding source here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29	MHSA	14,000					14,000	59,000
30	WORK ORDERS - click below							
31	Dept of Children, Youth & Families	100,950					100,950	1,129,690
32	HSA (Human Svcs Agency)	252,857					252,857	252,857
33	First Five (SF Children & Family Commission)	116,333					116,333	116,333
34	First Five (SF Children & Family Commission)	321,887					321,887	321,887
35	First Five (SF Children & Family Commission)	88,749					88,749	88,749
36	Please enter other funding source here if not in pull down							
37	3RD PARTY PAYOR REVENUES - click below							
38								
39	Please enter other funding source here if not in pull down							
40	REALIGNMENT FUNDS							
41	COUNTY GENERAL FUND							97,306
42	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	930,234	57,636				987,870	3,055,025
43	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
44	FEDERAL REVENUES - click below							
45								
46	STATE REVENUES - click below							
47								
48	GRANTS/PROJECTS - click below							
49								
50	Please enter other funding source here if not in pull down							
51	WORK ORDERS - click below							
52								
53	Please enter other funding source here if not in pull down							
54	3RD PARTY PAYOR REVENUES - click below							
55								
56	Please enter other funding source here if not in pull down							
57	COUNTY GENERAL FUND							
58	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
59	TOTAL DPH REVENUES	930,234	57,636				987,870	3,055,025
60	NON-DPH REVENUES - click below							
61								
62	TOTAL NON-DPH REVENUES							
63	TOTAL REVENUES (DPH AND NON-DPH)	930,234	57,636				987,870	3,055,025

Prepared by/Phone #: Ken Choi/Kavoos Bassiri 415-668-5955

	A	B	C	D	E	F	G	H	I	J	K
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)										
2	FISCAL YEAR: 10-11										
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)										
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)										
5	REPORTING UNIT NAME:	FU YAU Project Consult Group	FU YAU Project Consult Indiv.	FU YAU Project Consult Class/Child	FU YAU Project Training/Parent Support	FU YAU Project Direct Individual	FU YAU Project Direct Group	FU YAU Project Outreach & Linkage	FU YAU Project Evaluation		
6	REPORTING UNIT:	38943	38943	38943	38943	38943	38943	38943	38943		
7	MODE OF SVCS / SERVICE FUNCTION CODE:	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
8	SERVICE DESCRIPTION:	MH Programs	MH Programs	MH Programs	MH Programs	MH Programs	MH Programs	MH Programs	MH Programs		
9	CBHS FUNDING TERM:	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11		
10	FUNDING USES:										
11	SALARIES & EMPLOYEE BENEFITS	38,607	50,976	66,713	14,027	7,183	11,541	21,554	7,183		215,786
12	OPERATING EXPENSE	1,693	2,357	3,085	649	352	554	997	332		9,979
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)										
14	SUBTOTAL DIRECT COSTS	38,300	53,333	69,798	14,676	7,535	12,095	22,551	7,515		225,765
15	INDIRECT COST AMOUNT	4,586	6,400	8,376	1,761	902	1,449	2,708	902		27,092
16	TOTAL FUNDING USES:	42,886	59,733	78,174	16,437	8,437	13,524	25,257	8,417		252,857
17	CBHS MENTAL HEALTH FUNDING SOURCES										
18	FEDERAL REVENUES - click below										
19	SDMC Regular FFP (50%)										
20	ARRA SDMC FFP (11.5%)										
21	STATE REVENUES - click below										
24	GRANTS - click below	CFDA #:									
25											
26											
27	Please enter other here if not in pull down										
28	PRIOR YEAR ROLL OVER - click below										
29											
30	WORK ORDERS - click below										
31	HSA (Human Svcs Agency)	42,896	59,733	78,174	16,437	8,419	13,524	25,257	8,417		252,857
32	Please enter other here if not in pull down										
33	3RD PARTY PAYOR REVENUES - click below										
34											
35	Please enter other here if not in pull down										
36	REALIGNMENT FUNDS										
37	COUNTY GENERAL FUND										
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	42,896	59,733	78,174	16,437	8,419	13,524	25,257	8,417		252,857
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
40	FEDERAL REVENUES - click below										
41											
42	STATE REVENUES - click below										
43											
44	GRANTS/PROJECTS - click below	CFDA #:									
45											
46	Please enter other here if not in pull down										
47	WORK ORDERS - click below										
48											
49	Please enter other here if not in pull down										
50	3RD PARTY PAYOR REVENUES - click below										
51											
52	Please enter other here if not in pull down										
53	COUNTY GENERAL FUND										
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
55	TOTAL DPH REVENUES	42,896	59,733	78,174	16,437	8,419	13,524	25,257	8,417		252,857
56	NON-DPH REVENUES - click below										
57											
58	TOTAL NON-DPH REVENUES										
59	TOTAL REVENUES (DPH AND NON-DPH)	42,896	59,733	78,174	16,437	8,419	13,524	25,257	8,417		252,857
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:										
61	UNITS OF SERVICE ¹										
62	UNITS OF TIME ²	572	795	1,042	219	112	123	337	112		
63	NET-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)										
66	UNDUPLICATED CLIENTS	444	Included	Included	Included	Included	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR: 10-11		LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)							
REPORTING UNIT NAME:		PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
REPORTING UNIT:	Fu You Project Consult Group	Fu You Project Consult Indiv.	Fu You Project Consult Class/Child	Fu You Project Training/Per ent Support	Fu You Project Direct Individual	Fu You Project Direct Group	Fu You Project Outreach & Linkage	Fu You Project Evaluation	
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	TOTAL
SERVICE DESCRIPTION	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	
CBHS FUNDING TERM:	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	2010 - 2011	
FUNDING USES:									
SALARIES & EMPLOYEE BENEFITS	14,813	30,351	26,834	5,500	2,969	4,608	8,055	2,889	86,160
OPERATING EXPENSE	676	841	1,232	259	133	213	388	132	3,984
CAPITAL OUTLAY (COST \$5,000 AND OVER)									
SUBTOTAL DIRECT COSTS	15,291	21,292	27,066	6,889	3,001	4,821	9,003	3,001	90,134
INDIRECT COST AMOUNT	1,835	2,555	3,344	703	360	578	1,080	361	10,816
TOTAL FUNDING USES:	17,126	23,847	31,210	6,562	3,361	5,399	10,083	3,362	100,950
CBHS MENTAL HEALTH FUNDING SOURCES									
FEDERAL REVENUES - click below									
SDMC Regular FFP 76%									
ARRA SDMC FFP (11.59)									
STATE REVENUES - click below									
GRANTS - click below CFDA #:									
Please enter other here if not in pull down									
PRIOR YEAR ROLL OVER - click below									
WORK ORDERS - click below									
Dept of Children Youth & Families	17,126	23,847	31,210	6,562	3,361	5,399	10,083	3,362	100,950
Please enter other here if not in pull down									
3RD PARTY PAYOR REVENUES - click below									
Please enter other here if not in pull down									
REALIGNMENT FUNDS									
COUNTY GENERAL FUND									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:									
	17,126	23,847	31,210	6,562	3,361	5,399	10,083	3,362	100,950
CBHS SUBSTANCE ABUSE FUNDING SOURCES:									
FEDERAL REVENUES - click below									
STATE REVENUES - click below									
GRANTS/PROJECTS - click below CFDA #:									
Please enter other here if not in pull down									
WORK ORDERS - click below									
Please enter other here if not in pull down									
3RD PARTY PAYOR REVENUES - click below									
Please enter other here if not in pull down									
COUNTY GENERAL FUND									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:									
	17,126	23,847	31,210	6,562	3,361	5,399	10,083	3,362	100,950
NON-DPH REVENUES - click below									
TOTAL NON-DPH REVENUES									
TOTAL REVENUES (DPH AND NON-DPH)									
	17,126	23,847	31,210	6,562	3,361	5,399	10,083	3,362	100,950
CBHS UNITS OF SVCS/TIME AND UNIT COST:									
UNITS OF SERVICE ¹									
UNITS OF TIME ²									
ER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)									
UNDUPLICATED CLIENTS	266	Included	Included	Included	Included	Included	Included	Included	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR: 10-11		LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)							APPENDIX #: B-3, Page 1c	
PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)		PROVIDER #: 3894								
REPORTING UNIT NAME:	FU Yau Project Consult Group	FU Yau Project Consult Indiv.	FU Yau Project Consult Class/Child	FU Yau Project Training/Parent Support	FU Yau Project Direct Individual	FU Yau Project Direct Group	FU Yau Project Outreach & Linkage	FU Yau Project Evaluation		
REPORTING UNIT	38943	38943	38943	38943	38943	38943	38943	38943		
MODE OF SVCS / SERVICE FUNCTION CODE	45110-19	45110-19	45110-19	45110-19	45110-19	45110-19	45110-19	45110-19		
SERVICE DESCRIPTION	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	TOTAL	
CBHS FUNDING TERM:	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11	7/1/00 - 6/30/11		
FUNDING USES:										
SALARIES & EMPLOYEE BENEFITS	16,842	23,453	30,893	6,453	3,305	5,310	9,918	3,908	99,278	
OPERATING EXPENSE	779	1,088	1,419	298	353	246	459	152	4,591	
CAPITAL OUTLAY (COST \$5,000 AND OVER)										
SUBTOTAL DIRECT COSTS	17,621	24,538	32,112	6,751	3,458	5,556	10,375	3,458	103,869	
INDIRECT COST AMOUNT	2,114	2,944	3,853	810	415	667	1,245	418	12,464	
TOTAL FUNDING USES:	19,735	27,482	35,965	7,561	3,873	6,223	11,620	3,874	116,333	
CBHS MENTAL HEALTH FUNDING SOURCES										
FEDERAL REVENUES - click below										
SDMC Regular FFP (50%)										
ARRA SDMC FFP (11.59)										
STATE REVENUES - click below										
GRANTS - click below	CFDA #:									
Please enter other here if not in pull down										
PRIOR YEAR ROLL OVER - click below										
WORK ORDERS - click below										
First Five (SF Children & Family Commission HQCC)	19,735	27,482	35,965	7,561	3,873	6,223	11,620	3,874	116,333	
Please enter other here if not in pull down										
3RD PARTY PAYOR REVENUES - click below										
Please enter other here if not in pull down										
REALIGNMENT FUNDS										
COUNTY GENERAL FUND										
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	19,735	27,482	35,965	7,561	3,873	6,223	11,620	3,874	116,333	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
FEDERAL REVENUES - click below										
STATE REVENUES - click below										
GRANTS/PROJECTS - click below	CFDA #:									
Please enter other here if not in pull down										
WORK ORDERS - click below										
Please enter other here if not in pull down										
3RD PARTY PAYOR REVENUES - click below										
Please enter other here if not in pull down										
COUNTY GENERAL FUND										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
TOTAL DPH REVENUES	19,735	27,482	35,965	7,561	3,873	6,223	11,620	3,874	116,333	
NON-DPH REVENUES - click below										
TOTAL NON-DPH REVENUES										
TOTAL REVENUES (DPH AND NON-DPH):	19,735	27,482	35,965	7,561	3,873	6,223	11,620	3,874	116,333	
CBHS UNITS OF SVCS/TIME AND UNIT COST:										
UNITS OF SERVICE ¹										
UNITS OF TIME ²	263	368	480	101	52	57	155	52		
UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)										
UNDUPLICATED CLIENTS	451	Included	Included	Included	Included	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR: 10-11

APPENDIX #: B-3 Page 1d
PROVIDER #: 3894

LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)

PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)

REPORTING UNIT NAME:	Fu You Project Consult Group	Fu You Project Consult Indiv.	Fu You Project Consult Class/Child	Fu You Project Training/Parent Support	Fu You Project Direct Individual	Fu You Project Direct Group	Fu You Project Outreach & Linkage	Fu You Project Evaluation	
REPORTING UNIT:	38943	38943	38943	38943	38943	38943	38943	38943	
MODE OF SVCS / SERVICE FUNCTION CODE:	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:	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	TOTAL
CBHS FUNDING TERM:	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	7/1/09 - 6/30/11	
FUNDING USES:									
SALARIES & EMPLOYEE BENEFITS	46,600	64,897	84,928	17,856	9,146	14,681	27,438	9,147	274,696
OPERATING EXPENSE	2,155	3,001	3,927	626	423	679	1,269	423	12,703
CAPITAL OUTLAY (COST \$5,000 AND OVER)									
SUBTOTAL DIRECT COSTS	48,755	67,893	88,853	18,482	9,569	15,370	28,707	9,570	287,399
INDIRECT COST AMOUNT	5,863	8,147	10,662	2,242	1,148	1,845	3,445	1,148	34,488
TOTAL FUNDING USES:	54,606	76,040	99,515	20,724	10,717	17,215	32,152	10,718	321,887
CBHS MENTAL HEALTH FUNDING SOURCES									
FEDERAL REVENUES - click below									
SDMC Regular FFP (60%)									
ARRA SDMC FFP (11.5%)									
STATE REVENUES - click below									
GRANTS - click below									
CFDA #:									
Please enter other here if not in pull down									
PRIOR YEAR ROLL OVER - click below									
WORK ORDERS - click below									
PFA									
First Five (SF Children & Family Commission)	54,606	76,040	99,515	20,924	10,717	17,215	32,152	10,718	321,887
Please enter other here if not in pull down									
3RD PARTY PAYOR REVENUES - click below									
Please enter other here if not in pull down									
REALIGNMENT FUNDS									
COUNTY GENERAL FUND									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	54,606	76,040	99,515	20,924	10,717	17,215	32,152	10,718	321,887
CBHS SUBSTANCE ABUSE FUNDING SOURCES:									
FEDERAL REVENUES - click below									
STATE REVENUES - click below									
GRANTS/PROJECTS - click below									
CFDA #:									
Please enter other here if not in pull down									
WORK ORDERS - click below									
Please enter other here if not in pull down									
3RD PARTY PAYOR REVENUES - click below									
Please enter other here if not in pull down									
COUNTY GENERAL FUND									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:									
TOTAL DPH REVENUES	54,606	76,040	99,515	20,924	10,717	17,215	32,152	10,718	321,887
NON-DPH REVENUES - click below									
TOTAL NON-DPH REVENUES									
TOTAL REVENUES (DPH AND NON-DPH)	54,606	76,040	99,515	20,924	10,717	17,215	32,152	10,718	321,887
CBHS UNITS OF SVCS/TIME AND UNIT COST:									
UNITS OF SERVICE ¹									
UNITS OF TIME ²	728	1,014	1,327	279	143	157	429	143	
NET-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
COST PER UNIT-OPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)									
UNDUPLICATED CLIENTS	631	Included	Included	Included	Included	Included	Included	Included	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	A	C	D	E	F	G	H	I	J	K
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)									
2	FISCAL YEAR: 10-11					APPENDIX #: B-3, Page 1e				
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)					PROVIDER #: 3894				
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)									
5	REPORTING UNIT NAME:	FU Yau Project-Consult Group	FU Yau Project-Consult Indiv.	FU Yau Project-Consult Class/Child	FU Yau Project-Training/Parent Support	FU Yau Project-Individual	FU Yau Project-Direct	FU Yau Project-Direct Group	FU Yau Project-Outreach & Linkage	FU Yau Project-Evaluation
6	REPORTING UNIT:	38943	38943	38943	38943	38943	38943	38943	38943	38943
7	MODE OF SVCS / SERVICE FUNCTION CODE	45/10-18	45/10-18	45/10-18	45/10-18	45/10-18	45/10-18	45/10-18	45/10-18	45/10-18
8	SERVICE DESCRIPTION:	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion
9	CBHS FUNDING TERM:	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11	10/10 - 9/9/11
10	FUNDING USES:									
11	SALARIES & EMPLOYEE BENEFITS	12,846	17,882	20,415	4,623	2,322	4,051	7,665	2,522	75,738
12	OPERATING EXPENSE	564	627	1,063	226	117	187	350	136	3,562
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)									
14	SUBTOTAL DIRECT COSTS	13,410	18,509	21,478	4,849	2,439	4,238	8,015	2,658	79,300
15	INDIRECT COST AMOUNT	1,613	2,246	2,940	618	317	505	850	316	9,509
16	TOTAL FUNDING USES:	15,023	20,755	24,418	5,467	2,756	4,743	8,865	2,974	88,749
17	CBHS MENTAL HEALTH FUNDING SOURCES									
18	FEDERAL REVENUES - click below									
19	SDMC Regular FFF (60%)									
20	ARRA SDMC FFF (11.69)									
21	STATE REVENUES - click below									
22	GRANTS - click below									
23	CFDA #:									
24	Please enter other here if not in pull down									
25	PRIOR YEAR ROLL OVER - click below									
26	WORK ORDERS - click below									
27	First Five (SF Children & Family Commission)	15,055	20,965	27,438	6,769	2,956	4,747	8,865	2,954	88,749
28	Please enter other here if not in pull down									
29	3RD PARTY PAYOR REVENUES - click below									
30	Please enter other here if not in pull down									
31	REALIGNMENT FUNDS									
32	COUNTY GENERAL FUND									
33	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	15,055	20,965	27,438	6,769	2,956	4,747	8,865	2,954	88,749
34	CBHS SUBSTANCE ABUSE FUNDING SOURCES:									
35	FEDERAL REVENUES - click below									
36	STATE REVENUES - click below									
37	GRANTS/PROJECTS - click below									
38	CFDA #:									
39	Please enter other here if not in pull down									
40	WORK ORDERS - click below									
41	Please enter other here if not in pull down									
42	3RD PARTY PAYOR REVENUES - click below									
43	Please enter other here if not in pull down									
44	COUNTY GENERAL FUND									
45	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									
46	TOTAL BPH REVENUES:	15,055	20,965	27,438	6,769	2,956	4,747	8,865	2,954	88,749
47	NON-DPH REVENUES - click below									
48	TOTAL NON-DPH REVENUES									
49	TOTAL REVENUES (DPH AND NON-DPH)	15,055	20,965	27,438	6,769	2,956	4,747	8,865	2,954	88,749
50	CBHS UNITS OF SVCS/TIME AND UNIT COST:									
51	UNITS OF SERVICE ¹									
52	UNITS OF TIME ²	201	280	386	77	39	43	118	39	
53	COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
54	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00	
55	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)									
56	UNDULPLICATED CLIENTS	118	Included	Included	Included	Included	Included	Included	Included	

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	A	B	C	D	E	F	G	H	I	J	K
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)										
2	FISCAL YEAR: 10-11					APPENDIX #: B-3 Page 11					
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)					PROVIDER #: 3694					
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)										
5	REPORTING UNIT NAME:	FU YrU Project Consult Group	FU YrU Project Consult Individ.	FU YrU Project Consult Class/Child	FU YrU Project Training/Parent Support	FU YrU Project Direct Individual	FU YrU Project Direct Group	FU YrU Project Outreach & Linkage	FU YrU Project Evaluation		
6	REPORTING UNIT	38943	38943	38943	38943	38943	38943	38943	38943		
7	MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
8	SERVICE DESCRIPTION	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion	MH Promotion		
9	CBHS FUNDING TERM:	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11	JUNE - 09/11		
10	FUNDING USES:										
11	SALARIES & EMPLOYEE BENEFITS	5,546	7,562	10,280	2,163	1,108	1,760	3,374	1,109	33,282	
12	OPERATING EXPENSE	251	354	476	100	51	32	154	51	1,538	
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)										
14	SUBTOTAL DIRECT COSTS	5,807	8,228	10,756	2,263	1,159	1,862	3,478	1,160	34,820	
15	INDIRECT COST AMOUNT	709	967	1,252	272	139	224	417	139	4,178	
16	TOTAL FUNDING USES:	6,616	9,213	12,058	2,535	1,298	2,086	3,895	1,299	39,000	
17	CBHS MENTAL HEALTH FUNDING SOURCES										
18	FEDERAL REVENUES - click below										
19	SDMC Regular FFP (50%)										
20	ARRA SDMC FFP (11.89)										
21	STATE REVENUES - click below										
22	MHSA	4,241	5,806	7,729	1,625	832	1,337	2,487	833	25,000	
23	GRANTS - click below										
24	CFDA #:										
25											
26											
27	Please enter other here if not in pull down										
28	PRIOR YEAR ROLL OVER - click below										
29	MHSA	2,375	3,307	4,329	910	465	749	1,386	465	14,000	
30	WORK ORDERS - click below										
31											
32	Please enter other here if not in pull down										
33	3RD PARTY PAYOR REVENUES - click below										
34											
35	Please enter other here if not in pull down										
36	REALIGNMENT FUNDS										
37	COUNTY GENERAL FUND										
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	6,616	9,213	12,058	2,535	1,298	2,086	3,895	1,299	39,000	
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
40	FEDERAL REVENUES - click below										
41											
42	STATE REVENUES - click below										
43											
44	GRANTS/PROJECTS - click below										
45	CFDA #:										
46	Please enter other here if not in pull down										
47	WORK ORDERS - click below										
48											
49	Please enter other here if not in pull down										
50	3RD PARTY PAYOR REVENUES - click below										
51											
52	Please enter other here if not in pull down										
53	COUNTY GENERAL FUND										
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES										
55	TOTAL DPH REVENUES:	6,616	9,213	12,058	2,535	1,298	2,086	3,895	1,299	39,000	
56	NON-DPH REVENUES - click below										
57											
58	TOTAL NON-DPH REVENUES										
59	TOTAL REVENUES (DPH AND NON-DPH)	6,616	9,213	12,058	2,535	1,298	2,086	3,895	1,299	39,000	
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:										
61	UNITS OF SERVICE ¹										
62	UNITS OF TIME ²	89	123	161	34	17	19	52	17		
63	COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	75.00	75.00	110.00	75.00	75.00		
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)										
66	UNDUPLICATED CLIENTS	118	Included	Included	Included	Included	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	FISCAL YEAR: 10-11				APPENDIX #: B-3 Page 1g			
3	LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)				PROVIDER #: 3894			
4	PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)							
5	REPORTING UNIT NAME: Fu Yau Project		Fu Yau Project	Fu Yau Project				
6	REPORTING UNIT: 38943		38943	38943				
7	MODE OF SVCS / SERVICE FUNCTION CODE		15/01-02	15/10-59	15/60-69			
8	SERVICE DESCRIPTION:		Case Mgr Brokerage	MH Svcs	Medication Support	#N/A	#N/A	TOTAL
9	CBHS FUNDING TERM:		7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
10	FUNDING USES:							
11	SALARIES & EMPLOYEE BENEFITS:		1,373	7,539	13			8,925
12	OPERATING EXPENSE:		64	349	1			414
13	CAPITAL OUTLAY (COST \$5,000 AND OVER):							0
14	SUBTOTAL DIRECT COSTS:		1,437	7,888	14			9,339
15	INDIRECT COST AMOUNT:		172	647	2			1,121
16	TOTAL FUNDING USES:		1,609	8,535	16			10,460
17	CBHS MENTAL HEALTH FUNDING SOURCES:							
18	FEDERAL REVENUES - click below							
19	SDMC Regular FFP (50%):		805	4,418	8			5,230
20	ARRA SDMC FFP (11.5%):		186	1,024	2			1,212
21	STATE REVENUES - click below							
22	EPSDT State Match:		618	3,394	6			4,018
23	GRANTS - click CFDA #:							
24								
25								
26								
27	Please enter other here if not in pull down							
28	PRIOR YEAR ROLL OVER - click below							
29								
30	WORK ORDERS - click below							
31								
32	Please enter other here if not in pull down							
33	3RD PARTY PAYOR REVENUES - click below							
34								
35	Please enter other here if not in pull down							
36	REALIGNMENT FUNDS							
37	COUNTY GENERAL FUND							
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		1,609	8,535	16			10,460
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
40	FEDERAL REVENUES - click below							
41								
42	STATE REVENUES - click below							
43								
44	GRANTS/PROJE CFDA #:							
45								
46	Please enter other here if not in pull down							
47	WORK ORDERS - click below							
48								
49	Please enter other here if not in pull down							
50	3RD PARTY PAYOR REVENUES - click below							
51								
52	Please enter other here if not in pull down							
53	COUNTY GENERAL FUND							
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
55	TOTAL DPH REVENUES:		1,609	8,535	16			10,460
56	NON-DPH REVENUES - click below							
57								
58	TOTAL NON-DPH REVENUES:		0	0	0	0	0	0
59	TOTAL REVENUES (DPH AND NON-DPH):		1,609	8,535	16			10,460
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:							
61	UNITS OF SERVICE ¹							
62	UNITS OF TIME ²							
63	COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES):		2.02	3.365	3			4.82
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY):		2.02	2.61	4.82			
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY):		2.02	2.61	4.82			
66	UNDUPLICATED CLIENTS:		2	Included	Included			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

		A	B	C	D	E	G	H	J	K	M	N	F	Q	S	T	V	W	
DPH 3: Salaries & Benefits Detail																			
3	Provider Number (same as line 7 on DPH 1):	3884																	
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)																	
APPENDIX #: B-3, Page 2 Document Date: 10/12/10																			
7		TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MHSA (grant title)	WORK ORDER #1: HSA (dept. name)	WORK ORDER #2: DCYE HQCC (dept. name)	WORK ORDER #3: SFCC HQCC (dept. name)	WORK ORDER #4: SFCC PFA (dept. name)	WORK ORDER #5: SFCC SRI (dept. name)										
8		Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11										
9		FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE										
10		SALARIES	SALARIES	SALARIES	SALARIES	SALARIES	SALARIES	SALARIES	SALARIES										
11	POSITION TITLE																		
12	Chief Director	0.85	\$ 66,500.00	0.01	748	0.04	2,788	0.26	18,078	0.10	7,217	0.12	8,318	0.33	23,011	0.00		0.00	8,344
13	Chief Psychologist	0.02	\$ 4,680.00		94		196	0.01	1,272		528		688	0.01	1,619				446
14	Medical Supervisor	0.04	\$ 4,368.00		80		183	0.01	1,187	0.01	474	0.01	548	0.02	1,511				417
15	Mental Health Consultant	11.38	\$ 573,136.00	0.13	9,882	0.49	21,932	3.09	142,199	1.23	58,771	1.42	85,422	3.24	100,520	1.09			48,910
16	Administrative Assistant	1.20	\$ 36,000.00	0.01	410	0.05	1,576	0.33	9,884	0.13	3,950	0.15	4,852	0.42	12,595	0.11			3,473
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29	TOTAL 3	13.68	\$635,084	0.15	\$7,144	0.57	\$28,676	3.70	\$172,628	1.47	\$49,920	1.70	\$79,421	4.71	\$110,796	1.29			\$60,580
30																			
31																			
32	EMPLOYEE FRINGE BENEFITS	25%	\$158,771	25%	\$1,785	25%	\$8,656	25%	\$43,167	25%	\$12,230	25%	\$19,856	25%	\$51,900	25%			\$15,148
33																			
34																			
35	TOTAL SALARIES & BENEFITS		\$793,855		\$8,929		\$37,332		\$215,795		\$62,150		\$99,277		\$162,696				\$75,728

1515

1516

	A	B	C	D	E	F	G	H	I	J
1	DPH 4: Operating Expenses Detail									
2										
3										
4	Provider Number (same as line 7 on DPH 1):	3894								
5	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)								
6										
7										
8		TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MMSA (grant title)	WORK ORDER #1: HSA (dept. name)	WORK ORDER #2: DCYF (dept. name)	WORK ORDER #3: SFCFC (dept. name)	WORK ORDER #4: SFCFC PFA (dept. name)	WORK ORDER #5: SFCFC BRI (dept. name)	
9		PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
10		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
11	Expenditure Category									
12	Rental of Property	\$ -								
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 11,250.00	126	472	3,058	1,221	1,407	3,893	1,073	
14	Office Supplies, Postage	\$ 3,444.00	38	144	936	374	431	1,192	329	
15	Building Maintenance Supplies and Repair	\$ -								
16	Printing and Reproduction	\$ 46.00		2	13	5	6	16	4	
17	Insurance	\$ 3,625.00	42	152	985	393	453	1,254	346	
18	Staff Training	\$ 1,027.00	13	43	279	111	128	355	98	
19	Staff Travel-(Local & Out of Town)	\$ 6,751.00	76	283	1,835	733	844	2,336	644	
20	Rental of Equipment	\$ -								
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -								
22		\$ -								
23		\$ -								
24		\$ -								
25		\$ -								
26		\$ -								
27	OTHER	\$ -								
28	Client-Related Expenses-Food, Others/Misc.	\$ 2,804.00	31	118	762	304	351	970	298	
29	Depreciation-Computer	\$ 998.00	12	42	271	108	125	345	95	
30	Recruitment	\$ 4,242.00	48	178	1,153	460	530	1,468	405	
31	Payroll Processing	\$ 2,524.00	28	106	686	274	316	873	241	
32		\$ -								
33										
34	TOTAL OPERATING EXPENSE	\$36,711	\$414	\$1,540	\$9,878	\$3,983	\$4,591	\$12,702	\$3,603	

APPENDIX #: B-3, Page 3
 Document Date: 10/12/10

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	A	B	C	D	E
1	DPH 5: Capital Expenditures Detail				
2					
3	Provider Number (same as line 7 on DPH 1):	3894	APPENDIX #: B-3, Page 4 Document Date: 10/12/10		
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)			
5					
6					
7					
8	1. Equipment				
9	No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18	TOTAL EQUIPMENT COST				\$0
19					
20	2. Remodeling				
21	Description:				
22					
23					
24					
25					
26					
27	TOTAL REMODELING COST				\$0
28					
29	TOTAL CAPITAL EXPENDITURE				\$0
30	(Equipment plus Remodeling Cost)				

	A	B	C	D
1	CBHS BUDGET JUSTIFICATION - Appendix B-3			
2	Provider Number (same as line 7 on DPH 1): 3894			
3	Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)			
4	DATE: 10/12/2010		Fiscal Year: 10-11	
5				
6	Salaries and Benefits	Salaries	FTE	
7	<p>Project Director - Provides oversight of program service delivery, evaluation and quality assurance, clinical training coordination, supervision of direct services staff, and staff personnel matters.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in Psychology, Counseling, Social Work, or related fields; experience supervising staff/interns in community clinic settings; knowledge of healthy child development and experience working with young children and their families.</p> <p>0.95 FTE x \$70,000 per year = \$66,500</p>	\$66,500	0.95	
8	<p>Child Psychiatrist - Coordinates with clients, families, and the multidisciplinary care providers regarding psychiatric services (psychiatric evaluations/assessments, medication evaluations, etc).</p> <p>Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience working with young children and their families; experience in community behavioral health preferred.</p> <p>0.025 FTE x \$187,200 per year = \$4,680</p>	\$4,680	0.03	
9	<p>Clinical Supervisor - Provides clinical supervision to direct services staff and ensures compliance to clinical care standards including documentation & record keeping standards and quality of services delivery.</p> <p>Minimum Qualifications: Licensed as a Clinical Psychologist, LCSW, and/or LMFT and 2+ years of relevant post-licensure experience providing behavioral health services to young children & their families in a community behavioral health/ school based setting.</p> <p>0.05 FTE x \$87,360 per year = \$4,368</p>	\$4,368	0.05	
10	<p>Mental Health Consultant - Provides mental health consultation and trainings to child care personnel, and program and case consultation at child care centers &/or family child care homes; provides on-site mental health services to children 0-5 years old individually, to their families and in groups.</p> <p>Minimum Qualifications: Master's Degree or higher in Psychology, Social Work, Counseling, or other related fields; knowledge of healthy child development and experience working with young children and their families.</p> <p>11.375 FTE x \$45,990 per year = \$523,136</p>	\$523,136	11.38	
11	<p>Administrative Assistant - Serves as reception, answers phone, performs data entry & billings, and provides administrative support to staff and managers.</p> <p>Minimum Qualifications: 1+ year of administrative/office experience and knowledge of Microsoft Office (Word, Excel, Access, etc) for reports, spreadsheets, labels/mailers, etc.</p> <p>1.20 FTE x \$30,333 per year = \$36,400</p>	\$36,400	1.20	
12				
13				
14				
15				
16				
17	TOTAL SALARIES	\$635,084	13.60	
18				
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO			
20	25% of Salaries	\$158,771		
21				
22				
23	TOTAL BENEFITS	\$158,771		
24				
25				
26	TOTAL SALARIES & BENEFITS	793,855	13.60	

	A	B	C	D
27	Operating Expenses			
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total			
29	Occupancy:			
30	Rent:			
31				
32				
33				
34	Utilities:			
35	Telephone			
36	Based on last year's usage to project, \$11,250 per year		\$11,250	
37				
38	Building Maintenance:			
39				
40				
41				
42	Total Occupancy:		\$11,250	
43	Materials and Supplies:			
44	Office Supplies:			
45	Stationary, postage, software, or minor equipment			
46	Based on experience, \$287 a month x 12 months		\$3,444	
47				
48	Printing/Reproduction:			
49	Copier supplies, business cards, and business related printing/copying			
50	Based on last year's usage, \$46 per year		\$46	
51				
52	Program/Medical Supplies:			
53				
54				
55	Total Materials and Supplies:		\$3,490	
56				
57	General Operating:			
58	Insurance:			
59	Malpractice Insurance			
60	Based on quoted premiums, \$3,625 per year		\$3,625	
61				
62	Staff Training:			
63	Training classes, conferences, meetings, and membership			
64	Based on projected costs, \$1,027 per year		\$1,027	
65				
66	Rental of Equipment:			
67				
68				
69				
70	Total General Operating:		\$4,652	
71				
72	Staff Travel (Local & Out of Town):			
73	Staff mileage reimbursement			
74	Based on experience, \$6,751 per year		\$6,751	
75				
76			\$6,751	
77				
78	Consultants/Subcontractors:			
79				
80				
81				
82				
83	Total Consultants/Subcontractors:		\$0	
84				
85				
86	Other:			
87	Client-Related Expenses-Food, Others/Misc.		\$2,604	
88	Depreciation-Computer		\$96	
89	Recruitment		\$4,242	
90	Payroll Processing		\$2,524	
91				
92	Total Other:		\$10,568	
93				
94	TOTAL OPERATING COSTS:		\$36,711	
95				
96	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)		\$0	
97				
98	TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):		830,566	
99				
100	INDIRECT COSTS			
101	Administration, Accounting, Human Resources, BIS (12%)		99,668	
102	TOTAL INDIRECT COSTS:		99,668	
103				
104	CONTRACT TOTAL:		930,234	

	A	B	C	D	E	F	G	H	
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)								
2	FISCAL YEAR: 10-11				APPENDIX #: B-4, Page 1				
3	LEGAL ENTITY NAME:		Richmond Area Multi-Services, Inc. (RAMSPROVIDER #: 3894)						
4	PROVIDER NAME:		Richmond Area Multi-Services, Inc. (RAMS)						
5	REPORTING UNIT NAME::		Summer Bridge						
6	REPORTING UNIT:		3894						
7	MODE OF SVCS / SERVICE FUNCTION CODE		45/10-19						
8	SERVICE DESCRIPTION		MPT Promotion		#NA	#NA	#NA	#NA	TOTAL
9	CBHS FUNDING TERM:		3/1/10 - 6/26/11						
10	FUNDING USES:								
11	SALARIES & EMPLOYEE BENEFITS		28,366					28,366	
12	OPERATING EXPENSE		23,095					23,095	
13	CAPITAL OUTLAY (COST \$5,000 AND OVER)								
14	SUBTOTAL DIRECT COSTS		51,461					51,461	
15	INDIRECT COST AMOUNT		6,175					6,175	
16	TOTAL FUNDING USES:		57,636					57,636	
17	CBHS MENTAL HEALTH FUNDING SOURCES								
18	FEDERAL REVENUES - click below								
19									
20									
21	STATE REVENUES - click below								
22	MHA		57,636						
23									
24	GRANTS - click below		CFDA #:						
25									
26									
27	Please enter other here if not in pull down								
28	PRIOR YEAR ROLL OVER - click below								
29									
30	WORK ORDERS - click below								
31									
32	Please enter other here if not in pull down								
33	3RD PARTY PAYOR REVENUES - click below								
34									
35	Please enter other here if not in pull down								
36	REALIGNMENT FUNDS								
37	COUNTY GENERAL FUND								
38	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		57,636						
39	CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
40	FEDERAL REVENUES - click below								
41									
42	STATE REVENUES - click below								
43									
44	GRANTS/PROJECTS - click below		CFDA #:						
45									
46	Please enter other here if not in pull down								
47	WORK ORDERS - click below								
48									
49	Please enter other here if not in pull down								
50	3RD PARTY PAYOR REVENUES - click below								
51									
52	Please enter other here if not in pull down								
53	COUNTY GENERAL FUND								
54	TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
55	TOTAL DPH REVENUES:		57,636						
56	NON-DPH REVENUES - click below								
57									
58	TOTAL NON-DPH REVENUES								
59	TOTAL REVENUES (DPH AND NON-DPH):		57,636						
60	CBHS UNITS OF SVCS/TIME AND UNIT COST:								
61	UNITS OF SERVICE ¹								
62	UNITS OF TIME ²								
63	COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR						
64	COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR						
65	PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
66	UNDUPLICATED CLIENTS		20						

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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	A	B	C	D	E	G	H	J	K	M	N	P	Q	
1	DPH3: Salaries & Benefits Detail													
2												APPENDIX #:	B-4, Page 2	
3	Provider Number (same as line 7 on DPH 1):		3894										Document Date:	10/12/10
4	Provider Name (same as line 8 on DPH 1):		Richmond Area Multi-Services, Inc. (RAMS)											
5														
6														
7		TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: <u>MUSA</u> (grant title)		GRANT #2: _____ (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)		
8		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		
9		Term: <u>7/1/10-6/30/11</u>		Term: <u>7/1/10-6/30/11</u>		Term: <u>7/1/10-6/30/11</u>		Term: _____		Term: _____		Term: _____		
10		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		
11	POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
12	Summer Bridge Coordinator	0.22	\$ 11,211.00			0.22	11,211							
13	Summer Bridge Counselor	0.23	\$ 11,482.00			0.23	11,482							
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30	TOTALS	0.45	\$22,693			0.45	\$22,693							
31														
32	EMPLOYEE FRINGE BENEFITS	25%	\$5,673			25%	\$5,673							
33														
34														
35	TOTAL SALARIES & BENEFITS		\$28,366				\$28,366							

	A	B	C	D	E	F	G	H
1	DPH 4: Operating Expenses Detail							
2							APPENDIX #:	B-4, Page 3
3							Document Date:	10/12/10
4	Provider Number (same as line 7 on DPH 1):	3894						
5	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)						
6								
7								
8								
9								
10								
11	Expenditure Category							
12	Rental of Property	\$	400.00			400		
13	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$	-					
14	Office Supplies, Postage	\$	800.00			800		
15	Building Maintenance Supplies and Repair	\$	-					
16	Printing and Reproduction	\$	-					
17	Insurance	\$	423.00			423		
18	Staff Training	\$	-					
19	Staff Travel-(Local & Out of Town)	\$	1,929.03			1,929		
20	Rental of Equipment	\$	-					
21	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	-					
22	Counselor Provided by Horizons	\$	5,000.00			5,000		
23		\$	-					
24		\$	-					
25		\$	-					
26		\$	-					
27	OTHER	\$	-					
28	Payroll Processing Fees	\$	194.00			194		
29	Program Supplies/Activities	\$	4,599.29			4,599		
30	Stipends	\$	9,750.00			9,750		
31		\$	-					
32		\$	-					
33		\$	-					
34	TOTAL OPERATING EXPENSE		\$23,095			\$23,095		

1522

1523

	A	B	C	D	E
1	DPH 5: Capital Expenditures Detail				
2					
3	Provider Number (same as line 7 on DPH 1):	3894		APPENDIX #:	B-4, Page 4
4	Provider Name (same as line 8 on DPH 1):	Richmond Area Multi-Services, Inc. (RAMS)		Document Date:	10/12/10
5					
6					
7					
8	1. Equipment				
	No.	ITEM/DESCRIPTION	FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)]	PURCHASE COST EACH	TOTAL COST
9					
10					0
11					0
12					0
13					0
14					0
15					0
16					0
17					0
18	TOTAL EQUIPMENT COST				\$0
19					
20	2. Remodeling				
21	Description:				
22					
23					
24					
25					
26					
27	TOTAL REMODELING COST				\$0
28					
29	TOTAL CAPITAL EXPENDITURE				\$0
30	(Equipment plus Remodeling Cost)				\$0

	A	B	C	D
1	CBHS BUDGET JUSTIFICATION - Appendix B-4			
2	Provider Number (same as line 7 on DPH 1): 3894			
3	Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)			
4	DATE: 10/12/2010	Fiscal Year: 10-11		
5				
6	Salaries and Benefits	Salaries	FTE	
7	Summer Bridge Coordinator - Oversees, plans, implements and coordinates the evaluation of the whole Summer Bridge, and supervises the Counselors. Minimum Qualifications: Master's Degree in Counseling, Social Work, Psychology or related field; 2+ years of experience working with youth from target populations in providing counseling, case management, and/or mentoring services; 1+ year experience interfacing with public schools, community agencies, public health and mental health clinics.			
7	0.22 FTE x \$50,960 per year = \$11,211	\$11,211		0.22
8	Summer Bridge Counselor - Assists in engaging the community for input on the plan and implementation of the curriculum, helps arrange speakers & visits, provides trainings, and leads activities and fieldtrips. Minimum Qualifications: Bachelor's Degree in Counseling, Social Work, Psychology or related field; 1+ year of experience working with youth from target populations in providing counseling, case management, and/or mentoring services.			
8	0.23 FTE x \$49,920 per year = \$11,482	\$11,482		0.23
9				
10				
11				
12				
13				
14				
15				
16				
17	TOTAL SALARIES	\$22,693		0.45
18				
19	FICA, SUI, Health Insurance, Workers' Compensation, and PTO			
20	25% of Salaries	\$5,673		
21				
22				
23	TOTAL BENEFITS	\$5,673		
24				
25				
26	TOTAL SALARIES & BENEFITS	28,366		0.45
27	Operating Expenses			
28	Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total			
29	Occupancy:			
30	Rent:			
31	Rental of Office Space and Meeting at Horizons			
32	\$400 for two months	\$400		
33				
34	Utilities:			
35				
36				
37				
38	Building Maintenance:			
39				
40				
41				
42	Total Occupancy:	\$400		
43	Materials and Supplies:			
44	Office Supplies:			
45	Stationary, postage, software, or minor equipment	\$800		
46	Based on projection			
47				
48	Printing/Reproduction:			
49				
50				
51				
52	Program/Medical Supplies:			
53				
54				
55	Total Materials and Supplies:	\$800		
56				

	A	B	C	D
57	General Operating:			
58	Insurance:			
59	Property and liability insurance and Malpractice Insurance			
60	Based on quoted premiums, \$423 per year	\$423		
61				
62	Staff Training:			
63				
64				
65				
66	Rental of Equipment:			
67				
68				
69				
70	Total General Operating:	\$423		
71				
72	Staff Travel (Local & Out of Town):			
73	Staff mileage reimbursement			
74	Based on projection	\$1,929		
75				
76		\$1,929		
77				
78	Consultants/Subcontractors:			
79	Counselor Provided by Horizons	\$5,000		
80	0.5 FTE for 10 Weeks			
81				
82				
83				
84	Total Consultants/Subcontractors:	\$5,000		
85				
86	Other:			
87	Payroll Processing Fees	\$194		
88	Program Supplies/Activities	\$4,599		
89	Stipends	\$8,750		
90				
91				
92				
93	Total Other:	\$14,543		
94				
95	TOTAL OPERATING COSTS:	\$23,095		
96				
97	CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0		
98				
99	TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$51,461		
100				
101	INDIRECT COSTS			
102	Administration, Accounting, Human Resources, BIS (12%)	6,175		
103	TOTAL INDIRECT COSTS:	6,175		
104				
105	CONTRACT TOTAL:	57,636		

	A	B	C
1	DPH 6: Contract-Wide Indirect Detail		
2	CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS)		
3	DATE: 10/12/2010	FISCAL YEAR:	10-11
4	LEGAL ENTITY #: 00343		
5			
6	1. SALARIES & BENEFITS		
7	Position Title	FTE	Salaries
8	Chief Executive Officer	0.269	\$ 41,789
9	Chief Financial Officer	0.269	\$ 36,211
10	Deputy Chief	0.121	\$ 11,996
11	Operations Manager	0.269	\$ 17,953
12	Director of Information Technologies	0.269	\$ 17,681
13	Director of Human Resources	0.269	\$ 17,681
14	IT/BIS Specialist	0.059	\$ 2,199
15	Accounting Manager	0.269	\$ 17,681
16	Accounting Specialist	0.808	\$ 32,643
17	HR Specialist	0.269	\$ 10,881
18	Director of Training	0.229	\$ 17,573
19	Office Manager/Admin Assistant	0.047	\$ 1,969
20	Janitor	0.014	\$ 311
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34	EMPLOYEE FRINGE BENEFITS	0.250	\$ 56,642
35	TOTAL SALARIES & BENEFITS		\$ 283,210
36			
37	2. OPERATING COSTS		
38	Expenditure Category	Amount	
39	Occupancy	\$	11,040
40	Office Supplies	\$	7,811
41	Insurance	\$	4,319
42	Audit/Legal/Recruit/Payroll Fees	\$	10,492
43	Staff Training/Meeting/Mileage	\$	10,452
44			
45	TOTAL OPERATING COSTS	\$	44,114
46			
47	TOTAL INDIRECT COSTS	\$	327,324
48	(Salaries & Benefits + Operating Costs)		

	A	B
1	CBHSMODE	CBHSSERVEDESCRIPT
2	05/10-18	Hospital IP
3	05/19	Hospital IP Admin Day
4	05/20-29	PHF
5	05/30-34	SNF Intensive
6	05/35	IMD Basic No Patch
7	05/36-39	IMD with Patch
8	05/40-49	Adult Crisis Residential
9	05/50-59	Jail IP
10	05/60-64	Residential Other
11	05/65-79	Adult Residential
12	05/80-84	Semi-Sup Living
13	05/85-89	Independent Living
14	05/90-94	MH Rehab Ctrs
15	10/20-24	Crisis Stab ER
16	10/25-29	Crisis Stab Urgent Care
17	10/30-39	Vocational
18	10/40-49	Socialization
19	10/60-69	SNF Augmentation
20	10/81-84	Day Tx Intensive Half day
21	10/85-89	Day Tx Intensive Full day
22	10/91-94	Day Rehab Half day
23	10/95-99	Day Rehab Full day
24	15/01-09	Case Mgt Brokerage
25	15/10-59	MH Svcs
26	15/58	TBS
27	15/60-69	Medication Support
28	15/70-79	Crisis Intervention-OP
29	45/10-19	MH Promotion
30	45/20-29	Cmnty Client Svcs
31	60/20-29	Conserv-Investigation
32	60/30-39	Conserv-Adm
33	60/40-49	Life Support-Bd&Care
34	60/60-69	Case Mgt Support
35	60/70	CS-Client Hsng Support Exp
36	60/71	CS-Client Hsng Operating Exp
37	60/72	CS-Client Flexible Support Exp
38	60/75	Non-Medical Capital Assets
39	60/78	Other Non-Medical Client Support Exp
40	Supt-01	SA-Support QA's
41	Supt-02	SA-Support Training
42	Supt-03	SA-Support Prog Dev
43	Supt-04	SA-Support Research/Eval
44	Supt-05	SA-Support Planning/Coord/Need Assess
45	Supt-06	SA-Support Start-Up Costs
46	Supt-09	SA-Support Alteration/Renovation
47	PriPrev-12	SA-PriPrevention Info Dissemination
48	PriPrev-13	SA-PriPrevention Education
49	PriPrev-14	SA-PriPrevention Alternatives
50	PriPrev-15	SA-PriPrevention Problem Id's/Referrals
51	PriPrev-16	SA-PriPrevention Cmnty Based
52	PriPrev-17	SA-PriPrevention Environmental
53	SecPrev-18	SA-Sec Prev Early Intervention
54	SecPrev-19	SA-Sec Prev Outreach
55	SecPrev-20	SA-Sec Prev IDU or IVDU
56	SecPrev-21	SA-Sec Prev Referrals/Screening/Intake
57	Nonres-30	SA-Nonresidntl IO Day Care Rehab
58	Nonres-32	SA-Nonresidntl Aftercare
59	Nonres-33	SA-Nonresidntl ODF Grp
60	Nonres-34	SA-Nonresidntl ODF Indv
61	Nonres-35	SA-Nonresidntl Interim Tx CalWORKS Only
62	NTP-41	SA-Narcotic Tx Prog OP Meth Detox (OMD)
63	NTP-42	SA-Narcotic Tx Prog IP Meth Detox
64	NTP-43	SA-Narcotic Tx Prog Naltrexone

	A	B
65	NTP-44	SA-Narcotic Tx Prog Rehab/Amb Detox (other than Methadone)
66	NTP-48	SA-Narcotic Tx Narc Replacement Therapy - All Svcs
67	Res-50	SA-Res Free Standing Res Detox
68	Res-51	SA-Res Recov Long Term (over 30 days)
69	Res-52	SA-Res Recov Short Term (up to 30 days)
70	Res-53	SA-Res Hospital IP Detox (24-Hr)
71	Res-54	SA-Res Hospital IP Residential (24-Hr)
72	Res-55	SA-Res Chemical Dependency Recov Hospital (CDRH)
73	Res-56	SA-Res Transitional Living Center (Perinatal/Parolee Only)
74	Res-57	SA-Res Alcohol Drug Housing (Perinatal/Parolee Only)
75	Anc-22	SA-Ancillary Svcs Perinatal Outreach
76	Anc-63	SA-Ancillary Svcs Cooperative Proj
77	Anc-64	SA-Ancillary Svcs Vocational Rehab
78	Anc-65	SA-Ancillary Svcs HIV Early Intervention
79	Anc-66	SA-Ancillary Svcs TB Svcs
80	Anc-67	SA-Ancillary Svcs Interim Svcs (within 48 hrs)
81	Anc-68	SA-Ancillary Svcs Case Mgmt (Excluding SACPA clients)
82	Anc-69	SA-Ancillary Svcs Primary Medical Care (Perinatal Only)
83	Anc-70	SA-Ancillary Svcs Pediatric Medical Care (Perinatal Only)
84	Anc-71	SA-Ancillary Svcs Transportation (Perinatal/Parolee Only)
85	Anc-80	SA-Ancillary Svcs SACPA Literacy Training
86	Anc-81	SA-Ancillary Svcs SACPA Family Counseling
87	Anc-82	SA-Ancillary Svcs SACPA Vocational Training
88	Anc-83	SA-Ancillary Svcs SACPA Case Mgmt
89	Anc-84	SA-Ancillary Svcs SACPA Other Svcs
90	Anc-85	SA-Ancillary Svcs SACPA Testing
91	Anc-87	Drug Court-Other Tx Related Svcs
92	DUI-90	Driving Under the Influence

	A	B	C	D	E	F
1	MH					SA
2	Federal Revenues:					Federal:
3	SDMC Regular FFP (50%)					SAPT Federal Discretionary
4	ARRA SDMC FFP (11.59)					SAPT Primary Prevention
5	Healthy Families/Enhanced Children FFP(at 65%)					Adolescent Treatment Services
6	Refugee FFP (at 100%)					HIV Set-Aside
7						Federal Perinat Set-Aside
8	State Revenues:					SATTA SAPT Drug Testing
9	CTF Fund (Cmmnty Tx Facility)					SATTA Additional Discretionary
10	EPSDT State Match					Friday Nite Live
11	Family Mosaic Capitated Medi-Cal					Perinatal Medi-Cal
12	IDEA Fund					Drug Medical
13	MAA					
14	MHSA					State:
15	Managed Care					State General Fund
16	Minor Consent					BASN
17	SB90-HDS II (AB3632)					State Perinatal (PTEP)
18						Women/Children Res. Tx
19	Grants:					
20	SAMHSA					General Fund:
21	PATH					GF Match to CAL SGF
22	RWJ					County Other
23	Other Grants					
24						Grants/Projects:
25	Prior Year Roll-Over					Drug Court Partnership
26	SEP-SPECIAL ASSESSMENT PROGRAM					CDCI Drug Court
27	SB 163 - CH WRAP AROUND/FOSTER CARE					Cal. Dept. of Corrections
28	SB90 AB 3632					SAMHSA
29	MH MANAGED CARE					DOJ Second Chance
30	MHSA					JAG OTP
31	OTHERS					
32						Work Orders:
33	Work Orders					HSA Work Order/PAES/SSI Advocacy
34	County Work Order Fund					HSA FSET Work Order #10.561
35	City Attorney					HSA Differential Response Liaison
36	District Atty					DCYF Work Order - Wellness Center
37	Dept of Children, Youth & Families					Housing and Urban Health
38	Fire Department					
39	HSA (Human Svcs Agency)					
40	Juvenile Probation					
41	Mayor's Office					
42	Police Dept					
43	Sheriff Dept					
44	First Five (SF Children & Family Commission)					
45	CALWORKS					
46						
47	3rd Party Payor Revenues:					
48	Insurance Fees					
49	MediCare					
50						
51	Other Revenues					
52	MH Conservatorship Adm Fees					
53	Provider's Fund					
54	Patient/Client Fees					
55	Provider's Grants					
56	In-Kind					
57	Fund Raising					
58	Others					

**Appendix C
Insurance Waiver**

RESERVED

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[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]

**Appendix D
Additional Terms**

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;**
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Use a version of this section if you want to have the right to approve in advance any materials developed or distributed under the Agreement:

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in

advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C.

Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.R.R. Section 164.308(b)].
- f. Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected

Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(i)(F)].

- z. Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.

- n. Notification of Breach.* During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. Breach Pattern or Practice by Covered Entity.* Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. Audits, Inspection and Enforcement.* Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a. Material Breach.* A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. Judicial or Administrative Proceedings.* CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other

security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible[45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

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

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

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

CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F
Invoice

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

Appendix F
PAGE A

Control Number

Contractor: **Richmond Area Multi-Services Inc**
 Address: 3626 Balboa St., San Francisco, CA 94121
 Tel No (415) 668-8950
 Fax No (415) 668-0246
 Contract Term: 07/01/2010 - 06/30/2011
 PHP Division: Community Behavioral Health Services

INVOICE NUMBER:
 Cl. Blanket No.: BPHM
 Cl. PO No.: POHM
 Fund Source:
 Invoice Period:
 Final Invoice:
 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
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DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UCS	CLIENTS	UCS	CLIENTS			UCS	CLIENTS	UCS	CLIENTS	UCS	CLIENTS	
B-1b Children 3894SD													
15/01 - 09 Case Mgt Brokerage	1,955				\$ 2.02	\$ -	0.000		0.00%		1,955.000		\$ 3,948.10
15/10 - 59 MH Svcs	48,883				\$ 2.61	\$ -	0.000		0.00%		48,883.000		127,532.43
15/60 - 69 Medication Support	3				\$ 4.82	\$ -	0.000		0.00%		3.000		14.46 \$ 171,485.89
B-1a Children Outpatient RUM 38947													
45/10 - 19 MH Promotion	111				\$ 65.00	\$ -	0.000		0.00%		111.000		7,215.00
15/01 - 09 Case Mgt Brokerage	5,046				\$ 2.02	\$ -	0.000		0.00%		5,046.000		10,192.92
15/10 - 59 MH Svcs	100,918				\$ 2.61	\$ -	0.000		0.00%		100,918.000		263,395.98
15/60 - 69 Medication Support	2,218				\$ 4.82	\$ -	0.000		0.00%		2,218.000		10,690.76
15/70 - 79 Crisis Intervention-OP	505				\$ 3.88	\$ -	0.000		0.00%		505.000		1,959.40
B-1c EPSDT RUM 3894E													
15/01 - 09 Case Mgt Brokerage	3,188				\$ 2.02	\$ -	0.000		0.00%		3,188.000		6,436.76
15/10 - 59 MH Svcs	76,523				\$ 2.61	\$ -	0.000		0.00%		76,523.000		199,725.06
15/60 - 69 Medication Support	2,695				\$ 4.82	\$ -	0.000		0.00%		2,695.000		12,895.90
15/70 - 79 Crisis Intervention-OP	674				\$ 3.88	\$ -	0.000		0.00%		674.000		2,615.12
B-2a Wellness Center RUM 3894E													
15/01 - 09 Case Mgt Brokerage	3,342				\$ 2.02	\$ -	0.000		0.00%		3,342.000		6,750.84
15/10 - 59 MH Svcs	20,048				\$ 2.61	\$ -	0.000		0.00%		20,048.000		52,325.28
15/60 - 69 Medication Support	724				\$ 4.82	\$ -	0.000		0.00%		724.000		3,469.68
15/70 - 79 Crisis Intervention-OP	445				\$ 3.88	\$ -	0.000		0.00%		445.000		1,726.60
TOTAL	267,258		0.000				0.000		0.00%		267,258.000		\$ 711,012.26

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (For OP 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:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor: **Richmond Area Multi-Services Inc**
Address: 3626 Balboa St., San Francisco, CA 94121
Tel No.: (415) 686-5955
Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: MD4 JL 0
Ct. Blanket No.: BPHM TBD
Ct. PO No.: POHM TBD User Cd
Fund Source: MHSA - Prop 63
Invoice Period: July 2010
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
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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	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-1b Outpatient Children - RU# 3894SD					\$ 65.00	\$ -	0.000		0.00%			\$ 25,025.00
45/10 - 19 Outreach MH Promotion	385				\$ 40.00	\$ -	0.000		0.00%			\$ 24,960.00
46/10 - 19 Admin Wk MH Promotion	624											
TOTAL	1,009						0.000		0.00%		1,008,000	\$ 49,985.00

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:
DPH Fiscal/Invoice Processing
1380 Howard St - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
 PAGE A

Control Number

Contractor: Richmond District Area Multi-Services Inc

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

Telephone No.: (415) 668-5955

Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Cl. Blanket No.: BPHM

Cl. PO No.: POHM User Cd

Fund Source:

Invoice Period:

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
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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-3 Fu Yau Project RU# 38943												
45/ 10 - 19 Consult Group MH Promotion	228				\$ 75.00	\$ -	0.000		0.00%		228.000	\$ 17,100.00
45/ 10 - 19 Consult Ind. MH Promotion	318				\$ 75.00	\$ -	0.000		0.00%		318.000	23,850.00
45/ 10 - 18 Consult Class/ Child MH Promotion	416				\$ 75.00	\$ -	0.000		0.00%		416.000	31,200.00
45/ 10 - 19 Training/ Parent Support MH Promotion	87				\$ 75.00	\$ -	0.000		0.00%		87.000	6,525.00
45/ 10 - 19 Direct individual MH Promotion	45				\$ 75.00	\$ -	0.000		0.00%		45.000	3,375.00
45/ 10 - 19 Direct Group MH Promotion	49				\$ 110.00	\$ -	0.000		0.00%		49.000	5,390.00
45/ 10 - 19 Outreach & Linkage MH Promotion	134				\$ 75.00	\$ -	0.000		0.00%		134.000	10,050.00
45/ 10 - 19 Evaluation MH Promotion	45				\$ 75.00	\$ -	0.000		0.00%		45.000	3,375.00
TOTAL	1,322		0.000				0.000		0.00%		1,322.000	\$ 100,865.00

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:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

[]

Contractor: Richmond Area Multi-Services Inc
Address: 3626 Balboa St., San Francisco, CA 94121
Tel No.: (415) 688-5955
Fax No.: (415) 688-0246

Contract Term: 07/01/2010 - 06/30/2011

HP Division: Community Behavioral Health Services

INVOICE NUMBER: M08 JL 0

Ct. Blanket No.: BPHM []

Cl. PO No.: POHM [] []

Fund Source: SFCFC HQCC Work Order

Invoice Period: July 2010

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
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*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mtr. 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-3 Fu Yau Project - RU# 38943												
45/ 10 - 19 Consult Group MH Promotion	263				\$ 75.00	\$ -	0.000		0.00%		263.000	\$ 19,725.00
45/ 10 - 19 Consult Ind. MH Promotion	366				\$ 75.00	\$ -	0.000		0.00%		366.000	\$ 27,450.00
45/ 10 - 19 Consult Class/ Child MH Promotion	480				\$ 75.00	\$ -	0.000		0.00%		480.000	\$ 36,000.00
45/ 10 - 19 Training/ Parent Support MH Promotion	101				\$ 75.00	\$ -	0.000		0.00%		101.000	\$ 7,575.00
45/ 10 - 19 Direct Individual MH Promotion	52				\$ 75.00	\$ -	0.000		0.00%		52.000	\$ 3,900.00
45/ 10 - 19 Direct Group MH Promotion	56				\$ 110.00	\$ -	0.000		0.00%		56.000	\$ 6,160.00
45/ 10 - 19 Outreach & Linkage MH Promotion	155				\$ 75.00	\$ -	0.000		0.00%		155.000	\$ 11,625.00
45/ 10 - 19 Evaluation MH Promotion	52				\$ 75.00	\$ -	0.000		0.00%		52.000	\$ 3,900.00
TOTAL	1,525		0.000				0.000		0.00%		1,525.000	\$ 116,335.00

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:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc
Address: 3628 Balboa St., San Francisco, CA 94121
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:	M09 JL 0
Ct. Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	DCYF Work Order
Invoice Period:	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2a Children-Wellness Center RU# 38946												
45/ 10 - 19 MH Promotion	9,539	1,326			-	-	0%	0%	9,539	1,326	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 593,484.00	\$ -	\$ -	0.00%	\$ 593,484.00
Fringe Benefits	\$ 142,436.00	\$ -	\$ -	0.00%	\$ 142,436.00
Total Personnel Expenses	\$ 735,920.00	\$ -	\$ -	0.00%	\$ 735,920.00
Operating Expenses					
Occupancy	\$ 2,974.00	\$ -	\$ -	0.00%	\$ 2,974.00
Materials and Supplies	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
General Operating	\$ 5,392.00	\$ -	\$ -	0.00%	\$ 5,392.00
Staff Travel	\$ 701.00	\$ -	\$ -	0.00%	\$ 701.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment	\$ 385.00	\$ -	\$ -	0.00%	\$ 385.00
Client-Related Expenses	\$ 3,699.00	\$ -	\$ -	0.00%	\$ 3,699.00
Meeting Expenses/ Misc.	\$ 607.00	\$ -	\$ -	0.00%	\$ 607.00
Payroll Processing Fees	\$ 2,085.00	\$ -	\$ -	0.00%	\$ 2,085.00
Total Operating Expenses	\$ 16,073.00	\$ -	\$ -	0.00%	\$ 16,073.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 751,993.00	\$ -	\$ -	0.00%	\$ 751,993.00
Indirect Expenses	\$ 90,237.00	\$ -	\$ -	0.00%	\$ 90,237.00
TOTAL EXPENSES	\$ 842,230.00	\$ -	\$ -	0.00%	\$ 842,230.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER : M11 Jt 0

Contractor: Richmond Area Multi-Services Inc
Address: 3625 Balboa St., San Francisco, CA 94121
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Ct. Blanket No.: BPHM TBD
User Cd
Cl. PO No.: POHM TBD TBD
Fund Source: HSA Work Order
Invoice Period: July 2010
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/Rep/ig 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-3 Fu Yau Project RI# 38843												
45/ 10 - 19 Consult Group MH Promotion	572				\$ 75.00	\$ -	0.000		0.00%		572.000	\$ 42,900.00
45/ 10 - 19 Consult Ind. MH Promotion	796				\$ 75.00	\$ -	0.000		0.00%		796.000	\$ 59,700.00
45/ 10 - 19 Consult Class/ Child MH Promotion	1,042				\$ 75.00	\$ -	0.000		0.00%		1,042.000	\$ 78,150.00
45/ 10 - 19 Training/ Parent Support MH Promotion	219				\$ 75.00	\$ -	0.000		0.00%		219.000	\$ 16,425.00
45/ 10 - 19 Direct Individual MH Promotion	112				\$ 75.00	\$ -	0.000		0.00%		112.000	\$ 8,400.00
45/ 10 - 19 Direct Group MH Promotion	123				\$ 110.00	\$ -	0.000		0.00%		123.000	\$ 13,530.00
45/ 10 - 19 Outreach & Linkage MH Promotion	337				\$ 75.00	\$ -	0.000		0.00%		337.000	\$ 25,275.00
45/ 10 - 19 Evaluation MH Promotion	112				\$ 75.00	\$ -	0.000		0.00%		112.000	\$ 8,400.00
TOTAL	3,313		0.000				0.000		0.00%		3,313.000	\$ 252,780.00

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

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

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc
Address: 3526 Balboa St., San Francisco, CA 94121
Telephone No.: (415) 668-5955
Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 0

Ct. Blanket No.: BPHM TBD
User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2a Children - Wellness Center RU# 38946												
45/ 10 - 19 MH Promotion	936	126			-	-	0%	0%	936	126	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 58,452.00	\$ -	\$ -	0.00%	\$ 58,452.00
Fringe Benefits	\$ 14,028.00	\$ -	\$ -	0.00%	\$ 14,028.00
Total Personnel Expenses	\$ 72,480.00	\$ -	\$ -	0.00%	\$ 72,480.00
Operating Expenses					
Occupancy	\$ 280.00	\$ -	\$ -	0.00%	\$ 280.00
Materials and Supplies	\$ 87.00	\$ -	\$ -	0.00%	\$ 87.00
General Operating	\$ 435.00	\$ -	\$ -	0.00%	\$ 435.00
Staff Travel	\$ 97.00	\$ -	\$ -	0.00%	\$ 97.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Meeting Expenses/ Misc.	\$ -	\$ -	\$ -	0.00%	\$ -
Payroll Processing	\$ 192.00	\$ -	\$ -	0.00%	\$ 192.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 1,091.00	\$ -	\$ -	0.00%	\$ 1,091.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 73,571.00	\$ -	\$ -	0.00%	\$ 73,571.00
Indirect Expenses	\$ 8,829.00	\$ -	\$ -	0.00%	\$ 8,829.00
TOTAL EXPENSES	\$ 82,400.00	\$ -	\$ -	0.00%	\$ 82,400.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
 PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc
 Address: 3626 Balboa St., San Francisco, CA 94121
 Tel No.: (415) 668-5955
 Fax No.: (415) 668-0248

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M20 JL 0
 Ct. Blanket No.: BPHM TBD
 CL PO No.: POHM TBD User Cd TBD
 Fund Source: SFCFC PFA Work Order
 Invoice Period: July 2010
 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 Clients for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MHC only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENTS	UDS	CLIENTS
R-3 Fu Yu Project RU# 38943												
5/ 10 - 19 Consult Group MH Promotion	728				\$ 75.00	\$ -	0.000		0.00%		728.000	\$ 54,600.00
45/ 10 - 19 Consult Ind. MH Promotion	1,014				\$ 75.00	\$ -	0.000		0.00%		1,014.000	76,050.00
45/ 10 - 19 Consult Class/ Child MH Promotion	1,327				\$ 75.00	\$ -	0.000		0.00%		1,327.000	99,625.00
45/ 10 - 19 Training/ Parent Support MH Promotion	279				\$ 75.00	\$ -	0.000		0.00%		279.000	20,925.00
45/ 10 - 19 Direct Individual MH Promotion	143				\$ 75.00	\$ -	0.000		0.00%		143.000	10,725.00
45/ 10 - 19 Direct Group MH Promotion	156				\$ 110.00	\$ -	0.000		0.00%		156.000	17,160.00
45/ 10 - 19 Outreach & Linkage MH Promotion	429				\$ 75.00	\$ -	0.000		0.00%		429.000	32,175.00
45/ 10 - 19 Evaluation MH Promotion	143				\$ 75.00	\$ -	0.000		0.00%		143.000	10,725.00
TOTAL	4,218		0.000				0.000		0.00%		4,219.000	\$ 321,885.00

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:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER: M22 JL 0

Contractor: Richmond Area Multi-Services Inc
 Address: 3626 Balboa St., San Francisco, CA 94121
 Tel No.: (415) 688-5955
 Fax No.: (415) 688-0246

Ct. Blanket No.: BPHM TBD

CLPO No.: POHM TBD User Cd TBD

Fund Source: SFCFC SRI Work Order

Invoice Period: July 2010

Final Invoice: (Check if Yes)

Contract Term: 07/01/2010 - 06/30/2011

ACE Control Number:

PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg Unit Modality/Mode # - Svc Func (use 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-3 Fu Yau Project RU# 38943												
45/ 10 - 19 Consult Group MH Promotion	201				\$ 75.00	\$ -	0.000		0.00%		201.000	\$ 15,075.0
45/ 10 - 19 Consult Ind. MH Promotion	280				\$ 75.00	\$ -	0.000		0.00%		280.000	\$ 21,000.00
45/ 10 - 19 Consult Class/ Child MH Promotion	366				\$ 75.00	\$ -	0.000		0.00%		366.000	\$ 27,450.00
45/ 10 - 19 Training/ Parent Support MH Promotion	77				\$ 75.00	\$ -	0.000		0.00%		77.000	\$ 5,775.00
45/ 10 - 19 Direct Individual MH Promotion	39				\$ 75.00	\$ -	0.000		0.00%		39.000	\$ 2,925.00
45/ 10 - 19 Direct Group MH Promotion	43				\$ 110.00	\$ -	0.000		0.00%		43.000	\$ 4,730.00
45/ 10 - 19 Outreach & Linkage MH Promotion	118				\$ 75.00	\$ -	0.000		0.00%		118.000	\$ 8,850.00
45/ 10 - 19 Evaluation MH Promotion	39				\$ 75.00	\$ -	0.000		0.00%		39.000	\$ 2,925.00
TOTAL	1,163		0.000				0.000		0.00%		1,163.000	\$ 88,730.00

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:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M23 JL 0

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

Ct. Blanket No.: BPHM TBD

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

Ct. PO No.: POHM TBD User Cd

Tel No.: (415) 668-5955

Fund Source: MHSA - Prop63

Fax No.: (415) 668-0246

Invoice Period: July 2010

Contract Term: 07/31/2010 - 06/30/2011

Final Invoice: _____ (Check if Yes)

PHP Division: **Community Behavioral Health Services**

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Summer Bridge												
45/ 10 - 19 MH Promotion	20	20			-	-	0%	0%	20	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 22,693.00	\$ -	\$ -	0.00%	\$ 22,693.00
Fringe Benefits	\$ 5,673.00	\$ -	\$ -	0.00%	\$ 5,673.00
Total Personnel Expenses	\$ 28,366.00	\$ -	\$ -	0.00%	\$ 28,366.00
Operating Expenses					
Occupancy	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
Materials and Supplies	\$ 800.00	\$ -	\$ -	0.00%	\$ 800.00
General Operating	\$ 423.00	\$ -	\$ -	0.00%	\$ 423.00
Staff Travel	\$ 1,929.00	\$ -	\$ -	0.00%	\$ 1,929.00
Consultant/Subcontractor	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Other: Payroll Processing Fees	\$ 194.00	\$ -	\$ -	0.00%	\$ 194.00
Program Supplies/ Activities	\$ 4,599.00	\$ -	\$ -	0.00%	\$ 4,599.00
Stipends	\$ 9,750.00	\$ -	\$ -	0.00%	\$ 9,750.00
Total Operating Expenses	\$ 23,095.00	\$ -	\$ -	0.00%	\$ 23,095.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 51,461.00	\$ -	\$ -	0.00%	\$ 51,461.00
Indirect Expenses	\$ 6,175.00	\$ -	\$ -	0.00%	\$ 6,175.00
TOTAL EXPENSES	\$ 57,636.00	\$ -	\$ -	0.00%	\$ 57,636.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory _____
Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

Appendix F
PAGE A

Control Number

[Empty box for Control Number]

Contractor: Richmond Area Multi-Services Inc
Address: 3626 Balboa St., San Francisco, CA 94121
Tel No.: (415) 668-5955
Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M24 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: [Empty box]

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-2c School Based Wellness RU# 3894												
45/ 10-19 MH Promotion	1,132	1,200					0%	0%	1,132	1,200	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 134,467.00	\$ -	\$ -	0.00%	\$ 134,467.00
Fringe Benefits	\$ 32,272.00	\$ -	\$ -	0.00%	\$ 32,272.00
Total Personnel Expenses	\$ 166,739.00	\$ -	\$ -	0.00%	\$ 166,739.00
Operating Expenses					
Occupancy	\$ 1,758.00	\$ -	\$ -	0.00%	\$ 1,758.00
Materials and Supplies	\$ 3,340.00	\$ -	\$ -	0.00%	\$ 3,340.00
General Operating	\$ 1,261.00	\$ -	\$ -	0.00%	\$ 1,261.00
Staff Travel	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client-Related Expenses	\$ 120.00	\$ -	\$ -	0.00%	\$ 120.00
Payroll Processing Fees	\$ 639.00	\$ -	\$ -	0.00%	\$ 639.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 7,368.00	\$ -	\$ -	0.00%	\$ 7,368.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 174,107.00	\$ -	\$ -	0.00%	\$ 174,107.00
Indirect Expenses	\$ 20,893.00	\$ -	\$ -	0.00%	\$ 20,893.00
TOTAL EXPENSES	\$ 195,000.00	\$ -	\$ -	0.00%	\$ 195,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment
Authorized Signatory _____ Date _____

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

Appendix F
 PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc
 Address: 3626 Balboa St., San Francisco, CA 94121
 Tel No.: (415) 688-5955
 Fax No.: (415) 688-0246

INVOICE NUMBER: M25 JL 0
 Ct. Blanket No.: BPHM TBD
 Ct. PO No.: POHM TBD User Cd TBD
 Fund Source: M/MSA - Prop63
 Invoice Period: July 2010
 Final Invoice: (Check if Yes)
 ACE Control Number: _____

Contract Term: 07/01/2010 - 06/30/2011
 PHP Division: Community Behavioral Health Services

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

DELIVERABLES Program Name/Regip. Unit Modality/Mode # - Svc Func (see 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-3 Fu Yau Project RU# 38943												
45/ 10 - 18 Consult Group MH Promotion	88				\$ 75.00	\$ -	0.000		0.00%		88.000	\$ 6,600.00
45/ 10 - 19 Consult Ind. MH Promotion	123				\$ 75.00	\$ -	0.000		0.00%		123.000	9,225.00
45/ 10 - 19 Consult Class/ Child MH Promotion	161				\$ 75.00	\$ -	0.000		0.00%		161.000	12,075.00
45/ 10 - 19 Training/ Parent Support MH Promotion	34				\$ 75.00	\$ -	0.000		0.00%		34.000	2,550.00
45/ 10 - 19 Direct Individual MH Promotion	17				\$ 75.00	\$ -	0.000		0.00%		17.000	1,275.00
45/ 10 - 19 Direct Group MH Promotion	19				\$ 110.00	\$ -	0.000		0.00%		19.000	2,090.00
45/ 10 - 19 Outreach & Linkage MH Promotion	52				\$ 75.00	\$ -	0.000		0.00%		52.000	3,900.00
45/ 10 - 19 Evaluation MH Promotion	17				\$ 75.00	\$ -	0.000		0.00%		17.000	1,275.00
TOTAL	511		0.000				0.000		0.00%		511.000	\$ 38,990.00

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

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

Signature: _____ Date: _____
 Title: _____

Send to:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc

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

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: DCYF Work Order

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2b Wellness Center RU# 38946												
45/ 10 - 19 MH Promotion	16,468	337					0%		16,468		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 131,438.00	\$ -	\$ -	0.00%	\$ 131,438.00
Fringe Benefits	\$ 31,545.00	\$ -	\$ -	0.00%	\$ 31,545.00
Total Personnel Expenses	\$ 162,983.00	\$ -	\$ -	0.00%	\$ 162,983.00
Operating Expenses					
Occupancy	\$ 645.00	\$ -	\$ -	0.00%	\$ 645.00
Materials and Supplies	\$ 51.00	\$ -	\$ -	0.00%	\$ 51.00
General Operating	\$ 1,195.00	\$ -	\$ -	0.00%	\$ 1,195.00
Staff Travel	\$ 155.00	\$ -	\$ -	0.00%	\$ 155.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment	\$ 85.00	\$ -	\$ -	0.00%	\$ 85.00
Client Related Expenses	\$ 819.00	\$ -	\$ -	0.00%	\$ 819.00
Meeting Expenses/ Misc.	\$ 132.00	\$ -	\$ -	0.00%	\$ 132.00
Payroll Processing	\$ 462.00	\$ -	\$ -	0.00%	\$ 462.00
Total Operating Expenses	\$ 3,544.00	\$ -	\$ -	0.00%	\$ 3,544.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 166,527.00	\$ -	\$ -	0.00%	\$ 166,527.00
Indirect Expenses	\$ 19,983.00	\$ -	\$ -	0.00%	\$ 19,983.00
TOTAL EXPENSES	\$ 186,510.00	\$ -	\$ -	0.00%	\$ 186,510.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor.

The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

STATE FUNDED CHILDREN'S MENTAL HEALTH SERVICES

A. CITY's Obligations:

This contract does not relieve the CITY of its obligations under Contract No. 95-23408 or its successors with the State of California.

B. Disclosure of Ownership and Control:

CONTRACTOR agrees to complete Appendix F giving the names and addresses of the following: (a) officers and owners of the CONTRACTOR, (b) stockholders owning more than 10% of the stock issued by the CONTRACTOR, (c) major creditors holding more than 5% of the debt of the CONTRACTOR.

C. Effective Date of Agreement:

When this Agreement covers services included under the CITY's Contract No. 95-23408, or its successors, with the State of California, the Agreement shall not become effective until the later of the notification of certification of funds by the CONTROLLER or approval by the Department of Health Services (DHS) in writing, or by operating of law where DHS has acknowledged receipt of the Agreement and has failed to approve or disapprove the Agreement within 30 days of receipt. If the effective date of this Agreement is later than the first day of the term referenced in Section 2, the Agreement shall be retroactive to the first day of the term.

D. Debarment and Suspension Certification:

(I) By signing this agreement, CONTRACTOR agrees to comply with the applicable federal suspension and debarment regulations and certifies the following:

(a) CONTRACTOR is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a federally sponsored project by any federal department or agency;

(b) CONTRACTOR has not, within a three-year period preceding this Agreement, been convicted of or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) CONTRACTOR is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the foregoing paragraph of this certification; and

(d) CONTRACTOR has not, within a three-year period preceding this Agreement, had one or more public transactions (Federal, State or local) terminated for cause or default.

(e) CONTRACTOR shall not knowingly enter into any lower tier covered transaction with a person or firm that is proposed for debarment under Federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transactions, unless authorized by the State. CONTRACTOR may rely on the certification of a prospective participant in a lower tier covered transaction unless it knows that the certification is erroneous. CONTRACTOR may, but is not required to, check the Procurement and Non-procurement List issued by U.S. General Service Administration at the following internet site: <http://epls.arnet.gov/>

(f) CONTRACTOR will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

(2) If CONTRACTOR is unable to certify to any of the statements in this certification, CONTRACTOR shall submit an explanation to the CITY Program funding this agreement.

(3) The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

(4) If CONTRACTOR knowingly violates this certification, in addition to other remedies available to the Federal government, CITY may terminate this agreement for cause or default.

E. City Sole Paver: State Held Harmless

When this Agreement covers services included under the CITY's Contract No. 95-23408, or its successors, with the State of California, the CITY is the sole party responsible for paying CONTRACTOR for SERVICES rendered under this Agreement. CONTRACTOR shall hold harmless the clients to whom SERVICES are provided and the State of California and its officers, agents and employees from any claim for payment of SERVICES rendered under this Agreement.

F. Records

CONTRACTOR agrees that it has the duty and responsibility to make available to the Director of Public Health or his/her designee, including the CONTROLLER, the contents of records pertaining to any CITY client which are maintained in connection with the performance of the CONTRACTOR'S duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations (until the expiration of five years after the end of the fiscal year in which SERVICES are furnished under the contract. Such access shall include making the books, documents and records available for inspection, examination or copying by the CITY, the California of Health Services or the U.S. Department of Health and Human Services and the Controller General of the United States at all reasonable times at the CONTRACTOR'S place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under the contract and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records). The CITY acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

G. Notices

CONTRACTOR acknowledges that it is responsible for notifying the California Department of Health Services in the event this contract is terminated prior to the stated term of the contract, or is amended during the term of the contract. Notices must be sent by CONTRACTOR via First Class Mail to:

To the STATE:

Department of Health Services
Medi-Cal Managed Care Division
714 P Street, Room 600
Sacramento, CA 95814

H. Assignment

If CONTRACTOR is providing services included under the CITY's Contract No. 95-23408 or its successors with the State of California, CONTRACTOR understands that, in the event of such assignment or delegation, prior written consent must also be obtained from the California Department of Health Services.

I. Modification

When this Agreement covers SERVICES included under the CITY's Contract No. 95-23408, or its successors, with the State of California, such modification shall not become effective until the later of the notification of certification of funds by the CONTROLLER or approval by the Department of Health Services (DHS) in writing, or by operation of law where DHS has acknowledged receipt of the Agreement and has failed to approve or disapprove the Agreement within 30 days of receipt.

Appendix I

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix J

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

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

First Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

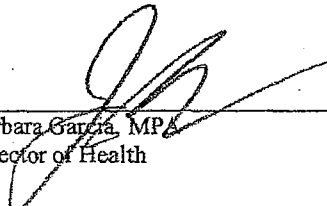
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

CONTRACTOR

Recommended by:


Richmond Area Multi-Services, inc.

 / 10-4-11 / 10/3/11
Barbara Garcia, MPA / Date / Kavous Ghahe Bassiri, LMFT, CGP / Date
Director of Health / Chief Executive Officer
3626 Balboa St.
San Francisco, CA 94121


City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney

 / 10/12/11
By: Deputy City Attorney / Date

Approved:

 / 11/11/11
for Naomi Kelly / Date
Director Office of Contract
Administration and Purchaser

RECEIVED
PURCHASING DEPARTMENT
11 OCT 18 PM 2:23

Appendix A
Community Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Andrew Williams III, 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. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. CBHS Electronic Health Records System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

P. 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.

Q. 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.

R. Compliance with Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, 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.

S. 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."

T. 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.

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 Adult/Older Adult Outpatient Services program

Appendix A-2 Hire-Ability Vocational Services – Employee Development Program

Appendix A-3 Broderick Street Adult Residential Program

Appendix A-4 Peer Specialist mental Health Certificate Program

Appendix B
Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

- Appendix B-1 Adult/Older Adult Outpatient Services Program
- Appendix B-2 Hire-Ability Vocational Services – Employee Development program
- Appendix B-3 Broderick Street Adult Residential Program
- Appendix B-4 Peer Specialist Mental Health Certificate Program

B. COMPENSATION

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

CONTRACTOR understands that, of this maximum dollar obligation, \$1,873,806 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010 (Encumbered under BPHM065000007)	\$1,383,519	Total: FY10/11 Amount
January 1, 2011 through June 30, 2011	\$1,281,460	\$2,664,979
July 1, 2011 through June 30, 2012	\$3,167,846	
July 1, 2012 through June 30, 2013	\$3,167,846	
July 1, 2013 through June 30, 2014	\$3,167,846	
July 1, 2014 through June 30, 2015	\$3,167,846	
June 30, 2015 through December 31, 2015	\$1,500,000	
July 1, 2010 through December 31, 2015	G. Total	\$16,836,363

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

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

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

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

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

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

Appendix J

THE DECLARATION OF COMPLIANCE

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



CERTIFICATE OF LIABILITY INSURANCE

OF ID: PC

DATE (MM/DD/YYYY)

06/30/11

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

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

PRODUCER Chapman License #0522024 P. O. Box 5455 Pasadena, CA 91117-0455	626-405-8031 626-405-0585	CONTACT NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #:	RICHM-2	INSURER(S) AFFORDING COVERAGE INSURER A: Riverport Insurance Company INSURER B: Republic Indemnity Company INSURER C: Scottsdale Insurance Company INSURER D: Fidelity & Deposit Co Maryland INSURER E: INSURER F:	NAIC # 36684 43753 39306
INSURED Richmond Area Multi Services 3626 Balboa St. San Francisco, CA 94121					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

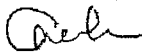
INSR. LTR.	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab. <input checked="" type="checkbox"/> Abuse Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	OPS0058820 INCLUDED \$250K/\$1MM	07/01/11	07/01/12	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP-AGG \$ 4,000,000 Emp Ben. \$ 3mm/2mm
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		RIC0011775	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	18197601	07/01/11	07/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		CCP999236516	07/01/10	07/01/13	Limit 1,500,000 Ded: 7,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. (Cont...)

CERTIFICATE HOLDER

CANCELLATION

CITY&05 City & County of San Francisco Dept of Public Health Comm. Behavioral Health Svcs. 1380 Howard Street San Francisco, CA 94103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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ACORD 25 (2009/09)

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NOTEPAD:

HOLDER CODE
INSURED'S NAME

CITY&05
Richmond Area Multi Services

RICHM-2
OP ID: PC

PAGE 2

DATE 06/30/11

Workers Compensation coverage excluded, evidence only.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 4

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0058820	07/01/2011	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

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

 Japanese Community Youth Council (JCYC)
 1596 Post St.
 San Francisco, CA 94109

 Richmond District Neighbor Center
 RDASC/RDNC
 741 30th Avenue
 San Francisco, CA 94121

 Westside Community Services
 1153 Oak Street
 San Francisco, CA 94117

 Safety Network Program / JCYC
 1596 Post Street
 San Francisco, CA 94109

 California State
 Department of Probation
 185 Berry Street, Suite 180
 San Francisco, CA 94107

 City and County of San Francisco
 Dept. of Public Health, Comm. MH Services (CMHS)
 1360 Howard St., 4th Floor
 San Francisco, CA 94103

 State Department of Rehabilitation/State of CA
 its Officers, Employees, Agents & Servants
 2000 Evergreen Street
 Sacramento, CA 95815

 Cafe Phoenix
 1234 Indiana Street
 San Francisco, CA 94107



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. 5

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0058820	07/01/2011	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

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

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

 **San Francisco Unified School District
 136 Van Ness Ave., Room #118
 San Francisco, CA 94102

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

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

 University of California
 Dept. of Psychiatry at SFGH
 1001 Potrero Ave.
 San Francisco, CA 94117

 City and County of San Francisco
 Office of Economic and Workforce Development
 1 Dr. Carlton B. Goodlett, #448
 San Francisco, CA 94102

 Young Men's Christian Association of San Francisco
 YMCA, Buchanan Branch
 1530 Buchanan Street
 San Francisco, CA 94115

 NICOS Chinese Health Coalition
 1208 Mason Street
 San Francisco, CA 94108

RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - AUTOMOBILE

This endorsement modifies coverage under your:

BUSINESS AUTO COVERAGE PART

SECTION II - LIABILITY COVERAGE, Paragraph A. COVERAGE, Item 1. WHO IS AN INSURED is amended to include the person or organization named below, but only with respect to acts or actions of the named insured, that is, acts arising out of occurrences with respect to vehicles hired or used by the named insured, and not to acts or actions of the following named additional insured(s), its or their employees, agents or representatives.

NAME OF PERSON OR ORGANIZATION

DESCRIPTION OF AUTOMOBILE

City & County of San Francisco, Its Officers Agents &
Employees
Dept of Public Health
101 Grove Street, #307
San Francisco, CA 94102

As their interest may appear

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

rams

Richmond Area Multi-Services, Inc.

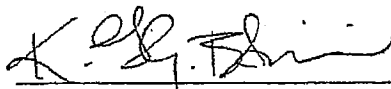
Community mental health

AUTOMOBILE LIABILITY COVERAGE WAIVER

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

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

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


Signature

7/6/09

Date

3626 balboa street san francisco, california 94121 (415) 660-5955

a non-profit corporation



May 19, 2004

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

From: Kavous Ghane Bassiri, LMFT, CGP
Chief Executive Officer

Re: Waiver for Auto Liability insurance

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

Waiver granted based on the above information.

*Nancy O'Leary - Bellini
Deputy Risk Manager
5-21-04*

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

Second Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

Section 5 Compensation of the Agreement currently reads as follows:

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

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

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Three Million One Hundred Thirty Five Thousand Six Hundred Five Dollars (\$23,135,605). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

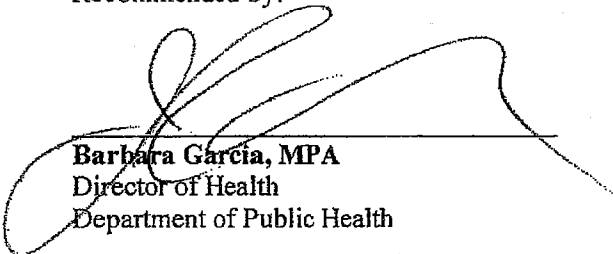
3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after date of this amendment.

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

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

CITY

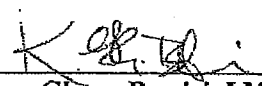
Recommended by:



Barbara Garcia, MPA
Director of Health
Department of Public Health

CONTRACTOR

Richmond Area Multi-Services, Inc.

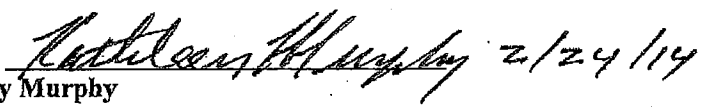


Kavoos Ghane Bassiri, LMFT, CGP / Date
Director of Health Chief Executive Officer
3626 Balboa St.
San Francisco, CA 94121

City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney

By:  2/24/14
Kathy Murphy
Deputy City Attorney

Approved:

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

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

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

Program Code: 3894-3

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

New Renewal Modification

- 3. **Goal Statement**

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

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

- 4. **Target Population**

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

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

See CBHS Appendix B, CRDC pages.

- 6. **Methodology**

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community

services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 19,000 adults, children, youth & families at over 80 sites, citywide.

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

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

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

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

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

The Outpatient Program's design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment

and practices, wellness recovery groups/workshops, and psychotropic medication and effects. Services are primarily provided on-site and/or in least restrictive environment including: clients' home, hospital, another community center, and/or primary care clinic. The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS.

The Behavioral Health Therapists/Counselors provide clients with on-going individual integrated behavioral health counseling, case management services, and as needed, conduct crisis intervention and collateral meetings. Having counseling and clinical case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. An integrated plan of care with goals (includes stability in community goal) is formally developed and updated at least annually. It is a collaborative process (between counselor & client) in setting goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Behavioral Health Therapist/Counselor. RAMS conducts home visits and linkages for client support services (e.g. senior day program, childcare, transportation) to other community agencies and government offices. Throughout the counseling process, staff continuously assess the client's interest/readiness to engage in vocational, trade schools, and/or other educational activities (e.g. RAMS Hire-Ability Vocational Services, volunteerism, RAMS Peer Specialist Mental Health Certificate). Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation. The RAMS Outpatient Program offers structured groups (i.e. therapy, support, and psycho-education) as a component of treatment services to clients. Facilitated (or co-facilitated) by Behavioral Health Therapists/Counselors and/or Psychiatrists/Nurses, the groups provide positive peer support and pressure, focus on interpersonal relationships, provide a support network for specific problems or challenges, and assist individuals in learning about themselves and how they can relate better with other people. Groups are offered in languages besides English.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during program hours of operation, in order to increase accessibility.

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

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS. Because of limited behavioral/mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance, progress and status of Care Plan objectives, and the client's overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral Health/Case Management Brokerage level of services into medication-only, or be referred to Private Provider Network/Primary Care Physician.

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

See CBHS Appendix B.

In addition, direct services are also provided by over 16 pre-doctoral interns, practicum trainees, post-doctoral fellows, and other MFT/PhD trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for pre-doctoral interns who are one year from graduation. The interns are supervised by licensed clinicians, and many graduates 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.

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives 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 tobacco use at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

The program utilizes various mechanisms to review documentation quality. On a weekly basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Chair (a licensed psychologist who is a clinical supervisor and direct service practitioner), Training Director, and Medical Director (also a direct service practitioner). 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. Furthermore, clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director conducts a review of randomly selected charts (up to 10 charts) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually. Also, the program conducts an annual self-audit in which all direct service providers review all their own charts to ensure documentation standards compliance. For all case reviews, a checklist is utilized. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

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

C. Measurement of cultural competency of staff and services

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

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

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

D. Measurement of client satisfaction

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

E. Measurement, analysis, and use of ANSA data

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

1. **Program Name:** Employee Development (Hire-Ability Vocational Services)

Address: 1234 Indiana Street
City, State, Zip Code: San Francisco, CA 94107
Telephone: (415) 282-9675
Facsimile: (415) 920-6877

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

Program Code(s): 3894 (38B62)

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

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

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

See CBHS Appendix B, CRDC pages.

6. **Methodology**

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources

and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 19,000 adults, children, youth & families at over 80 sites, citywide.

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

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

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

Program hours are Monday to Friday (9:00 am – 5:00 pm). The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, on-site work experience (may be paid), vocational counseling & job coaching, and classes/workshops aimed at building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries. Employee Development's main component: 1) Production & Fulfillment Services, a workshop setting and on-the-job training in the fulfillment services industry with paid work experience. Services are primarily provided on-site and/or in least restrictive environment in the field including: clients' employment site, community center, home, etc. Hire-Ability features a structure program in which clients participate at least three days a week (Monday to Friday) from 9:30 am to 3:00 pm (includes lunch break).

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

care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

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

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

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

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

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

Program, a contract recently granted (MHSA) to RAMS; a 12-week course program, in collaboration with SF State University, Dept of Counseling.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

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

No indirect services are provided.

7. Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

To further support outcomes, RAMS has established the following objectives for FY 2013-2014:

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors

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

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

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

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

C. Cultural competency of staff and services,

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.

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

D. Client satisfaction

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

E. Measurement, analysis, and use of ANSA data

Not Applicable.

1. Program Name: Broderick Street Adult Residential Facility

Program Address: 1421 Broderick Street
City, State, Zip Code: San Francisco, CA 94115
Telephone: (415) 292-1760
Facsimile: (415) 292-1636

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

Program Code: 3894-8

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team. RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to services and resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers and families, annually serving well over 19,000 adults, children, youth and families at over 80 sites, citywide.

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

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

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

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

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

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

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

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

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

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

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

See CBHS Appendix B.

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

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

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

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

None applicable.

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed (e.g. via weekly clinical staff meetings, etc.) about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's tobacco use at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In

addition, the Program Director and Clinical Manager monitor treatment progress (level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts weekly chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Documentation quality, including a description of internal audits

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

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

C. Cultural competency of staff and services

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

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

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

D. Client satisfaction

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

E. Measurement, analysis, and use of ANSA data

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

- 1. **Program Name:** Broderick Street Adult Residential Facility
Program Address: 1421 Broderick Street
City, State, Zip Code: San Francisco, CA 94115
Telephone: (415) 292-1760
Facsimile: (415) 292-1636

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

Program Code: 3894-8

2. **Nature of Document**

- New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

BSARF serves adults, ages 18-59 years old, with serious & persistent mental illness, including those with co-occurring disorders (mental health and substance abuse), and who may or may not have a physical health condition. The primary sources of resident referrals are from San Francisco General Hospital, Laguna Honda Hospital, and the San Francisco Behavioral Health Center (formerly known as Mental Health Rehabilitation Facility) as well as the community. All residents require the level of treatment care from a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF) level setting.

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

See CBHS Appendix B, CRDC pages.

6. **Methodology**

A. Outreach, recruitment, promotion, and advertisement:

BSARF outreach and promotion of the program and services are primarily conducted through Richmond Area Multi-Services, Inc. (RAMS) promotional material, such as agency profile sheets and the website, which describes its history and wide scope of clinical and culturally competent services for consumers as well as other constituents. Agency and program services are also promoted through various community & resource manuals and databases. RAMS has a community organizing component as well as clinical staff, who actively and consistently outreach to monolingual communities and participate in various neighborhood meetings, community events, and informational workshops/fairs. RAMS promotes program services through its active involvement in community partnerships, coalitions, and collaborative agreements with other city contracted agencies, community-based organizations, and affiliates.

Additionally, the BSARF program has a brochure that is specifically developed for the program and it is available, upon request. It is the intake structure of BSARF that all referrals are directed to the SFDPH Community Behavioral Health Services, Community Programs Placement team who receives and reviews, in collaboration with RAMS-BSARF management, the application/intake packet and information. Because the BSARF program is a long-term housing placement and a Direct Access to Housing (DAH) site, there is low turnover and a wait list is not maintained.

B. Admission, enrollment and/or intake criteria and process:

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

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

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

The result of the *Referral Packet* review, interview, and program visit is discussed at the next immediately scheduled Clinical Meeting, which includes participation of the BSARF Administrator, Clinical Manager, Nurse Manager, and Psychiatrist as well as the program Behavioral Health Therapists/Counselors. Concerns, issues or the need for additional information are addressed by phone with either the referring agency/referral source or the SFDPH Community Programs Placement Coordinator. Finally, the applying resident and case manager are notified of the intake team's decision for admittance to the BSARF program. When appropriate, a move-in date is also scheduled. The following documents are completed during the new resident intake process:

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

- Consent for the use of Psychotropic Medication (if applicable)
- Photograph of the resident

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

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

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

The program at BSARF includes a wide variety of services for the 33 residents. As required by the CDSS-CCLD for adult residential facilities, the program offers basic care & supervision, lodging, nutritious meals & snacks, van transportation to/from appointments, and various activity groups that focus on specific symptom and behavior issues leading to enhance socialization and healthy expressions of emotions/needs. To further support the rehabilitation of the residents, outpatient behavioral health and medication support services are provided on-site, and funded through a separate CBHS contract. BSARF weekly programming of client activities which includes the following: individual and group therapy and structured social and engagement activities including: art, music, relaxation/meditation, healthy lifestyles, client council meetings, multi culture group, etc...). The program recognizes that each resident has different interests, abilities, ways in expressing needs and emotions, learning processes, and knowledge. Clinical staff members facilitate the therapeutic groups that provide additional structure for residents, address specific symptom and behavior issues, and promote socialization and a sense of community. Residents' participation in the groups is voluntary, and attendance and applicable progress records are documented and maintained according to regulations. The Community Meetings are a general venue where residents have the opportunity to have their voices/concerns heard and give input as to the quality of their living environment and services provided. Residents are also encouraged and educated on how to utilize and access resources that already exist within the City & County of San Francisco. A more detailed description of these additional services can be found in the RAMS contract with CBHS.

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

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

E. Staffing:

See CBHS Appendix B.

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives,

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

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

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

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

C. Cultural competency of staff and services.

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

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

projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

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

D. Client satisfaction.

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

E. Measurement, analysis, and use of ANSA data

ANSA data is not applicable for this specific contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes. Furthermore, as all the residents of BSARF are also considered clients of CBHS, and care-managed through RAMS Outpatient Services, available ANSA data is analyzed upon receipt of CBHS-provided data and analysis reports. The Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

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

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

Program Code(s): N/A

Nature of Document (check one)

- New Renewal Modification

3. Goal Statement

This contract consists of two components/programs:

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

4. Target Population

Peer Specialist Mental Health Certificate Program

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

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

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

Outpatient Peer Counseling Program

The Peer Counselors who are employed through this program are those with personal experience with CBHS behavioral health services; preferably they will already have had experience and/or training in

behavioral health care (e.g. graduates of the Peer Specialist Mental Health Certificate Program and/or other similar training programs). The Peer Counselors will also represent the underrepresented workforce population, be bilingual with male and female representation.

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

Services will be delivered in zip code 94121.

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

Peer Specialist Mental Health Certificate

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

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

Workforce Development (MHSA Modality)

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

Wellness Promotion (MHSA Modality)

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

Outreach and Engagement (MHSA Modality)

- Coordinate and hold at least two career and resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination;

establish/ maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

Outpatient Peer Counseling Program

Individual Therapeutic Services (MHSA Modality)

- During the contract period (October 1st 2013 – June 30th, 2014), the Peer Counseling Program will provide individual behavioral health counseling and support services to at least 100 clients of the RAMS Outpatient Clinic and at least 200 hours of services. Services may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.

Group Therapeutic Services (MHSA Modality)

- During the contract period (October 1st 2013 – June 30th, 2014), the Peer Counseling Program will conduct at least 70 psycho-social groups to promote and support overall wellness of clients. Groups may include but are not limited to: WRAP, Art Expression, Writing, Mindfulness, Walking, etc.

• **Methodology**

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

Peer Specialist Mental Health Certificate Program

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving 19,000 adults, children, youth and families offering over 30 programs (integrated into 10 core programs) and reaching to over 80 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco. It is through these close partnerships with the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in the Certificate Program. RAMS also outreaches within the Summer Bridge Project (aimed to foster the interest of health care field within high school-aged youth) while utilizing its connections with consumer advocacy groups (e.g. Mental Health Association of SF, National Alliance on Mental Illness). RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion.

Moreover, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client-base. Some of these members include: SOMA Mental Health, Conard House, Citywide Case Management, Progress Foundation, HealthRight 360, BHC, SF First, Larkin Street Youth, etc.

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

Outpatient Peer Counseling Program

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

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

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

Peer Specialist Mental Health Certificate

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

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

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

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

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

Outpatient Peer Counseling Program

There are two ways in which clients are admitted into the Outpatient Peer Counseling Program. For those clients who are new to the RAMS outpatient clinic, upon completing an intake (risk assessment), a client is referred to meet with a Peer Counselor (when appropriate) for an orientation of services. During this time, Peer Counselors have the opportunity to assess and discuss with clients whether they would be interested in continuing their participation in services offered by the Peer Counseling Program (e.g. as needed individual counseling, case management, groups, events, activities, etc.).

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

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Peer Specialist Mental Health Certificate

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

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

Outpatient Peer Counseling Program

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

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

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

Peer Specialist Mental Health Certificate

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

Outpatient Peer Counseling Program

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

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B

Systems Transformation Methodology

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

Peer Specialist Mental Health Certificate

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The written evaluation is then followed by a focus group format discussion led by RAMS administrators. The Program Coordinator/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants.

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

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

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

Outpatient Peer Counseling Program

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

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

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

Peer Specialist Mental Health Certificate

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates under the assumption that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as

they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond our 12-weeks training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

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

Outpatient Peer Counseling Program

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

7. Objectives and Measurements

1. MHSa GOAL (#11): Increased interest and readiness for employment in the behavioral health system for targeted populations, including enrollment in post-secondary behavioral health training programs.
 - a. *Individualized Performance Objective 1a:* Upon completion of the Peer Specialist Mental Health Certificate, 75% of participants will indicate their plans on pursuing a career (job, volunteer, further education) in the health & human services field (behavioral health, health, community services); this will be evidenced by post-program evaluations.
 - b. *Individualized Performance Objective 1b:* During the contract year, 23 program participants will complete the Peer Specialist Mental Health Certificate (i.e. graduate) thus increasing readiness for entry-level employment/internship/volunteerism in the behavioral health system; this will be evidenced by program participant completion records.
 - c. *Individualized Performance Objective 1c:* Within six months of graduation, at least 75% of graduates of the Peer Specialist Mental Health Certificate will indicate higher-level of engagement within the health and human services field in the following manners: obtain employment or volunteer positions/activities (e.g. direct services, advocacy), achieve career advancement (e.g. promotions, changes in rank, increase of job responsibilities), and/or pursue further education/training; this will be evidenced by post-graduation surveys.
 - d. *Individualized Performance Objective 1d:* The Outpatient Peer Counseling Program will train at least one Peer Counselor in the CBHS electronic documentation system AVATAR. Pending approval from CBHS, trained staff will begin documenting client services using AVATAR.
2. MHSa GOAL (#7) Increased inter-dependence and social connections (within families and communities).
 - a. During FY 2013-14, the Outpatient Peer Counseling Program will conduct at least 70 psycho-social groups to support clients in developing social connections in the community. This will be evidenced by clinical documentation of the program.

3. MHSa GOAL: Program satisfaction.
 - a. *Individualized Performance Objective 3a*: Upon completion of the Peer Specialist Mental Health Certificate program, 80% of program participants will express overall satisfaction with the program; this will be evidenced by the post-program evaluations.
 - b. *Individualized Performance Objective 3b*: Evidenced by client satisfaction surveys for the Outpatient Peer Counseling Program, at least 75% of the clients will express overall satisfaction with services that they received.

4. MHSa GOAL: Exit interview.
 - a. Upon completion of the Peer Specialist Mental Health Certificate program, 75% of participants will engage in a focus group which solicits feedback on the program curriculum and structure as well as identifies areas of strength and improvement; this will be evidenced by focus group notes and documentation.

8. Continuous Quality Assurance and Improvement

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

- 1. **Program Name:** i-Ability, Vocational IT
Program Address: 1234 Indiana Street
City, State, Zip Code: San Francisco, CA 94107
Telephone: (415) 282-9675
Facsimile: (415) 920-6877

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

Program Code(s): N/A

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

New Renewal Modification

- 3. **Goal Statement**

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

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

- 4. **Target Population**

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

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

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

This fiscal year represents the continued operations and/or start-up of i-Ability, Vocational IT components:

- (a) Helpdesk Project: Continued operation
- (b) Desktop Project: Continued operation
- (c) Advanced Helpdesk Project: Start-up activities; pilot training cohort for Advanced Helpdesk Project will be by invitation only. Selection will be based on participants having previous exposure to the Avatar application and/or experience working in a Helpdesk environment.
- (d)

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

Workforce Development (MHSA Modality)

- For the Avatar Helpdesk Training component, this contract year includes two cohorts with each cohort enrolling at least eight trainees (total of at least 16 trainees)
- For the Desktop Training component, this contract year includes two cohorts with each cohort having at least seven trainees (total of 14 trainees)
- For the Advanced Helpdesk Internship component, a pilot project (10-15 hours/week per intern for six weeks). The pilot cohort will consist of 3-4 interns. Once the pilot cohort is completed, the full implementation will enroll at least six interns (total of at least 6 interns).
- For Helpdesk, Desktop, and Advanced Helpdesk components, a full cohort's training duration is nine months with trainees/interns engaged in workforce development activities (classroom and on-the-job training) intended to develop a diverse and competent workforce; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the healthcare information technology workforce.
- Each Helpdesk, Desktop & Advanced Helpdesk trainee/intern receives 10-15 hours/week of paid, on-the-job workforce development training; work hours vary, according to the individual's availability & support needs.
- There are additional activity hours for program planning, providing individualized and/or group trainee support (Vocational Rehabilitation Counselor and/or IT Trainer), preparing & reviewing/adjusting training materials (per Avatar system updates), etc.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond our own walls to reach people of all ages and backgrounds in our community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Hire-Ability services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well over 19,000 adults, children, youth & families at over 80 sites, citywide. Hire-Ability's primary referral sources are SFDPH outpatient behavioral health services; as such, the program's staff maintains regular office hours at these sites and closely coordinates within RAMS programs and other agencies' management.

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

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

The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets are distributed to the community, along with informational flyers about the program curriculum and content. Application packets include basic

demographic information (name, address, and contact information), reference contact information, and a personal statement. Program orientations/Open Houses are also held, prior to application deadlines and serve as an opportunity for interested individuals and/or community organizations to obtain assistance with application completion and/or inquire more about the program. All completed applications are reviewed by an admission review committee, with all applicants receiving notification about the decision/outcome. Interviews may also be scheduled, as part of the admission review process. Once the cohort begins, there is a more detailed orientation to the program such as completion/graduation guidelines, discussion of expectations (by trainees and program), etc.

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

The i-Ability, Vocational IT program has three components:

- 1) Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support. Through classroom and paid, on-the-job training, trainees gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 2) Desktop, a single point of contact for end users of CBHS computers/hardware to receive support and maintenance within CBHS computing environment. Through classroom and paid, on-the-job training, trainees gain skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months with no overlap.
- 3) Advanced Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support. Additionally, interns will provide additional support to the Avatar Super User Community. Through classroom and paid, on-the-job training, interns increase their skills regarding troubleshooting basic and super user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. The interns will assist with mentoring the Helpdesk trainees by shadowing frontline activities and providing structured peer support as facilitated by the trainer of the program. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.

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

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

The IT Trainers (Helpdesk, Desktop, and Advanced Helpdesk) are the primary staff persons responsible for classroom and on-the-job training, providing direct support and supervision (individual, group) to trainees/interns. The classroom training is primarily provided during the first two to four weeks of the cohort; thereafter, training and support is provided on a regular, ongoing basis (weekly). The IT Trainers may also serve as additional frontline coverage; the IT Manager, along with the Director of Vocational Services/Program

Director, provides as needed coverage and oversees quality control & management for the i-Ability program. Furthermore, all trainees/interns are assigned a Vocational Rehabilitation Counselor. The Counselor conducts a comprehensive vocational assessment (job readiness/interest, skills development, and other work-related issues), vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, job searches, and placement assistance, as well as job coaching, counseling & guidance.

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

i-Ability, Vocational IT also offers structured groups (e.g. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by Vocational Rehabilitation Counselors, the groups provide positive peer support & pressure, focus on interpersonal relationships, support network for specific challenges, and can assist individuals to learn about themselves and relate better with other people. Groups can be jointly run with collaborative partners (e.g. behavioral health counselors, CBHS), taking place at RAMS and/or the vendor (CBHS, if possible) or partner's site, depending on feedback and offered at various days and times.

FY 2013-2014 incorporates the continued operation of the Helpdesk component and Desktop component as well as the start-up/implementation of the Advance Helpdesk component. Significant activities include:

Activity	First Quarter (July-Sept 2013)	Second Quarter (Sept-Dec 2013)	Third Quarter (Jan-Mar 2014)	Fourth Quarter (Apr-June 2014)
Advisory Committee Meetings			Jan	
Helpdesk Orientation/Open House		Oct/Nov		
Helpdesk Applications Due & Selection		Nov/Dec	Jan	
Helpdesk Cohort # 4 ends			Feb	
Helpdesk Cohort # 5 begins			Jan	
Desktop Orientation/Open House		Oct/Nov		
Desktop Applications Due & Selection		Nov/Dec		
Desktop Cohort # 2 ends		Dec		
Desktop Cohort #3 begins		Dec		
Advanced Helpdesk Internship Selection			Jan	
Advanced Helpdesk Pilot begins (6 weeks)			Jan	

Advanced Helpdesk Application/Orientation			Jan/Feb	
Advanced Helpdesk Applications Due & Selection			February	
Advanced Helpdesk Cohort #1 begins			March	

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

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

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

See CBHS Appendix B.

Systems Transformation Methodology

- One of the primary MSHA tenets is consumer participation/engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

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

During the cohort on-the-job training, all trainees are paid. Furthermore, i-Ability Vocational IT maintains an advisory committee that is multi-disciplinary and reflects the diversity of the community. Membership includes

consumer representation, CBHS, and RAMS with involvement from program participants (graduates). This committee meets quarterly and evaluates program components while advising on its further development and implementation.

- Describe how the program ensures that staff has the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.

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

- Describe how the program collaborates with different programs and/or systems to increase participant's opportunities for jobs, education, housing, etc.

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: CBHS (as the program is primarily providing classroom and on-the-job training, on-site at CBHS' location using the CBHS system); engaging in the San Francisco's Mayor's Committee on Disabilities (monthly meeting that involves various systems serving/providing vocational services); SFYEC- San Francisco's Youth Employment Coalition, Potrero /Dogpatch Merchants Association and ongoing relationship/ collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the CBHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the i-Ability Vocational Rehabilitation Counselor provides support & coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

7. Objectives and Measurements

1. MHSa GOAL: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants
 - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will have met their vocational goals, which are collaboratively developed between the Vocational Rehabilitation Counselor and trainee; this will be evidenced by Vocational Plan summary reports.
2. MHSa GOAL: Increased ability to cope with stress and express optimism and hope for the future
 - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will indicate improvements to their coping abilities; this will be evidenced by post-program evaluations and satisfaction surveys.
3. MHSa GOAL: Increased interest and readiness for employment in the behavioral health system for targeted populations, including enrollment in post-secondary behavioral health training programs.

- a. *Individualized Performance Objective:* For each component, 75% of enrolled trainees will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field, thus increasing readiness for entry-level employment/internship/volunteerism in the information technology/behavioral health field; this will be evidenced by program completion records.
4. MHSa GOAL: Program satisfaction.
 - a. *Individualized Performance Objective:* At program completion, 75% of trainees will express overall satisfaction with the program; this will be evidenced by the post-program satisfaction surveys.
5. MHSa GOAL: Exit interview.
 - a. *Individualized Performance Objective:* At program completion, at least 75% of trainees will participate in exit interviews through focus groups or one-on-one interview to solicit feedback regarding the curriculum of the program, recruitment process, accessibility, and effectiveness; this will be evidenced by feedback summary notes
6. MHSa GOAL: Long term follow-up.
 - a. *Individualized Performance Objective:* At least 75% of trainee graduates will respond/ participate in the three-month post-program survey to assess the program's impact on work and/or education placements

8. Continuous Quality Improvement

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

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

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

Program Code(s): N/A

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

- New **Renewal** **Modification**

3. **Goal Statement**

API Health Parity Coalition will take the lead in convening workgroups with the three identified API communities (Southeast Asians, Filipino, Samoan) that reflect the most disparity in mental health services and service providers. APIHPC will support the aforementioned communities to pilot and implement the work plans each workgroup created for culturally competent and holistic mental health promotion and early intervention program services and continue workforce and agency capacity development.

4. **Target Population**

Three API communities with the most disparities in mental health services as identified from Anti-Stigma Campaign 2011-2012: Filipino, Samoan, and Southeast Asian (Laotian, Cambodian, and Vietnamese). Our service delivery will focus on four low-income targeted areas of San Francisco with large population of predominantly immigrant API communities in South of Market (94103), Tenderloin (94102, 94109), Bayview (94124) and Visitacion Valley (94134). Community members targeted include youth (age 13 to 25), adults (age 21 to 65), and older adults (60+). APIHPC will work with 3 workgroups consisting of at least 10 community-based organizations and at least 60 community members, with an average of about 20 from each of the three communities. The three workgroups have representatives from the following agencies:

APIHPC will work with 3 workgroups consisting of at least 10 community-based organizations and at least 50 community members, with an average of about 15 from each of the three communities. The three groups have representatives from the following agencies:

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

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

Southeast Asian Mental Health Workgroup – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, Vietnamese Family Services Center, Cambodian Community Development Inc, and other community organizations

Samoan Mental Health Collaborative – Samoan Community Development Center, YMCA Beacon, Asian American Recovery Services, United Players, Samoan Churches (Body of Christ Church and Word of Life Church), and other community organizations

5. Modality(ies)/Interventions

PREVENTION AND WELLNESS PROMOTION

Workforce Development (July to December 2013)

APIHPC will pilot and implement the service plans developed by the workgroups, by implementing culturally-relevant mental health promotion/capacity building activities through at least 2-3 events, identified and proposed by the workgroups, reaching at least 50 additional community members. This may include:

- Mental Health First Aid Trainings (linguistically-appropriate)
- Mental Health Peer Educator Trainings and Outreach
- Anti-Stigma Trainings and Community Presentations

Leadership Development and Workforce Development

APIHPC will coordinate or conduct workforce/capacity development trainings that will help them implement their service plans. These include proposal development, contract development, logic model, and budget development.

Outreach and engagement

APIHPC will develop culturally-specific mental health anti-stigma materials through three digital storytelling workshops, which will be used in future community anti-stigma trainings and events for the Samoan, Filipino, and SE Asian communities.

APIHPC will recruit at least 15-20 participants to produce digital stories about their experiences with mental health in the Filipino, Samoan, and SE Asian communities. These may include stories about experiences with mental illness and other factors that negatively influence mental wellness in these communities, including community violence, domestic violence, substance use/abuse, immigration experiences, intergenerational conflict, war trauma, and racism. Participants will be recruited community members including mental health consumers, monolingual and bilingual immigrants, undocumented immigrants, workers, older adults, youth, and community leaders.

APIHPC will contract with Center for Digital Storytelling to implement these workshops and will be coordinated and co-facilitated by the APIHPC Coordinator in order to ensure the cultural sensitivity and relevance of the workshops. Workgroup leaders and members will assist in recruitment and applications screening, and provide one-on-one support during the workshops (emotional, cultural, and linguistic support).

APIHPC workgroups will host at least three screening events by December 2013, reaching at least 60 community members.

6. Methodology

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

API Health Parity Coalition will conduct outreach with the following CBO's who have already committed to support this contract:

- For the Filipino Community – Bayanihan Center, West Bay Multi-Services Center, SOMA FACT team, and other community organizations and members (including child care, vocational, etc.);
- For the Southeast Asian Community – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, San Francisco Cambodian Temple and other organizations and members
- For the Samoan Community – Samoan Community Development Center, faith based organizations, and others.

Filipino Mental Health Initiative – Bayanihan Center, South of Market Childcare/Family Resource Center, South of Market Mental Health Services, Bessie Carmichael, and other service providers serving the Filipino communities, mainly in the South of Market neighborhoods. APIHPC will work with FMHI-SF, expand to other service providers, and recruit community members within these communities via flyers and “word of mouth.” We have found that the best way to outreach to the community is “word of mouth.”

Southeast Asian Mental Workgroup – Vietnamese Youth Development Center will take the lead and engage Lao Seri Association, Southeast Asian Community Center, San Francisco Cambodian Temple, and other service providers (Cambodian clinicians and health worker from RAMS, CCDC, and Chinatown North Beach Mental Health Services). Community members will be recruited via these organizations and “word of mouth.” Youth will be recruited through these organizations, schools and “word of mouth”; seniors, adults and families are recruited through these organizations, temples and at cultural events.

Samoan Mental Health Collaborative – Samoan Community Development Center will take the lead and engage other faith-based and community organizations that serve the Samoan community. Community members will be recruited via these organizations, and in the neighborhoods (Bayview, Visitacion Valley including Sunnydale project). Seniors, adults, families, youth, and providers will be recruited through these organizations, the neighborhood, and “word of mouth.”

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

Since the modality is Wellness and Promotion with an emphasis on outreach and engagement and workforce development, there are several enrollment methods:

- For digital storytelling – community members representing each of the three API targeted population are recruited and screened by workgroup members who are then invited to participate in a 3-day digital storytelling workshop. The 3-day process include shared group “Story Circle,” reflective writing, group affirmation and feedback, script writing, audio recording, and assisted digital story crafting and refining. The workshops end with the “world premiere” of the digital stories in which the participants present and share their digital stories with the rest of the participants. All participants sign consent forms before the workshops begin.
- For anti-stigma campaign and outreach and engagement – API Health Parity Coalition get the first screening of the digital storytelling. All APIHPC members can enroll in the screening. Community screening – each of the three API groups will invite their respective workgroups for the initial screening, and members of the workgroup can enroll.
- For Mental Health First Aide – community members and service providers are recruited from the SE Asian community. Any interested community members/service providers within the community who can participate in a whole-day training are enrolled.

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.

Workforce Development (July to December 2013) – APIHPC will pilot and implement the service plans developed by the workgroups, by implementing culturally-relevant mental health promotion/capacity building activities through at least 2-3 events, identified and proposed by the workgroups, reaching at least 50 additional community members. This may include:

- Mental Health First Aid Trainings (linguistically-appropriate). APIHPC will recruit trainers who are from API background to provide a 8-hour-day training on basic knowledge on signs and symptoms of commonly seen mental illnesses, and what community service providers can do to assist clients, handle crisis situations, and prevent further decompensation.
- Anti-Stigma Trainings and Community Presentations – APIHPC will support communities members and service providers in the production of digital stories by the three API communities. More details in “outreach” section below.

Leadership Development – APIHPC will coordinate or conduct workforce / capacity development trainings that will help them implement their service plans. These include proposal development, contract development, logic model, and budget development. Trainings are provided by Project Coordinator and APIHPC co-chairs and steering committee members.

Outreach and engagement -- APIHPC will develop culturally-specific mental health anti-stigma materials through 3 digital storytelling workshops, which will be used in future community anti-stigma trainings and events for the Samoan, Filipino, and SE Asian communities.

APIHPC will recruit at least 15-20 participants to produce digital stories about their experiences with mental health in the Filipino, Samoan, and SE Asian communities. These may include stories about experiences with mental illness and other factors that negatively influence mental wellness in these communities, including community violence, domestic violence, substance use/abuse, immigration experiences, intergenerational conflict, war trauma, and racism. Participants will be recruited community members including mental health consumers, monolingual and bilingual immigrants, undocumented immigrants, workers, older adults, youth, and community leaders.

Samoan Community Development Center will host the digital storytelling workshop at their location, and will recruit Samoan community members to participate. Bayanihan Community Center will host the digital storytelling workshop at their location, and will recruit Filipino community members to participate. Vietnamese Youth Development Center will host the digital storytelling workshop at their location, and will recruit youth from their program; Lao Seri Association will recruit members from the Lao community; Cambodian Community Services will recruit members from their community.

APIHPC will contract with Center for Digital Storytelling to implement these workshops and will be coordinated and co-facilitated by the APIHPC Coordinator in order to ensure the cultural sensitivity and relevance of the workshops. Workgroup leaders and members will assist in recruitment and applications screening, and provide one-on-one support during the workshops (emotional, cultural, and linguistic support). Each workshop will take three consecutive 8-hour days, and all participants are expected to participate in the whole workshop.

APIHPC workgroups will host at least 3 screening events by December 2013, reaching at least 60 community members. Screening include APIHPC general meeting, each of the three API workgroups.

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

By the end of the program (July to December 2013) the three API workgroups will have completed 4 to 5 digital stories for each of the 3 API communities. Community screening will take place with each of the three respective API communities and API Health Parity Coalition general members, which include up to 25 community based organizations.

By the end of the program (July to December 2013) workgroup members will have developed new contract with CBHS-MHSA to start implementing work plan.

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

The APIHPC Project Coordinator will convene the three identified API sub-groups (with support from API Health Parity Coalition members). This is a part-time contractor position. This staff will take the lead to convene work groups, support digital storytelling workshops, and support community engagement. She will also help facilitate (and recruit trainers) in capacity development.

For each of the three identified communities, an identified staff member to take the lead to engage other organizations and outreach to the communities. Also, they will also act as interpreter and liaison to APIHPC. Each identified communities will also identify administrative personnel to be trained in agency capacity.

Community members will be provided with incentives for participating in planning work groups. Childcare and refreshment will also be provided during workgroup meetings (including evenings and weekends).

APIHPC co-chairs and steering committee provide guidance and support for the project and are voluntary, not funded by this grant. APIHPC general members are volunteer participants.

Systems Transformation Methodology

1. *One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.*

Through the whole process, community members (seniors, adults, families, and youth) will be recruited and engaged by the identified community-based organizations by flyers and word of mouth. They (along with service providers) will be involved in workforce development, digital storytelling activities and evaluation for their communities.

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

Since this is wellness promotion, workforce/capacity development and community engagement program, the concepts of recovery and resilience are the base of our activities. The power of storytelling reduces stigma of many life challenges, and instill hopes in recovery. The mental health first aide and other capacity training focus on understanding of recovery.

7. Objectives and Measurements

- *Objective 1: Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based)*

APIHPC will conduct at least one workshop on mental health related issues and community resources and conduct at least three community workgroup meetings. 75% of participants will express increased knowledge about available community resources by end of program survey.

- *Objective 2: Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery oriented services).*

APIHPC workforce development project will train identified API community members and service providers in understanding behavioral health issues in their communities. At least 12 community members/service providers will be trained in at least one workshop. This will increase community capacity in identifying and understanding mental illness. A retrospective survey will be used to measure participants' confidence level before and after the training in being able identify and help those experiencing mental health problems before they get professional help and support.

- *Objective 3: Improved social norms, attitudes and policies that promote the respect and dignity of people experiencing mental health challenges*

APIHPC will develop 12 to 15 digital stories for the three API communities (Samoan, Filipino, SE Asians), and will present the stories to their respective communities. Feedback and discussion will be conducted after the screening; and pre- and post-test will be administered to assess the attitude on mental health and other emotional challenges.

- *Participant satisfaction*

75% of participants at the screening of the digital stories will be satisfied with the stories.
75% of participants at the workshop will be satisfied with the facilitation of the workshop.

8. Continuous Quality Improvement

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

Appendix B
Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

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

2. **Program Budgets and Final Invoice**

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

Budget Summary

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

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Three Million One Hundred Thirty Five Thousand Six Hundred Five Dollars (\$23,135,605) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,142,731 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

June 30, 2015 through December 31, 2015	\$2,236,184	
July 1, 2010 through December 31, 2015	G. Total	\$21,992,874

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

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

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

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

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

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

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Choi / 415-800-0699 x205		Fiscal Year: FY14-15						
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 5/7/2014								
Contract CMS # (CDTA use only):		B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Contract Appendix Number:										
Appendix A/Program Name:		Adult Outpatient Services Clinic	Employee Development	Broderick St Residential CBHS	Broderick St Residential-HUH	Peer Specialist MH Certificate & P2P Counseling	I-Ability Vocational IT	API Health Parity Coalition	API Mental Health Coalition	
Provider Number:		3894	3886	3894	3894	3894	3886	3894	3894	
Program Code(s):		38943	38862	38948	38948	3894IN	3886A2	TBD	TBD	
FUNDING TERM:		07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	TOTAL
FUNDING USES										
Salaries & Employee Benefits:		1,568,930	90,057	501,061	964,743	103,818	485,074	0	48,374	3,732,057
Operating Expenses:		119,113	10,934	11,589	215,291	52,576	31,533	45,337	107,876	594,249
Capital Expenses:										
Subtotal Direct Expenses:		1,688,043	100,991	512,650	1,180,034	156,394	486,607	45,337	156,250	4,326,306
Indirect Expenses:		202,565	12,119	61,518	141,604	18,767	58,393	5,436	18,750	519,152
Indirect %:		12%	12%	12%	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES		1,890,608	113,110	574,168	1,321,638	175,161	545,000	50,773	175,000	4,845,458
CBHS MENTAL HEALTH FUNDING SOURCES										
MH FED - SDMC Regular FFP (50%)		862,640		277,297						1,139,937
MH STATE - MH Realignment		515,080	49,778	200,393						765,251
MH COUNTY - General Fund		411,987	63,332	86,478						571,497
MH 3RD PARTY - Medicare		101,201								101,201
MH STATE - MHSA (PEI)									175,000	175,000
MH STATE - MHSA (CSS)								50,773		50,773
MH STATE - MHSA (WET)						175,161				175,161
MH STATE - MHSA (Tech)							545,000			545,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,890,608	113,110	574,168	-	175,161	545,000	50,773	175,000	3,523,820
CBHS SUBSTANCE ABUSE FUNDING SOURCES										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES										
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES										
HUH - General Fund					948,548					948,548
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					948,548					948,548
TOTAL DPH FUNDING SOURCES		1,890,608	113,110	574,168	948,548	175,161	545,000	50,773	175,000	4,472,368
NON-DPH FUNDING SOURCES										
NON DPH - Other (Client Fees)					373,090					373,090
TOTAL NON-DPH FUNDING SOURCES					373,090					373,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,890,608	113,110	574,168	1,321,638	175,161	545,000	50,773	175,000	4,845,458

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#1, Page 1	
Provider Name: RAMS					Document Date: 5/7/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic		
Program Code (formerly Reporting Unit):	38943	38943	38943	38943		
Model/SA (M/I) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	0	TOTAL
FUNDING TERM:	14 - 15	14 - 15	14 - 15	14 - 15		
FUNDING USES						
Salaries & Employee Benefits:	66,341	1,101,263	394,671	6,655		1,568,930
Operating Expenses:	5,037	83,608	29,963	505		119,113
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	71,378	1,184,871	424,634	7,160	0	1,688,043
Indirect Expenses:	8,565	142,185	50,956	859		202,565
TOTAL FUNDING USES:	79,943	1,327,056	475,590	8,019		1,890,608
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	36,476	605,504	217,001	3,659	862,640
MH STATE - MH Realignment	HMHMCC730515	21,780	361,545	129,570	2,185	515,080
MH COUNTY - General Fund	HMHMCC730515	17,408	288,971	103,562	1,746	411,687
MH 3RD PARTY - Medicare	HMHMCC730515	4,279	71,036	25,457	429	101,201
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		79,943	1,327,056	475,590	8,019	1,890,608
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		79,943	1,327,056	475,590	8,019	1,890,608
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		79,943	1,327,056	475,590	8,019	1,890,608
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
	FFS	FFS	FFS	FFS		
DPH Units of Service:	36,250	491,502	95,500	2,000		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.09	2.70	4.98	4.01	0.00	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	0.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		
Unduplicated Clients (UDC):	1200	Included	Included	Included		Total UDC: 1,200

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38943
 Program Name: Adult Outpatient Services Clinic
 Document Date: 5/7/14

Appendix/Page #: B#1, Page 3

Expenditure Category	TOTAL	General Fund (HMHMCC730515)	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4
			(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 73,758	\$ 73,758				
Utilities (telephone, electricity, water, gas)	\$ 11,500	\$ 11,500				
Building Repair/Maintenance	\$ 2,000	\$ 2,000				
Materials & Supplies:						
Office Supplies	\$ 6,965	\$ 6,965				
Photocopying	\$ 1,000	\$ 1,000				
Printing	\$ 1,100	\$ 1,100				
Program Supplies	\$ 1,000	\$ 1,000				
Computer hardware/software	\$ 1,000	\$ 1,000				
General Operating:						
Training/Staff Development	\$ 1,500	\$ 1,500				
Insurance	\$ 9,130	\$ 9,130				
Professional License	\$ 180	\$ 180				
Permits	\$ -	\$ -				
Equipment Lease & Maintenance	\$ 3,500	\$ 3,500				
Staff Travel:						
Local Travel	\$ 500	\$ 500				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Recruitment/Direct Staff Expenses	\$ 6,000	\$ 6,000				
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$119,113

\$119,113

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#2, Page 1
Provider Name: RAMS						Document Date: 5/7/2014
Provider Number: 3886						Fiscal Year: FY14-15
Program Name:		Employee Development				
Program Code (formerly Reporting Unit):		38B62				
Mode/SFC (MH) or Modality (SA):		10/30-39				
Service Description:		Vocational	0	0	0	0
FUNDING TERM:		14 - 15				TOTAL
FUNDING USES						
Salaries & Employee Benefits:		90,057				90,057
Operating Expenses:		10,934				10,934
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:		100,991				100,991
Indirect Expenses:		12,119				12,119
TOTAL FUNDING USES:		113,110				113,110
CBHS MENTAL HEALTH FUNDING SOURCES						
		Index Code/Project Detail/CFDA#:				
MH STATE - MH Realignment		HMH/MCC730515	49,778			49,778
MH COUNTY - General Fund		HMH/MCC730515	63,332			63,332
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			113,110			113,110
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
		Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-			-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
		Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-			-
TOTAL DPH FUNDING SOURCES			113,110			113,110
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES			-			-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			113,110			113,110
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS				
DPH Units of Service:		1,561				
Unit Type:		Client Full Day				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		72.44				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		72.44				
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):		35				Total UDC: 35

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38882
 Program Name: Employee Development
 Document Date: 5/7/14

Appendix/Page #: B#2, Page 3

Expenditure Category	TOTAL	General Fund (HMHMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 3,300	\$ 3,300				
Utilities(telephone, electricity, water, gas)	\$ 1,400	\$ 1,400				
Building Repair/Maintenance	\$ 200	\$ 200				
Materials & Supplies:						
Office Supplies	\$ 1,134	\$ 1,134				
Photocopying	\$ 500	\$ 500				
Printing	\$ 100	\$ 100				
Program Supplies	\$ 2,500	\$ 2,500				
Computer hardware/software	\$ -	\$ -				
General Operating:						
Training/Staff Development	\$ 500	\$ 500				
Insurance	\$ 500	\$ 500				
Professional License	\$ -	\$ -				
Permits	\$ -	\$ -				
Equipment Lease & Maintenance	\$ -	\$ -				
Staff Travel:						
Local Travel	\$ 200	\$ 200				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -	\$ -				
Other:						
Recruitment/Direct Staff Expenses	\$ 600	\$ 600				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				

TOTAL OPERATING EXPENSE

\$10,934

\$10,934

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (M/I)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B-#3, Page 1	
Provider Name: RAMS					Document Date: 5/7/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	Broderick St Residential-CBHS	Broderick St Residential-CBHS	Broderick St Residential-CBHS	Broderick St Residential-CBHS		
Program Code (formerly Reporting Unit):	38948	38948	38948	38948		
Mode/SFC (M/I) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	0	TOTAL
FUNDING TERM:	14 - 15	14 - 15	14 - 15	14 - 15		
FUNDING USES						
Salaries & Employee Benefits:	24,314	124,875	347,673	4,199		501,061
Operating Expenses:	562	2,888	8,041	98		11,589
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	24,876	127,763	355,714	4,297		512,650
Indirect Expenses:	2,985	15,332	42,686	515		61,518
TOTAL FUNDING USES:	27,861	143,095	398,400	4,812		574,168
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	13,456	69,108	192,409	2,324	277,297
MH STATE - MH Realignment	HMHMCC730515	9,724	49,942	139,047	1,680	200,393
MH COUNTY - General Fund	HMHMCC730515	4,681	24,045	66,944	808	96,478
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		27,861	143,095	398,400	4,812	574,168
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		27,861	143,095	398,400	4,812	574,168
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		27,861	143,095	398,400	4,812	574,168
CBHS UNITS OF SERVICE AND UNIT COST						
	Number of Beds Purchased (if applicable)					
	Substance Abuse Only - Non-Res 93 - ODF # of Group Sessions (classes)					
	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
	Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
	DPH Units of Service:	13,331	52,998	80,000	1,200	
	Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.09	2.70	4.98	4.01	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	
	Published Rate (Medi-Cal Providers Only):	2.09	2.70	4.98	4.01	
	Unduplicated Clients (JDC):	36	Included	Included	Included	Total UDC: 36

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38948
 Program Name: Bridgock St Residential-CBHS
 Document Date: 5/7/14

Appendix Page #: B#3, Page 3

Expenditure Category	TOTAL	General Fund (H&M/MCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/13-06/30/14	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Phone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 1,800	\$ 1,800				
Photocopying	\$ 200	\$ 200				
Printing	\$ 89	\$ 89				
Program Supplies	\$ 1,000	\$ 1,000				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 2,000	\$ 2,000				
Insurance	\$ 3,000	\$ 3,000				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 500	\$ 500				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
Other:						
Expenses	\$ 3,000	\$ 3,000				
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$11,589	\$11,589	\$0	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Appendix/Page #: B-4, Page 1	
Provider Name: RAMS		Document Date: 5/7/2014	
Provider Number: 3894		Fiscal Year: FY14-15	
Program Name:	Broderick St Residential-HUH	Broderick St Residential-HUH	
Program Code (Contract Reporting Unit):	38948	38948	
Modality/SFC (MH) or Modality (SA):	6078	6078	
Service Description:	Other Non-Medical Client Support Exp	Other Non-Medical Client Support Exp	
FUNDING TERM:	14 - 15	14 - 15	TOTAL
FUNDING USES			
Salaries & Employee Benefits:	692,404	272,399	964,743
Operating Expenses:	154,614	60,777	215,281
Capital Expenses (greater than \$5,000):			0
Subtotal Direct Expenses:	846,918	333,116	1,180,034
Indirect Expenses:	101,630	39,974	141,604
TOTAL FUNDING USES:	948,548	373,090	1,321,638
CBHS MENTAL HEALTH FUNDING SOURCES			
			0
			0
			0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			0
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
HUH - General Fund	HCHSSHOU5G6F	948,548	948,548
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		948,548	948,548
TOTAL DPH FUNDING SOURCES		948,548	948,548
NON-DPH FUNDING SOURCES			
NON DPH - Other (Client Fees)		373,090	373,090
TOTAL NON-DPH FUNDING SOURCES		373,090	373,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		948,548	1,321,638
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	11,081		
Staff Hour or Client Day, depending on contract.			
Unit Type:			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	85.60	N/A	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	85.60	N/A	
Published Rate (Med-Cal Providers Only)			
Unduplicated Clients (UDC):	36	Included	Total UDC: 36

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38848
 Program Name: Broderick St Residential HUH
 Document Date: 5/7/14

Appendix/Page #: B#4, Page 3

Expenditure Category	TOTAL	General Fund (HCHSHHOUSSGGF)	Funding Source 1 (Client Fees)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 60,000	\$ 43,062	\$ 16,938.00			
Building Repair/Maintenance	\$ 36,000	\$ 25,837	\$ 10,163.00			
Materials & Supplies:						
Office Supplies	\$ 4,241	\$ 3,044	\$ 1,197.00			
Photocopying	\$ 2,000	\$ 1,435	\$ 565.00			
Printing	\$ 1,500	\$ 1,077	\$ 423.00			
Program Supplies	\$ -	\$ -	\$ -			
Computer hardware/software	\$ 1,000	\$ 718	\$ 282.00			
General Operating:						
Training/Staff Development	\$ 1,000	\$ 718	\$ 282.00			
Insurance	\$ 11,000	\$ 7,895	\$ 3,105.00			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ 12,000	\$ 8,612	\$ 3,388.00			
Equipment Lease & Maintenance	\$ 4,200	\$ 3,014	\$ 1,186.00			
Staff Travel:						
Local Travel	\$ 250	\$ 179	\$ 71.00			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
(add more Consultant lines as necessary)	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 4,600	\$ 3,301	\$ 1,299			
Client-Related Supplies and Expenses	\$ 77,500	\$ 55,622	\$ 21,878			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			

TOTAL OPERATING EXPENSE \$215,291 \$154,514 \$60,777

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#5, Page 1	
Provider Name: RAMS						Document Date: 5/7/2014	
Provider Number: 3894						Fiscal Year: FY14-15	
Program Name:		Peer Specialist	P2P Counseling				
Program Code (formerly Reporting Unit):		MH Certificate	3894IN				
Mode/SFC (MH) or Modality (SA):		45/10-19	45/10-19				
Service Description:		MH Promotion	MH Promotion	0	0	0	TOTAL
FUNDING TERM:		14 - 15	14 - 15				
FUNDING USES							
Salaries & Employee Benefits:		71,980	31,838				103,818
Operating Expenses:		50,932	1,644				52,576
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		122,912	33,482				156,394
Indirect Expenses:		14,749	4,018				18,767
TOTAL FUNDING USES:		137,661	37,500				175,161
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH STATE - MHISA (WET)		HMHMPROP63/	137,661	37,500			175,161
		PMHS63-1408					0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		137,661	37,500				175,161
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-				-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-				-
TOTAL DPH FUNDING SOURCES		137,661	37,500				175,161
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES		-	-				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		137,661	37,500				175,161
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR	CR				
DPH Units of Service:		2,220	1,500				
Unit Type:		Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		62.00	25.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		62.00	25.00				
Published Rate (Medi-Cal Providers Only):		N/A	N/A				
Unduplicated Clients (UDC):			4				Total UDC: 4

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3894IN
 Program Name: Peer Specialist MH Certificate & P2P Counseling
 Document Date: 5/7/14

Appendix/Page #: B#5, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 Peer Specialist MH Certificate (MHA-WDET / HMMMPROP63/PMH863-1408)		Funding Source 2 P2P Counseling (MHA-WDET / HMMMPROP63/PMH863-1408)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director/Coordinator	0.68	\$ 41,015			0.66	40,000	0.02	1,015				
Teaching/Program Assistant	0.45	\$ 15,875			0.45	15,875						
Peer Counselor	0.83	\$ 26,740					0.83	26,740				
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
		\$ -										
Totals:	1.95	\$82,430			1.11	\$55,675	0.84	\$26,755				

Employee Fringe Benefits:	26%	\$21,388			29%	\$16,305	19%	\$5,083				
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TOTAL SALARIES & BENEFITS		\$103,818			\$71,980		\$31,838					
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FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38941N
 Program Name: Peer Specialist MH Certificate & P2P Counseling
 Document Date: 5/7/14

Appendix/Page #: B#5, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 Peer SMH Cert. (MHSA-WDET/HMHPROP63/P MHS63-1408)	Funding Source 2 P2P Coun. (MHSA-WDET/HMHPROP63/P MHS63-1408)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____
Occupancy:						
Rent	\$ 1,180		\$ 1,180	\$ -		
Utilities (telephone, electricity, water, gas)	\$ 1,800		\$ 1,800	\$ -		
Building Repair/Maintenance	\$ 1,000		\$ 1,000	\$ -		
Materials & Supplies:						
Office Supplies	\$ 4,039		\$ 3,000	\$ 1,039		
Photocopying	\$ 800		\$ 500	\$ 300		
Printing	\$ 2,182		\$ 2,132	\$ 50		
Program Supplies	\$ 1,200		\$ 1,200			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 500		\$ 500	\$ -		
Insurance	\$ 605		\$ 450	\$ 155		
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 120		\$ 120	\$ -		
Staff Travel:						
Local Travel	\$ 1,300		\$ 1,300	\$ -		
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Recruitment/Direct Staff Expenses	\$ 600		\$ 500	100		
Tuitions for Clients	\$ 29,250		\$ 29,250			
Guest Lecturers/Instructors	\$ 500		\$ 500			
Student Incentives & Stipends	\$ 7,500		\$ 7,500			
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$52,576		\$50,932	\$1,644		

FY 13-14 CBHS BUDGET DOCUMENTS

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

DPHCS Legal Entity Name (LH): Contractor Name (SA): Richmond Area Multi-Services, Inc. Provider Name: RAMS Provider Number: 38B6				Appendix/Page #: B-#6, Page 1 Document Date: 5/7/2014 Fiscal Year: FY14-15	
Program Name:	i-Ability Vocational IT -- Helpdesk	i-Ability Vocational IT -- Desktop	i-Ability Vocational IT -- Advanced Helpdesk		
Program Code (Formerly Reporting Unit):	38B6A2	38B6A2	38B6A2		
Modality/SA:	10/30-39	10/30-39	10/30-39		
Service Description:	Vocational	Vocational	Vocational	0	0
FUNDING TERM:	14 - 15	14 - 15	14 - 15		TOTAL
FUNDING USES					
Salaries & Employee Benefits:	183,390	182,530	88,154		455,074
Operating Expenses:	12,242	12,242	7,049		31,533
Capital Expenses (greater than \$5,000):	0				0
Subtotal Direct Expenses:	195,632	194,772	95,203		486,607
Indirect Expenses:	23,476	23,373	11,544		58,393
TOTAL FUNDING USES:	219,108	218,145	107,747		545,000
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH STATE - MHSA (Tech)	HMT#PROP63/PMHS63-0812	219,108	218,145	107,747	545,000
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		219,108	218,145	107,747	545,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		219,108	218,145	107,747	545,000
NON-DPH FUNDING SOURCES					
					0
TOTAL NON-DPH FUNDING SOURCES					0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		219,108	218,145	107,747	545,000
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
DPH Units of Service:		522	485	196	
Unit Type:		Client Full Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):		420.00	450.00	550.00	
Cost Per Unit - Contract Rate (DPH & Non DPH FUNDING SOURCES):		420.00	450.00	550.00	
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):		28	16	6	50
					Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3886A2
 Program Name: Adult Vocational IT
 Document Date: 5/7/14

Appendix/Page #: B#6, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 Helpdesk (MHS-IT / HMMPROP63/PMHS63-0812)		Funding Source 2 Desktop (MHS-IT / HMMPROP63/PMHS63-0812)		Funding Source 3 Advanced Helpdesk (MHS-IT / HMMPROP63/PMHS63-0812)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Vocational Services	0.15	\$ 12,000			0.06	5,040	0.06	5,040	0.03	2,520		
Manager of Vocational IT Services	1.00	\$ 55,000			0.45	24,750	0.45	24,750	0.10	5,500		
Vocational Rehab. Counselor/IT Trainer	1.50	\$ 61,400			0.50	20,300	0.50	20,300	0.50	20,800		
IT Trainer	2.50	\$ 112,709			1.00	43,935	1.00	46,274	0.50	22,500		
Helpdesk/Desktop/Advanced Helpdesk Trainee	4.52	\$ 103,748			1.96	45,000	1.83	42,000	0.73	16,748		
Admin Coordinator/Assistant	0.11	\$ 4,600			0.05	2,044	0.05	2,044	0.01	512		
		\$ -										
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		\$ -										
Totals:	9.78	\$350,057			4.02	\$141,069	3.89	\$140,408	1.67	\$68,580		

Employee Fringe Benefits:	30%	\$105,017		30%	\$42,321	30%	\$42,122	30%	\$20,574	
TOTAL SALARIES & BENEFITS		\$455,074			\$183,390		\$182,530		\$89,154	

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 3886A2
 Program Name: Ability/Vocational IT
 Document Date: 5/7/14

Appendix/Page #: B#6, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4
			Helpdesk (MHSA-IT/HMHMPROP63/PMHS63-0812)	Desktop (MHSA-IT/HMHMPROP63/PMHS63-0812)	Advanced Helpdesk (MHSA-IT/HMHMPROP63/PMHS63-0812)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	Term:
Occupancy:						
Rent	\$ 6,880		\$ 2,752	\$ 2,752	\$ 1,376	
Utilities (telephone, electricity, water, gas)	\$ 4,700		\$ 1,880	\$ 1,880	\$ 940	
Building Repair/Maintenance	\$ 1,250		\$ 500	\$ 500	\$ 250	
Materials & Supplies:						
Office Supplies	\$ 2,753		\$ 1,000	\$ 1,000	\$ 753	
Photocopying	\$ 250		\$ 100	\$ 100	\$ 50	
Printing	\$ 300		\$ 100	\$ 100	\$ 100	
Program Supplies	\$ 4,000		\$ 1,500	\$ 1,500	\$ 1,000	
Computer hardware/software	\$ 3,000		\$ 1,000	\$ 1,000	\$ 1,000	
General Operating:						
Training/Staff Development	\$ 1,250		\$ 500	\$ 500	\$ 250	
Insurance	\$ 2,400		\$ 960	\$ 960	\$ 480	
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 1,750		\$ 750	\$ 750	\$ 250	
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Recruitment/Direct Staff Expenses	\$ 3,000		\$ 1,200	\$ 1,200	\$ 600	
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$31,533		\$12,242	\$12,242	\$7,049	

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Appendix/Page #: B-#7, Page 1		
Provider Name: RAMS		Document Date: 5/7/2014		
Provider Number: 3694		Fiscal Year: FY14-15		
Program Name:	API Health Parity Coalition			
Program Code (formerly Reporting Unit):	1 - Budget Summary/IH8			
Mode/SFC (MH) or Modality (SA):	45/10-19			
Service Description:	MH Promotion	0	0	0
FUNDING TERM:	14 - 15			TOTAL
FUNDING USES				
Salaries & Employee Benefits:	0			0
Operating Expenses:	45,337			45,337
Capital Expenses (greater than \$5,000):	0			0
Subtotal Direct Expenses:	45,337			45,337
Indirect Expenses:	5,436			5,436
TOTAL FUNDING USES:	50,773			50,773
CBHS MENTAL HEALTH FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
MH STATE - MHSA (CSS)	PMHMPROP63/PMHS63-1407	50,773		50,773
				0
				0
				0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		50,773		50,773
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES		50,773		50,773
NON-DPH FUNDING SOURCES				
				0
TOTAL NON-DPH FUNDING SOURCES				0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		50,773		50,773
CBHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
Substance Abuse Only - Non-Res 33 - GDF # of Group Sessions (classes)				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR				
DPH Units of Service: 1				
Unit Type:				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): 50,733				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 50,733				
Published Rate (Medi-Cal Providers Only): N/A				
Unduplicated Clients (UDC): 1				
				Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#7, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 (MHA-CSS / HMHMPROP63/PMHS63-1407)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 07/01/14 - 06/30/15		Term:		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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Totals:	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits: #DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS \$0 \$0 \$0 \$0 \$0 \$0

1667

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#7, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (MHA-IT/HMHPROP63/PM HS63-1407)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ -					
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 2,287		\$ 2,287			
Computer hardware/software	\$ 1,000		\$ 1,000			
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 50		\$ 50			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Heidi Tuason/Natalie Anson-Bartley -- Project Organizer	\$ 15,000		\$ 15,000			
Center for Digital Storytelling -- Mental Health Anti-Sigma Digital Story Creation	\$ 12,000		\$ 12,000			
(add more Consultant lines as necessary)	\$ -					
Other:						
Stipends for Participating Organizations	\$ 15,000		\$ 15,000			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE \$ 45,337 \$45,337

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#8, Page 1
Provider Name: RAMS						Document Date: 5/7/2014
Provider Number: 3894						Fiscal Year: FY14-15
Program Name:	API Mental Health Coalition					
Program Code (formerly Reporting Unit):	TBD					
Mode/SFC (M/I) or Modality (SA):	45/10-19					
Service Description:	MHI Promotion	0	0	0	0	TOTAL
FUNDING TERM:	14 - 15					
FUNDING USES						
Salaries & Employee Benefits:	48,374					48,374
Operating Expenses:	107,876					107,876
Capital Expenses (greater than \$5,000):	0					0
Subtotal Direct Expenses:	156,250					156,250
Indirect Expenses:	18,750					18,750
TOTAL FUNDING USES:	175,000					175,000
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH STATE - MHSA (PE)	HMHMPROP63/PMHS63-1410	175,000				175,000
						0
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		175,000				175,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		175,000				175,000
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		175,000				175,000
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR						
DPH Units of Service: 1,804						
Unit Type:						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY): 97						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 97						
Published Rate (Medi-Cal Providers Only): N/A						
Unduplicated Clients (UDC): 1						Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#8, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 (MNSA-PEI / HMMPROP63/PMHS63-1410)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Peer Services	0.06	\$ 2,471			0.06	2,471						
Project Coordinator	1.00	\$ 34,500			1.00	34,500						
Mental Health Consultant	0.06	\$ 1,728			0.06	1,728						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
Totals:	1.12	\$ 38,699	0.00	\$ 0	1.12	\$38,699	0.00	\$ 0	0.00	\$ 0	0.00	\$ 0

Employee Fringe Benefits:	25%	\$9,675	#DIV/0!	25%	\$9,675	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
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TOTAL SALARIES & BENEFITS	\$48,374	\$0	\$48,374	\$0	\$0	\$0
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FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#8, Page 3

Expenditure Category	TOTAL	General Fund	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4
		(Include all Funding Sources with this Index Code)	(MHSA-IT/HMMPROP63/PM HS63-1410)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)	(Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 1,800		\$ 1,800			
Utilities(telephone, electricity, water, gas)	\$ 300		\$ 300			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 876		\$ 876			
Photocopying	\$ 100		\$ 100			
Printing	\$ 200		\$ 200			
Program Supplies	\$ 3,000		\$ 3,000			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,000		\$ 1,000			
Insurance	\$ 300		\$ 300			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 300		\$ 300			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Cambodian Community Development, Inc.	\$ 10,000		\$ 10,000			
Filipino American Development Foundation	\$ 30,000		\$ 30,000			
Lao Seti Association	\$ 10,000		\$ 10,000			
Samoan Community Development Center	\$ 30,000		\$ 30,000			
Vietnamese Family Services Center	\$ 10,000		\$ 10,000			
Vietnamese Youth Development Center	\$ 10,000		\$ 10,000			
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 107,876		\$107,876			

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc.

Document Date: 05/07/14

Fiscal Year: FY14-15

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.33	\$ 55,070
Chief Financial Officer	0.33	\$ 50,880
Deputy Chief	0.32	\$ 37,397
Director of Operations	0.33	\$ 26,158
Director of Information Technologies	0.33	\$ 24,093
Director of Human Resources	0.33	\$ 25,814
Accounting Specialist/Assistant	1.34	\$ 62,176
Program Consultant	0.01	\$ 2,685
HR Specialist	0.67	\$ 28,719
Director of Training	0.28	\$ 22,012
Office Manager/Admin Assistant	0.02	\$ 847
Janitor	0.02	\$ 456
Driver	0.10	\$ 2,369
EMPLOYEE FRINGE BENEFITS	26%	\$ 88,056
TOTAL SALARIES & BENEFITS		\$ 426,732

2. OPERATING COSTS

Expenditure Category	Amount
Occupancy	\$ 34,347
Office Supplies	\$ 16,382
Insurance	\$ 13,783
Audit/Legal/Recruit/Payroll Fees	\$ 17,874
Staff Training/Meeting/Mileage	\$ 10,034
TOTAL OPERATING COSTS	\$ 92,420

TOTAL INDIRECT COSTS \$ 519,152
 (Salaries & Benefits + Operating Costs)



RICHARE-01

RKUMAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2013

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

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

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	OPS0062221	7/1/2013	7/1/2014	EACH OCCURRENCE \$ 3,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	X CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	X Prof Liab \$3mm/\$4mm					PERSONAL & ADV INJURY \$ 3,000,000
	X Abuse Liab \$250k/\$1m					GENERAL AGGREGATE \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY		RIC0013128	7/1/2013	7/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	X HIRED AUTOS <input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	WC201300001911	7/1/2013	7/1/2014	X WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		MPL576139700	7/1/2013	7/1/2016	Limit 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage excluded, evidence only.

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

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

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

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

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

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



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

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

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

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

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

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

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

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

RE: Early Childhood Mental Health Consultation at
 Potrero Hill FRC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 3

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

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

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

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

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

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

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

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



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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name of Person or Organization:

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 6

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

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

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

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

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

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

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

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



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

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

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

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

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

rams

Richmond Area Multi-Services, Inc.

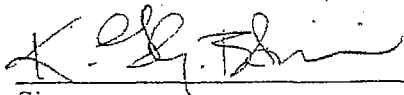
Community mental health

AUTOMOBILE LIABILITY COVERAGE WAIVER

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

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

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



Signature

7/6/09

Date

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

a non-profit corporation



May 19, 2004

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

From: Kavoes Ghane Bassiri, LMFT; CGP: ~~XXXXXXXXXX~~
Chief Executive Officer

Re: Waiver for Auto-Liability insurance

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

Waiver granted based on the above information.

*Nancy Johnston - Rekkant
Deputy Risk Manager
5-21-04*

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

is changed to read:

A Waiver of Subrogation is hereby added to the policy.

See Form WC 04 03 06.

* Item 4. Change To:

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

Total Estimated Annual Premium \$ 109,974

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

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

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

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

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

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

Insured: Richmond Area Multi Services, Inc.

DBA:

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

NCCI Carrier Code No. 28746

Countersigned by _____

WC 89 06 00 A

Ed. 7-87

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT— CALIFORNIA

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

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 0.000% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

City and County of San Francisco
Department of Public Health
1380 Howard Street
San Francisco, CA 94103

Job Description

All Operations of the Named Insured

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 07/01/2012 Policy No. WC201200001911 Endorsement No. 1

Policy Effective Date: 07/01/2012 to 07/01/2013 Premium \$ 0.00

Insured: Richmond Area Multi Services, Inc.

DBA:

Carrier Name / Code: New York Marine and General Insurance Company

Countersigned by _____

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and

Richmond Area Multi-Services, Inc.

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Richmond Area Multi-Services, Inc. 3626 Balboa Street, San Francisco, CA 94121, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse Programs.

WHEREAS, Request for Proposal (RFP23-2009) was issued on July 31, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4156-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015, 2015.

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fourteen Million Five Hundred Four Thousand Four Hundred Fifty Nine Dollars (\$14,504,459). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at

City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

4) Blanket Fidelity Bond (Commercial Blanket Bond) Limits in the amount of the Initial Payment provided for in the Agreement.

5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy 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.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. 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.

g. 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.

h. Before commencing any operations under this Agreement, 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. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Liquidated Damages Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

- | | |
|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |

And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or

other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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|---|---|
| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited

to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, Room 442
San Francisco, California 94103
FAX (415) 255-3088
e-mail: Junko.Craft@sfdph.org

And: Andrew Williams
1380 Howard Street, 5th Floor
San Francisco, Ca 94103
FAX: (415) 255-3567
e-mail: Andrew.Williams@sfdph.org

To CONTRACTOR: Kavoos G. Bassire
Richmond Area Multi-Services, Inc.
3626 Balboa Street
San Francisco, CA 94121
FAX: (415) 541-9285
e-mail: kgbassiri@ramsinc.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems

designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to

five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative

Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material

breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each

of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be

bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or

property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

- 6) Set the term of the requirements.
- 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.
- 8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

49. Administrative Remedy for Agreement Interpretation – DELETED BY MUTUAL AGREEMENT OF THE PARTIES

50. Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney 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.

55. Supervision of Minors. DELETED BY MUTUAL AGREEMENT OF THE PARTIES

56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section

is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Slavery Era Disclosure *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.


IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



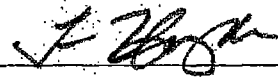
Mitchell H. Katz, M.D. / 10/12/10
Director of Health / Date

Approved as to Form:

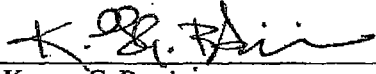
Dennis J. Herrera
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

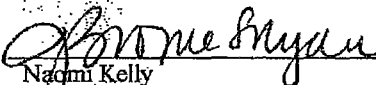
By: 

Terence Howzell, Deputy / 10/14/10
City Attorney / Date



Kavos G. Bassira / 10/10/10
CEO / Date
3626 Balboa Street
San Francisco, CA 94121

Approved:



Naomi Kelly / 12/15/10
Director of the Office of / Date
Contract Administration and
Purchaser

City vendor number: 15706

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: SFDPH Private Policy Compliance Standards
- I: Emergency Response

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Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Andrew Williams, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) CONTRACTOR shall submit written reports as requested by the CITY. The format for the content of such reports shall be determined by the CITY. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

C. Evaluation:

CONTRACTOR shall participate as requested with the CITY, State and/or Federal government in evaluative studies designed to show the effectiveness of CONTRACTOR'S SERVICES. CONTRACTOR agrees to meet the requirements of and participate in the evaluation program and management information systems of the CITY. The CITY agrees that any final written reports generated through the evaluation program shall be made available to CONTRACTOR within thirty (30) working days. CONTRACTOR may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

CONTRACTOR warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the CITY to provide the SERVICES. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

E. Adequate Resources:

CONTRACTOR agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the SERVICES required under this Agreement, and that all such SERVICES shall be performed by CONTRACTOR, or under CONTRACTOR'S supervision, by persons authorized by law to perform such SERVICES.

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

CONTRACTOR agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the SERVICES: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. CONTRACTOR shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct SERVICES will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) CONTRACTOR must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, §5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

(2) CONTRACTOR must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) CONTRACTOR must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) CONTRACTOR is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) CONTRACTOR shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) CONTRACTOR shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) CONTRACTOR assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) CONTRACTOR shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

CONTRACTOR agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded SERVICES. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, CITY and County of San Francisco."

K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or CITY laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the SERVICES. Inability to pay shall not be the basis for denial of any SERVICES provided under this Agreement.

(2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.

(3) CONTRACTOR agrees that funds received by CONTRACTOR from a source other than the CITY to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the CITY and deducted by CONTRACTOR from its billings to the CITY to ensure that no portion of the CITY'S reimbursement to CONTRACTOR is duplicated.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report:

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

2. Description of Services

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Adult/Older Adult Outpatient Services Program
- Appendix A-2 Hire-Ability Vocational Services – Employee Development program
- Appendix A-3 Broderick Street Adult Residential Program
- Appendix A-4 Peer Specialist Mental Health Certificate Program

Program Name: Adult/Older Adult Outpatient Services Program

Program Address: 3626 Balboa Street

City, State, Zip Code: San Francisco, CA 94121

Telephone: (415) 668-5955

Facsimile: (415) 668-0246

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Program (long-term) goals are adults/older adults with improved emotional/physical well-being and quality of life, positive engagement in the community, and awareness & appropriate use of resources. Short-term outcomes are adults/older adults with increased level of self-sufficiency, achieving individualized plan of care goals, and reduced level of care.

For those with dual-diagnosis/co-occurring conditions, outcomes also include transitioning to the next stage of recovery and minimizing harm and/or establishing supportive networks to sustain recovery.

4. Target Population

RAMS Adult/Older Adult Outpatient Services Program serves San Francisco adult and older adult residents in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. There is a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and US-born – a group that is traditionally underserved; the diverse client population presents with various issues including behavioral health conditions, homelessness, engagement issues, substance use/abuse, dual diagnosis, and vocational concerns.

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain

diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 15,000 adults, children, youth & families at over 75 sites, citywide.

The RAMS Outpatient Services Program conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the Behavioral Health Counselors/Workers (including Psychologists, Social Workers, Behavioral/ Mental Health Clinicians/Counselors/Workers), Peer Counselors, and Psychiatrists. Also, the Peer Counselor facilitates/co-facilitates groups, workshops & meetings, coordinates consumer advisory councils & committees, and maintains drop-in hours to provide information about the program and general information on behavioral health matters and community resources. As peers, these individuals are able to address the stigma of mental illness utilizing a variant approach. The varying activities, topic foci, and location also engage those who may not necessarily self-initiate counseling services. The Program's workshops may use alternative references to behavioral health topics such as having workshops titled *Stress Management*, *Skills Building*, and *Healthy Lifestyles* instead of using "loaded" words and language. There are also targeted outreach activities to ethnic groups including Chinese, Koreans, Japanese, Cambodians, and Vietnamese. At least three times a year, the Outpatient Program conducts formal presentations at community health fairs and events raising awareness about mental health issues and resources, taking into consideration cultural aspects. For instance, as suggested by the community, RAMS conducts outreach at a Buddhist temple for Cambodians and has also invited a Buddhist monk to RAMS in order to promote resiliency and spirituality. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

B. Describe your program's admission, enrollment and/or intake criteria and process.

RAMS accommodates referrals from the CBHS Behavioral Health Access Center and cooperates with the Interagency Council initiatives. As RAMS provides services in over 30 languages and, in order to support "advanced access," the agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff. The Outpatient Program maintains a multilingual Intake/Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who consult with the community and conducts intake assessments (with linguistic match). The intake/initial risk assessments are aimed to determine medical necessity for services and assess strengths & existing resources, co-occurring issues/dual diagnosis conditions, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated intake coordinator for scheduling assessments and maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) works closely with the referring party.

Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices ("advanced access") and managing the demand for services, which is a consistent challenge for other clinics.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

To further support accessibility of services, the Outpatient Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond "normal" business hours. The Program hours are: Monday (9:00 am – 7:00 pm); Tuesday to Thursday (9:00 am to 9:00 pm); Friday (9:00 am to 5:00 pm).

The Outpatient Program's design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices, wellness recovery groups/workshops, and psychotropic medication and effects. Services are primarily provided on-site and/or in least restrictive environment including: clients' home, hospital, another community center, and/or primary care clinic. The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS.

The Behavioral Health Counselors/Workers provide clients with weekly/on-going individual integrated behavioral health counseling, case management services, and as needed, conduct crisis intervention and collateral meetings. Having counseling and clinical case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. An integrated plan of care with goals (includes stability in community goal) is formally developed and updated at least annually. It is a collaborative process (between counselor & client) in setting goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Behavioral Health Counselor/Worker. RAMS conducts home visits and linkages for client support services (e.g. senior day program, childcare, transportation) to other community agencies and government offices. Throughout the counseling process, the staff continuously assess the client's interest/readiness to engage in vocational, trade schools, and/or other educational activities (e.g. RAMS Hire-Ability Vocational Services, volunteerism, RAMS Peer Specialist Mental Health Certificate). Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

The RAMS Outpatient Program offers structured groups (i.e. therapy, support, and psycho-education) as a core component of treatment services to clients. Facilitated (or co-facilitated) by Behavioral

Health Counselors/Workers, Psychiatrists/Nurses, and Peer Counselors, the groups provide positive peer support and pressure, focus on interpersonal relationships, provide a support network for specific problems or challenges, and assist individuals in learning about themselves and how they can relate better with other people.

Medication management including culturally competent psychiatric evaluation & assessment and ongoing monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by licensed psychiatrists, nurse practitioners, and registered nurses. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during all program hours of operation, in order to increase accessibility.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS. Because of limited mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance, progress and status of Care Plan objectives, and the client's overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral/Mental Health/Case Management Brokerage level of services into medication-only, or be referred to Private Provider Network/Primary Care Physician.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

Furthermore, direct services are also provided by 17 pre-doctoral interns, practicum trainees, and MFT/PhD trainees. Consistent with the aim to develop and train the next generation of culturally competent clinicians, the Outpatient Clinic also houses a prestigious training center, accredited by the American Psychological Association, which offers an extensive training curriculum. These students are unpaid interns with three paid slots for pre-doctoral interns who are just one year from graduation. The interns are supervised by licensed clinical supervisors, and many graduates from RAMS' training program become community and academic leaders in the mental & behavioral health field, known both nationally and internationally, further disseminating culturally competent theories and practice.

7. Objectives and Measurements

- A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 - 2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009 - 2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.1. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.

A.1.3. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.1: Access to Services

B.1.a. 75% of uninsured active clients, with a DSM - IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi - Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010 - 2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective C.2: Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

To further support services outcomes, RAMS conducts various strategies (culturally competent services, fostering trusting & safe counselor-client relationships) and maintains the following objectives for FY 2010-11: (1) 100% of clients/families will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred; and (2) 100% of all client plans of care will have a goal focusing maintaining/strengthening stability in the community, including positive community engagement, e.g. social network, vocational training/employment/volunteer activities, cultural centers; and (3) 100% of clients who have completed the program, and provide consent, will have a follow-up assessment (within six months of discharge) regarding services outcomes – if appropriate, program reengagement can take place.

These will be evidenced by program and Avatar reports and records (e.g. Assessments, Treatment Plans of Care) documenting such data.

8. Continuous Quality Improvement

RAMS Adult/Older Adult Outpatient Program's goals also include meeting and striving to exceed the CBHS' care standards and annual performance objectives. Outcomes measurement strategies include:

- Data analysis & review: Database/tracking system to analyze psychiatric hospitalization episodes and treatment length (e.g. number of hospital days at intake vs. annual update/discharge; level of accomplishing treatment goals; service utilization reviews).
- Service Utilization Committee – Committee comprised of Program Director, Medical Director, and direct service practitioner; meets weekly to review frequency of treatment and modality/type of services, and the match to client's progress & clinical needs
- Weekly Clinical Supervision & Case Conferences – Supervisors & colleagues provide feedback to counselors in their work resulting in adjusted intervention strategies, as needed
- Review Treatment Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the client
- Evidence-based assessment tools, which may include Adult Needs and Strengths Assessment (ANSA), Milestones of Recovery Scale (MORS), BASIS-24, etc.

As a program, the Adult/Older Adult Outpatient Program engages in various organizational and programmatic development and monitoring activities, ensuring accountability in all regards. Furthermore, the program aims to provide clinical training to support skills development within staff

and interns/trainees on the therapeutic alliance and EBT approaches in working with target populations, fostering psychological changes. Such activities include but are not limited to:

- Skills Development Trainings, pre- and post-tests for staff and interns/trainees
- COMPASS and CODECAT (training needs assessment), at least every two years
- Monthly service utilization reports, program-wide
- Monthly program all-staff meetings to discuss administrative issues and matters
- Regular program operations meetings including SFDPH program monitors
- Program retreats & focused discussions on program design and service delivery
- Clinical Supervision Evaluation (by staff to supervisors), at least annually
- Director of Clinical Services holds individual supervision with Program Director (every two weeks) and monthly meetings with all RAMS Program Directors
- Program Director submits a monthly written report to Director of Clinical Services on activities and progress on plans of improvement, if any
- Program Director submits written report to RAMS executive management on status/progress of contract, culturally competency, and integration & compliance goals, at least quarterly
- Director of Clinical Services submits a written report to RAMS CEO on program activities, status/progress on contract, culturally competency, and integration & compliance goals
- Monthly agency-wide all-staff meetings to discuss administrative issues and matters
- RAMS Quality Council (includes staff and consumers)
- Organizational and clinical consultation with field experts
- RAMS executive management (CEO, Chief Financial Officer, Deputy Chief/Director of Clinical Services, Director of Human Resources, and Operations Manager) meet every two weeks to discuss agency-wide matters, including program issues, and management

Quality assurance involves a high level of consumer involvement, as the best informant for the program services is the target population, themselves. RAMS coordinates various opportunities to obtain feedback on program delivery of culturally competent services, identifying strengths of strategies, and recommendations for program design, including group topics, group sessions scheduling, and the physical environment. RAMS strives to facilitate these activities in a welcoming & open manner. Such methods include, but are not limited to:

- Meaningful engagement in treatment (counselor & client), client provides suggestions
- Hiring & retaining Peer Counselors, who are integral members of the treatment team informing program design as well as advocates and liaisons with client community
- Anonymous consumer & family member satisfaction surveys (internal & external surveys)
- Anonymous feedback through suggestions boxes in the two client wait areas
- Focus groups with consumers, at least twice yearly
- Client Council, with regularly-held and coordinated meetings
- Clients are invited to monthly RAMS Board of Directors meeting to share their experiences and provide feedback (location is rotated to support accessibility)

For all quality assurance activities, the Program Director includes its outcome (narrative, qualitative/quantitative data, including all suggestions) in a written report to executive management; recommendations are explored as is its feasibility with developed plans of action (if any), at least monthly to executive management, Quality Assurance Council, the consumer(s), and/or community-at-

large. Also, RAMS has demonstrated history of being fully cooperative with CBHS with all quality improvement activities, as evidenced by the excellent track record of meeting all of the contract objectives.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

1. Program Name: Hire-Ability Vocational Services – Employee Development Program

Address: 1234 Indiana Street

City, State, Zip Code: San Francisco, CA 94107

Telephone: (415) 282-9675

Facsimile: (415) 920-6877

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Program outcomes (long-term) are adults with improved emotional/physical well-being and quality of life, positive community engagement, increased self-sufficiency, and obtain & retain employment. Short-term outcomes are adults with: increased work skills and knowledge and obtaining employment. For those with dual-diagnosis/co-occurring conditions, outcomes include transitioning to the next recovery stage.

4. Target Population

The target populations are San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who are receiving behavioral health services through CBHS. Particular outreach is to consumers who have minimal interest and/or work exposure, and may benefit from a structured vocational training program. There is a special focus on serving the Asian & Pacific Islander American (APIA), i.e. Chinese, Tagalog & Vietnamese communities, both immigrants and US-born, a group that is traditionally underserved. Hire-Ability clientele are those residing in the program's district (zip code 94107) as well as citywide (e.g. 94103, 94108, 94121, etc.) including any individual within the SFDPH-CBHS Systems of Care who indicates an APIA dialect as the primary language.

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to

vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 15,000 adults, children, youth & families at over 75 sites, citywide.

B. Describe your program's admission, enrollment and/or intake criteria and process.

RAMS accommodates referrals from the CBHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who schedules and conducts integrated assessments/intakes and processes the documentation, thus supporting streamlined coordination; staff (including Employee Development Coordinator and Director of Vocational Services/Program Director) works closely with the referring party. The initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g. residential). The Intake Coordinator makes a referral to one of Hire-Ability programs, including Employee Development. As RAMS have unique expertise in providing services to the APIA-speaking communities, Hire-Ability can provide services in Chinese and Tagalog. Upon referral to Employee Development component, clients may "visit" and participate in the program, on a trial basis, for the first two weeks. This supports overall retention and program completion goals, as consumers are fully aware of the program structure and expectations.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Program hours are Monday to Friday (9:00 am – 5:00 pm). The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, on-site work experience (may be paid), vocational counseling & job coaching, and classes/workshops aimed at building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries. Employee Development includes two components: 1) Production & Fulfillment Services, a workshop setting and on-the-job training in the fulfillment services industry with paid work experience; and 2) i-Ability, a tailored training that focuses on basic computer skills for use in administrative, clerical, and entry-level positions that involve computer familiarization such as data entry. Services are primarily provided on-site and/or in least restrictive environment in the field including: clients' employment site, community center, home, etc. Hire-Ability features a structure program in which clients participate at least three days a week, depending on component, (Monday to Friday) from 9:30 am to 3:00 pm (includes lunch break).

Each consumer is assigned a Vocational Rehabilitation Counselor who conducts a vocational assessment, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and also

provides job training, job search and placement assistance, and job coaching, counseling & guidance. Having a single provider for these services streamlines and enhances care coordination. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the consumer in the identification of goals leading towards vocational development. These areas, as they relate to employment, include: work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), collateral information (therapists/case managers), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the counselor and consumer discuss how strengths can be utilized to make changes of their current conditions, to promote & sustain healthy mental health, and obtain & retain employment. The counselor also gathers relevant information from the client and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. This comprehensive plan considers the client's environment and entire support structure as well as specific employment goals, and takes into account collateral information (e.g. behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the client's therapist, implements the appropriate interventions. Together, the counselor & client set goals and identify strategies that are attainable & measureable. The plan includes consumer's input through self-evaluation & rating as well as the counselor's appraisal. RAMS also facilitates linkages for support services (e.g. childcare, transportation).

Vocational training and skills building is provided through various capacities. The Vocational Rehabilitation Counselors serve as the primary trainers and maintain written evaluations & progress reports on client skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, group participation, and work endurance. As the primary trainer, Counselors are thoroughly familiar with each individual's daily progress and can provide consistent feedback and support. Training is offered in two specific industries, further supporting consumer choice & empowerment and likelihood of transferable skills for gaining competitive employment.

For all Employee Development Program participants, RAMS Hire-Ability offers structured groups (i.e. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated (or co-facilitated) by Vocational Rehabilitation and/or Peer Vocational Rehabilitation Assistant, the groups provide positive peer support and pressure, focus on interpersonal relationships, a support network for specific problems or challenges, and can assist individuals to learn about themselves and relate better with other people. Groups can be jointly run with collaborative partners (e.g. behavioral health counselors), taking place at RAMS and/or the partner's site, depending on client feedback & indicated preference, and offered at various hours of the day throughout the week.

- D. Describe your program’s exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Clients successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved and score of 75% or higher on the certificated exams is accomplished (i-Ability); average completion is four months. Upon discharge, referral can be to competitive employment, volunteer internships, education, college enrollment, or salaried employment including higher wage and skilled jobs in industries which are experiencing shortages such as the healthcare field. In this pursuit, the Vocational Rehabilitation Counselor may assist with job search & placement assistance and provide job coaching, counseling, and guidance. As Hire-Ability offers a full spectrum of vocational services, consumers may transition into the Employment Services Program, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment. Consumers may also enter the Peer Specialist Mental Health Certificate Program, a contract recently granted (MHSA) to RAMS; a 12-week course program, in collaboration with SF State University, Dept of Counseling.

- E. Describe your program’s staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

7. Objectives and Measurements

- A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

To further support outcomes, RAMS conducts various strategies and establishes the following objectives for FY 2010-11: (1) 75% of clients who meet intake standards will be engaged in the program within the first month; (2) 100% of clients will have an established "health care home" for which the program actively engages & coordinates with to integrate vocational goals into the services plan of care; (3) 75% of clients will receive paid, on-the-job training and work experience; (4) 100% of clients will be given and encouraged to complete a satisfaction survey; (5) 80% of clients will express satisfaction or "high" satisfaction with program services; (6) At least quarterly, RAMS will conduct outreach to the community specifically about vocational services along the continuum of care, and engage consumers in its facilitation; (7) 65% of client will successfully complete the program; (8) 80% of clients who complete the program will be engaged in vocational/educational-related activities, e.g. obtain employment, referral to Hire-Ability Employment Services, volunteerism, or educational programs; and (9) 100% of clients who have completed the program, and provide consent, will have a follow-up assessment (within six months) regarding services outcomes. These will be evidenced by program reports and records, documenting such data.

8. Continuous Quality Improvement

Hire-Ability Vocational Services, Employee Development Program services outcomes (long-term) are adults/older adults with improved emotional/physical well-being and quality of life, positive engagement in the community, increase self-sufficiency, and obtain & retain competitive employment. Short-term outcomes are adults/older adults with: (1) increased work skills and knowledge for employment in the behavioral health system or other industries, and (2) obtain competitive employment (part- and full-time employment). Other outcomes include: increased consumer functioning; increased number of consumers employed for a period of three or more continuous

months over a 12-month period; increased number of employment partnerships with public and private employers; increased number of career advancement opportunities in entry-level positions, and reduced percentage of consumers dropping out of vocational services. RAMS ensures that all program operations (including CQI) are HIPAA-compliant. Outcomes measurements are:

- Data analysis & review: Database/tracking system for discharge reasons and retention (e.g. program completers vs. vocational goals unmet; service utilization reviews; employment retention monitoring).
- Service Utilization Committee – Committee comprised of Director of Vocational Services/Program Director, Coordinator, and direct service practitioner; meets weekly to review frequency of treatment and modality/type of services, and the match to client's progress & clinical needs
- Supervision & Case Conferences – Supervisors & colleagues provide feedback to counselors in their work resulting in adjusted intervention strategies, as needed
- Review Vocational Plan Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the client
- Evidence-based assessment tools, which may include Work Personality Profile-Self-Report, Mental Health Recovery Measure, etc.

As a program, the Hire-Ability Vocational Services engages in various organizational and programmatic development and monitoring activities, ensuring accountability in all regards. Such activities include but are not limited to:

- Skills Development Trainings, pre- and post-tests for staff and interns/trainees
- COMPASS and CODECAT (training needs assessment), at least every two years
- Monthly service utilization reports, program-wide
- Weekly program all-staff meetings to discuss administrative issues and matters
- Regular program operations meetings including SFDPH program monitors
- Program retreats & focused discussions on program design and service delivery
- Supervision Evaluation (by staff to supervisors), at least annually
- Director of Clinical Services holds individual supervision with Director of Vocational Services/Program Director (every two weeks) and monthly meetings with all RAMS Program Directors
- Director of Vocational Services/Program Director submits a monthly written report to Director of Clinical Services on activities and progress on plans of improvement, if any
- Director of Vocational Services/Program Director submits written report to RAMS executive management on status/progress of contract, culturally competency, and integration & compliance goals, at least quarterly
- Director of Clinical Services submits a written report to RAMS CEO on program activities, status/progress on contract, culturally competency, and integration & compliance goals
- Monthly agency-wide all-staff meetings to discuss administrative issues and matters
- RAMS Quality Council (includes staff and consumers)
- Organizational and programmatic consultation with field experts
- RAMS executive management (CEO, Chief Financial Officer, Deputy Chief/Director of Clinical Services, Director of Human Resources, and Operations Manager) meet every two weeks to discuss agency-wide matters, including program issues, and management

Quality assurance involves a high level of consumer involvement, as the best informant for the program services is the target population themselves. RAMS coordinates various opportunities to obtain feedback on program delivery of culturally competent services, identifying strengths of strategies, and recommendations for program design, including group topics, group sessions scheduling, and the physical environment. RAMS strives to facilitate these activities in a welcoming & open manner. Such methods include, but are not limited to:

- Meaningful engagement in counseling (counselor & client); client can provide suggestions
- Hiring & retaining Peer Vocational Rehabilitation Assistant, who are integral members of the counseling team, informing program design as well as advocating and liaising with the client community
- Anonymous consumer & family member and employment partner satisfaction surveys (internal & external surveys)
- Anonymous feedback through suggestions boxes and hotline
- Consumer focus groups, on at least a quarterly basis (to ensure input from all participants)
- Client Council, with regular held and coordinates meetings
- Clients are invited to monthly RAMS Board of Directors meeting to share their experiences and provide feedback (location is rotated to support accessibility)

For all quality assurance activities, the Director of Vocational Services/Program Director includes its outcome (narrative, qualitative/quantitative data, including all suggestions) in a written report to executive management; recommendations are explored as is its feasibility with developed plans of action (if any), at least monthly to executive management, Quality Assurance Council, the consumer(s), and/or community-at-large. Also, RAMS has demonstrated history of being fully cooperative with CBHS with all quality improvement activities, as evidenced by the excellent track record of meeting all of the contract objectives.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

1. Program Name: Broderick Street Adult Residential Program

Program Address: 1421 Broderick Street

City, State, Zip Code: San Francisco, CA 94115

Telephone: (415) 292-1760

Facsimile: (415) 292-1636

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The primary program goal is to support client's ability to maintain stability and live in the community and/or reduce the level of care and services. Also, the services outcomes (long-term) include adults/older adults with improved emotional/physical well-being and quality of life, positive engagement in the community, awareness & appropriate use of resources. Short-term outcomes are adults/older adults with increased level of self-sufficiency and achieving individualized plan of care goals. For those with dual-diagnosis/co-occurring conditions, outcomes also include transitioning to the next stage of recovery and minimizing harm and/or establishing supportive networks to sustain recovery.

4. Target Population

RAMS Broderick Residential Program serves the 33 adults residing at the Broderick Street Adult Residential Facility (BSARF), a board and care facility offering permanent housing, funded through the SFDPH Housing & Urban Health (HUH) section. The facility is located at 1421 Broderick Street, SF, 94115. As BSARF residents are also considered clients of CBHS, RAMS adheres to the CBHS System of Care admission criteria; therefore, all residents/clients of the program are adults (ages 18 and over), with chronic/persistent mental illness, psychiatric disorders, and clinical concerns; at the Broderick Program, clients/residents also have a medical condition. There is a special focus on serving the Asian & Pacific Islander American (APIA) communities, both immigrants and US-born – a group that is traditionally underserved.

The individual is also assessed on the ability to benefit from outpatient services at this level of care, a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF). RAMS is the current contract provider for residential services (through SFDPH HUH).

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages...

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team. RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 15,000 adults, children, youth & families at over 75 sites, citywide.

B. Describe your program's admission, enrollment and/or intake criteria and process.

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team, in collaboration with RAMS. Most frequently, the referrals come directly from case managers/social workers at San Francisco General Hospital, Laguna Honda Hospital, and San Francisco Behavioral Health Center, who complete and submit an Intake Packet to the team. In cooperation with the SFDPH Placement team, the BSARF intake team (consists of BSARF Program Director and the Broderick Program Clinical Nurse Manager and Clinical Coordinator/Supervisor) reviews the Intake Packet to initially determine eligibility and if he/she potentially matches the level-of-functioning of the facility's current residents. Once the referral seems appropriate, a site visit is scheduled so that the potential resident/client can see the program, have a meal, and meet other staff and residents. At this time, the Program Director answers any questions the client may have and also reviews the program structure (e.g. weekly activities schedule, house rules). This "getting to know each other" process is valuable in addressing any fears, anxieties, and misconceptions and contributes to a smoother transition and increases likelihood of retention. For clients who have physical limitations or are non-ambulatory, the site visit is an opportunity to assess the building's assistive mobility structures such as: hand & guard rails in bathrooms, special shower chairs, elevator, entrance ramp, etc. Oftentimes, once a client realizes the high level of mobility and supported independence, the client often is more open to moving into the facility.

Once clients enter BSARF, they are assigned a Behavioral/Mental Health Counselor/Worker who provides an orientation to the program structure (e.g. building/room locations, groups & activities schedule, meal & snack times, emergency procedures). The residents/clients are formally introduced to the house community (other residents) at the next community meeting (which occur twice-weekly).

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

As the facility operates 24/7, behavioral health services staff coverage includes weekends. Services are provided on-site at BSARF, as well as in the field (e.g. case management in the field during appointments). The program design includes behavioral health and mental health outpatient & prevention services that include, but not limited to: individual & group counseling, case management; crisis intervention; psychiatric evaluation & medication management; psycho-education; family collateral counseling; psychological testing & assessment; information & referral; and consultation. Psycho-educational activities have included holistic & complementary practices, wellness recovery groups/workshops, and psychotropic medication.

The Behavioral Health Counselors/Workers provide clients with weekly/on-going individual integrated behavioral health therapy, case management services, and as needed, conduct crisis intervention and collateral meetings. Having individual counseling and case management services provided by the same care provider further enhances the coordination of the client's clinical care and treatment. During the treatment planning, the counselor and client discuss how strengths can be used to make changes of their current conditions and to promote and sustain healthy mental health in a long run.

The RAMS Broderick Program offers structured groups (i.e. therapy, support, and psycho-education) as a core component of treatment services to clients. Facilitated/co-facilitated by Behavioral Health Counselors/Workers and/or Psychiatrists/Nurses the groups provide positive peer support and pressure, focus on interpersonal relationships, provide a support network for specific problems or challenges, and helps individuals learn about themselves and how they can relate better with other people. Groups are offered at various days and times. The primary Counselor engages with each client in discussing group structure, concept, and norms as well as assess her/his interests, stage of recovery, and readiness for change to determine the most appropriate group(s) for the client to join. This also provides for an opportunity for the client to exhibit self-direction and empowerment – principles of wellness recovery.

Medication management including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings, medication management groups) is provided by psychiatrists, registered nurses, and licensed vocational nurses. The program's medication support services staff offers daily medication evaluation & assessments, with capacity and coverage to increase accessibility.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The primary program goal is to support client's ability to maintain stability and live in the community and/or reduce the level of care and services. As such, exit criteria would include moving out of the Broderick Street Residential Facility to either a higher/lower level of care and services.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

All staff who at the BSARF site are employees of RAMS; however, the funding is collaboratively provided by Community Behavioral Health Services (CBHS) and Housing and Urban Health (HUH) sections of SFDPH. The CBHS contract provides the funding for the Broderick Street Residential Program staff which provides outpatient behavioral/mental health and medical support services; the HUH contract funds the staff who provide the residential services component including basic care & supervision, lodging, nutritious meals & snacks, van transportation to/from appointments, and various activity groups. Below is a table of the positions for which each contract provides the funding for:

Job Title	CBHS	HUH
Behavioral/Mental Health Counselor/Worker	X	
Nursing staff	X	
Clinical Coordinator/Supervisor	X	
Clinical Nurse Manager	X (80%)	X (20%)
IT / BIS / Administrative Assistants	X	
Psychiatrist	X	
Administrator / Director of Operations		X
Administrative Coordinator / Office Manager		X
Certified Nurse Aides		X
Chef / Head Cook		X
Driver / Administrative Assistant		X
Home Aides / Activities Aides		X
Janitors		X
Kitchen Aides / Cook Assistants		X
Maintenance Engineer		X
Administrative Assistants / Receptionists		X

Additionally, BSARF has two interns: one Pre-doctoral Psychology Intern of the RAMS Training Center who participates in the delivery of services at this site (position is funded by SF-DPH CBHS Adult/Older Adult Outpatient Services contract); and one Master's of Social Work Intern (position does not require funding) who provides services throughout the academic year.

7. Objectives and Measurements

A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Avatar and Program reports and records.

Objective A.1: Reduce Psychiatric Symptoms

A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 - 2011 will be reduced by at least 15% compared to the number of acute inpatient hospital

episodes used by these same clients in Fiscal Year 2009 - 2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

A.1.e. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

A.1.1. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.

A.1.3. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3.a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.1: Access to Services

B.1.a. 75% of uninsured active clients, with a DSM - IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi - Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco.

Objective B.2: Treatment Access and Retention

B.2.a. During Fiscal Year 2010 - 2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective C.2: Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.

Objective F.1: Health Disparities in African Americans

F.1.a. Metabolic and health screening. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b. Primary Care provider and health care information. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c. Active engagement with primary care provider. 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective

for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

B. Other Measurable Objectives:

To further support services outcomes, RAMS conducts various strategies and maintains the following objectives for FY 2010-11: (1) 100% of clients will have an established primary care provider and have at least one, annual face-to-face visit; and (2) 100% of all client plans of care will have a goal focusing maintaining/strengthening stability in the community, including positive community engagement, e.g. social network, vocational training/employment/volunteer activities, cultural centers; and (3) 100% of clients who have completed & moved out of the program, and provide consent, will have a follow-up assessment (within six months of discharge) regarding services outcomes. These will be evidenced by program and Avatar reports and records (e.g. Assessments, Treatment Plans of Care) documenting such data.

8. Continuous Quality Improvement

RAMS Broderick Residential Program's goal is to support client's ability to maintain stability in the community and improved quality of life, while meeting and striving to exceed the CBHS' care standards and annual performance objectives. Outcomes are measured by the following:

- Data analysis & review: Database/tracking system for psychiatric hospitalization episodes to be logged for analysis (e.g. number of hospital days at intake vs. annual update).
- Service Utilization Reviews – Monthly chart reviews by to specifically review frequency of treatment and modality/type of services, and the match to client's progress & clinical needs
- Weekly Clinical Supervision & Case Conferences – Supervisors & colleagues provide feedback to counselors in their work resulting in adjusted intervention strategies, as needed
- Review Treatment Goals and Progress – Adjustment of strategies, methods, and models of intervention in order to meet the needs of the client
- Evidence-based assessment tools, which may include Adult Needs and Strengths Assessment (ANSA), Milestones of Recovery Scale (MORS), BASIS-24, etc.

Broderick Program engages in various organizational and programmatic development and monitoring activities, ensuring accountability in all regards. Such activities include:

- Annual program reviews by external entities
- Accreditation Visits (Medi-Cal certification; CA Dept of Social Services, Community Care Licensing Division; American Psychological Association; etc)
- COMPASS and CODECAT (training needs assessment), at least every two years
- Monthly service utilization reports, program-wide
- Monthly program management meetings (includes behavioral/mental health & residential staff)
- Monthly operations meetings (includes Program Director, Director of Clinical Services and Contract Monitors of SFDPH CBHS and SFDPH HUH)
- Monthly program all-staff meetings to discuss administrative issues and matters
- Program retreats & focused discussions on program design and service delivery

- Director of Clinical Services holds individual supervision with Program Director (every two weeks) and monthly meetings with all RAMS Program Directors
- Program Director submits a monthly written report to Director of Clinical Services on activities and progress on plans of improvement, if any
- Program Director submits written reports to RAMS executive management on status/progress of contract, culturally competency, and integration & compliance goals, at least quarterly
- Director of Clinical Services submits a written report to RAMS CEO on program activities, status/progress on contract, culturally competency, and integration & compliance goals
- Monthly agency-wide all-staff meetings to discuss administrative issues and matters
- RAMS Quality Council (includes staff and consumers)
- Organizational and clinical consultation with field experts
- RAMS executive management (CEO, Chief Financial Officer, Deputy Chief/Director of Clinical Services, Director of Human Resources, and Operations Manager) meet every two weeks to discuss agency-wide matters, including program issues, and management

Quality assurance involves a high level of consumer involvement, as the best informant for the program services is the target population themselves. RAMS coordinates various opportunities to obtain feedback on program delivery of culturally competent services, identifying strengths of strategies, and recommendations for program design, including group topics, group sessions scheduling, and the physical environment. RAMS strives to facilitate these activities in a welcoming & open manner. Such methods include, but are not limited to:

- Meaningful engagement in treatment (counselor & client), with suggestions by clients
- Twice weekly community meetings, in which clients can provide direct feedback
- Anonymous consumer & family member satisfaction surveys (internal & external surveys)
- Anonymous feedback through suggestions boxes
- Client Council, with quarterly meetings
- Clients are invited to monthly RAMS Board of Directors meeting to share their experiences and provide feedback

For all quality assurance activities, the Program Director includes its outcome (narrative, qualitative/quantitative data, including all suggestions) in a written report to executive management; recommendations are explored as is its feasibility with developed plans of action (if any), at least monthly to executive management, Quality Assurance Council, the consumer(s), and/or community-at-large. Also, RAMS has demonstrated history of being fully cooperative with all CBHS quality improvement activities, as evidenced by the excellent record of meeting all of the contract objectives.

The CQI activities are aimed to enhance, improve and monitor the quality of services delivered. RAMS will assure that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

1. Program Name: Peer Specialist Mental Health Certificate Program

Program Address: 3626 Balboa Street
City, State, Zip Code: San Francisco, CA 94121
Telephone: (415) 668-5955
Facsimile: (415) 668-0246

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The primary goal of the Certificate Program is to prepare consumers, family members, or those of underrepresented communities with the (a) basic skills & knowledge for entry-level employment in the behavioral health system and (b) academic/career planning that supports their success in institutions of higher learning.

4. Target Population

The RAMS/SFSU Peer Specialist Certificate Program's target population includes underserved and underrepresented San Francisco mental health consumers and their family members who: have experience in the community behavioral health systems, are interested in a mental health career path, may benefit from additional educational training, and may not yet be ready to enter the Mental Health Certificate and/or degree program.

The target population includes those of diverse backgrounds, with a balance between men and women, and at least 50% of students are of underserved & underrepresented communities. The underserved and underrepresented San Francisco mental health consumers and their family members, include African Americans, Asian & Pacific Islanders, Latinos/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) individuals.

5. Modality(ies)/Interventions

RAMS, in collaboration with the San Francisco State University, Department of Counseling, jointly operate the Peer Specialist Mental Health Certificate, a 12-week program designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning. FY 2010-11 constitutes the first year of program implementation, which includes two cohorts (Fall 2010, Spring 2011); this is the modality/intervention.

Classes take place at SFSU (main and/or downtown campuses) and RAMS (various locations in SF); all sites are easily accessible by public transportation. Program instructors are community-based practitioners, consumers & family members, and SFSU Department of Counseling (DOC) faculty members.

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

6. Methodology

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

RAMS conducts various focus groups to identify effective outreach, recruitment, promotion, and advertisement strategies and activities to engage the target population. Furthermore, RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving 15,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 75 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco. It is through these close partnerships with the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in this Certificate Program. RAMS also outreaches within the Summer Bridge Project (aimed to foster the interest of health care field within high school-aged youth) while utilizing its connections with consumer advocacy groups (e.g. Mental Health Association of SF, National Alliance on Mental Illness). RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion.

RAMS maintains program promotional material (e.g. brochures, flyers for Open House, etc.) which are distributed via email blasts, posted on the RAMS website, and distributed during various community presentations. Furthermore, RAMS outreaches to various agencies/networks to promote the program. Many agencies are specifically targeted, as their constituents are those of the underserved and underrepresented communities identified in the contract. Such agencies/communities include: Bayview Hunters Point Foundation; Baker Places; Instituto Familiar de la Raza, Mission Mental Health; La Casa de las Madres; Asian Pacific Islander Family Resource Network; Asian American Native Hawaiian Pacific Islander Town Hall Meeting; Samoan Community Development Center; Native American AIDS Project; New Leaf Services; and Positive Resource Center.

Other outreach activities opportunities may include:

- Media Exposure
- Three focus groups
- Open House (August 2010, January/February 2011)
- RAMS website
- RAMS blog (multiple entries)
- Outreach to CBHS provider network

B. Describe your program's admission, enrollment and/or intake criteria and process.

This program is developed with a high community engagement and input process. As such, RAMS/SFSU holds focus groups with the advisory boards and community stakeholders (potential

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

students, potential employers, community-at-large) to develop and review the curriculum, program structure, etc. RAMS also engages SFDPH CBHS in the curriculum review/development and program design & structure.

Program participants must be at least 18 years of age, a resident of San Francisco, and have completed at least a High School education. Individuals with personal experience in the community behavioral/mental health system are preferred. All applicants must submit their completed application packet within the indicated deadline. Application packets include basic demographic information (name, address, contact information), reference contact information, and a personal statement. All completed applications are reviewed by the Admission Review Committee, with all applicants receiving notification about the decision/outcome within an indicated time frame. Applicants who have accepted/confirmed participation in the Certificate program would send written confirmation along with other requested documentation/verification to RAMS.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

Peer Specialist Mental Health Certificate is a 12-week program, with two cohorts per fiscal year (Fall 2010, Spring 2011). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10:00 a.m. to 2:00 p.m. Course activities may include, but are not limited to:

- Interactive Lectures: Various course topics which include basic understanding of mental health diagnoses, effective negotiation & communication skills, working in a team setting, introduction to basic helping skills, elements of professional boundary & etiquette, group facilitation, and patients' rights.
- Classroom Exercises & Activities, Role-Play, and Progress Notes: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- Shadow Experience Presentation: Shadow a staff person in a community agency for 8 hours, which is completed outside of class time
- Service Learning Report: Students choose a community center, social service agency, or volunteer organization and spend approximately 8 hours providing a service to individuals/community. These hours are completed outside of class time. Students can decide to volunteer within a group or individually. The assignment requires a one-page essay.
- Quizzes and Exams: Students will be tested on their knowledge gained from lectures and other classroom activities

Through RAMS and SFSU joint efforts & innovation and existing resources, support services include:

- Individual Support & Advising/Counseling: Program Coordinator serves as *advisor* to students, focusing on overall well-being (psychological & academic). S/he will regularly meet with each student and, as needed, coordinate for community support (e.g. mentorship).
- Cohort Support & Counseling: Coordinator plans two social networking activities per semester and other structured activities designed to facilitate cohort cohesiveness amongst students/faculty.

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- Program Completion Incentive: Financial incentives to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are *estimated up to \$250 per student*.
- Educational Materials Scholarship: RAMS/SFSU offers *financial assistance* to all students for books, which addresses resource barriers & increases program accessibility. This is *estimated at up to \$50 per student*, and is in addition to the program completion incentive.
- Child care: SFSU's Associated Students provides child care to ages six months to five years old; Early Childhood Education Center fees are based on a sliding scale.
- Accessibility: SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, notetaking services).
- Psychological Counseling: SFSU's Counseling and Psychological Services has bilingual, licensed mental health professionals and graduate interns, trained to work with SFSU's multicultural student body, providing individual, couple & group counseling, consultation and outreach, and prevention programs as well as make referrals to the community.
- Career Counseling: SFSU College of Health & Human Services Student Resource Center is a student-operated center providing career counseling & support and technical support about transitioning to a four-year college or university, the Mental Health Certificate Program, other human services/rehabilitation certificate programs.
- Job Placement & Support: Program Coordinator organizes, based on the job club model, networking events/opportunities for students & employers. Upon graduation, the Coordinator provides support & coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation). SFSU Career Counseling facilitates career planning, job preparation, and job placement assistance (up to three months after graduation); RAMS Hire-Ability Vocational Services program can also provide support for job placements.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Exit criteria include successful completion of all coursework related to the Peer Specialist Mental Health Certificate Program as well as maintaining regular attendance. The Course Syllabus further details to students the grading structure; all students must achieve a score of 75% in order to receive a Certificate of Completion. As described via support services, there is support for students/graduates for career planning and job placement, post graduation.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

See CBHS Appendix B.

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

7. Objectives and Measurements

A: CBHS Performance/Outcome Objectives FY 2010-11. These will be evidenced by Program reports and records.

Objective E.1: Prevention

E.1.f. Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.

Objective G.1: Alcohol Use/Dependency

G.1.a. For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

SFDPH Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

SFDPH System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new client surveys with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

SFDPH Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

B. Other Measurable Objectives:

To further support program goals, RAMS conducts various strategies and maintains the following objectives for FY 2010-11:

- At least 30 students will enroll in the program
- At least 20 students will successfully complete the program
- Upon course completion, 75% of student will indicate increased knowledge of behavioral/mental health topics
- Upon course completion, 80% of students will indicate satisfaction with certificate program
- Within six months of graduation, at least 75% who complete the course be will be placed into behavioral/mental health employment or volunteer positions/activities (e.g. direct services, advocacy) and/or achieve career advancement (e.g. promotions, changes in rank, or increase in job responsibilities) in current position (in behavioral/mental health system of care) and/or pursue further education in the counseling/social work disciplines
- At 6-month post graduation evaluation, at least 75% of graduates who are engaged in direct services work or pursuit of educational advancement, will express that the knowledge & skills gained from the certificate program are beneficial/highly beneficial to their work or education
- At 6-month post graduation evaluation, at least 65% of graduates who are direct service providers will indicated that they serve identified cultural minorities specifically: African Americans, Asian & Pacific Islanders, Latinos/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) individuals in order to increase language and cultural capacity within the behavioral mental health system

Additional process objectives include:

- Hold at least four Advisory Committee Meetings as evidenced by meeting minutes and notes
- Engage in at least four outreach activities/events promoting the program, particularly in outreaching to target population communities
- Certificate Program Coordinator to serve on Community Advisory Board for City College of San Francisco Mental Health Certificate Program, in order to further streamline and collaborate efforts in participant recruitment, program promotions, etc.
- Conduct at least one program/course evaluation activity per cohort (course evaluation – written and/or focus group) to review student satisfaction and recommendations; based on feedback and feasibility, RAMS may make course structure/curriculum adjustments accordingly

All data collection method includes student self-report surveys, meeting minutes & notes, and evaluation tools/surveys.

8. Continuous Quality Improvement

RAMS believes that Continuous Quality Improvement (CQI) "is a journey, not a destination" such that the manner in which the Peer Specialist Certificate Program is administered is continuously improved upon from one stage to another. There is no static, unchangeable aspect of the program, from a CQI perspective. RAMS and SFSU's CQI principles include (a) placing the highest value on participants as

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

best judges of quality; (b) using qualitative and quantitative data as the basis for analysis and change; and (c) empowering consumers and all staff to analyze and improve course content, its delivery, as well as administrative procedure.

The main goals of CQI are to determine (a) whether participants' expectations of the Peer Specialist Certificate Program are consistent with the established curriculum, (b) the extent to which participants benefited from the 12-week program, and (c) areas for improvement for the 12-week program. CQI processes may include conducting qualitative in-depth interviews with participants to acquire their first-person narratives about their expectations (prior to the program) and their experiences (after the program). These interviews may be conducted at the end of each 12-week course.

The main goals of the program evaluation are to quantitatively determine whether the 12-week Peer Specialist course achieves the outcomes of (a) academic / vocational preparation for unlicensed direct services, (b), a greater degree of vocational efficacy, confidence, and vocational clarity, and (c) preparation for a higher education learning environment. Program evaluation assessments are after the 12-week program, and with student consent, a 6-month follow up (after the 12-week program) is conducted with participants (who provide consent) to determine whether intermediate-term effects were achieved. Other tools that may be utilized to measure outcomes include, but are not limited to: California Brief Multicultural Competence Scale; Mental Health Recovery Measure; Work Personality Profile-Self-Report; and/or World Health Organization Quality of Life-Bref.

Furthermore, on a regularly scheduled basis, all RAMS Program Directors/Coordinators are required to present their program & services and its status/progress to the RAMS Quality Council chaired by the RAMS Operations Manager, which its membership consists of an administrator, a director, clinical supervisor, consumer, and a direct service provider within the agency as-a-whole. The recommendations from the Quality Council are to be implemented and the Program Director/Coordinator is to report back to the Council as to the progress. In addition, although regularly reviewed, every program & its services are presented in its entirety to the RAMS Board of Directors.

The CQI activities are aimed to enhance, improve, and monitor the quality of services delivered. RAMS assures that the CQI activities are in compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements including PURQC guidelines, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Additionally, the billing practices and protocols are monitored and evaluated in order to ensure compliance with standards.

the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Adult/Older Adult Outpatient Services Program

Appendix B-2 Hire-Ability Vocational Services – Employee Development program

Appendix B-3 Broderick Street Adult Residential Program

Appendix B-4 Peer Specialist Mental Health Certificate Program

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fourteen Million Five Hundred Four Thousand Four Hundred Fifty Nine Dollars (\$14,504,459) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,554,049 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010 (Encumbered under BPHM065000007)	\$1,383,519	Total: FY10/11 Amount
January 1, 2011 through June 30, 2011	\$1,206,563	\$2,590,082
July 1, 2011 through June 30, 2012	\$2,590,082	
July 1, 2012 through June 30, 2013	\$2,590,082	
July 1, 2013 through June 30, 2014	\$2,590,082	
July 1, 2014 through June 30, 2015	\$2,590,082	
June 30, 2015 through December 31, 2015	To be Determined	
July 1, 2010 through December 31, 2015	G. Total	\$12,950,410

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$1,383,519 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM05000098 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM05000098 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:						
	New X	Renewal	Modification			
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)		
LEGAL ENTITY NUMBER: 00343						
LEGAL ENTITY/CONTRACTOR NAME: Richmond Area Multi-Services, Inc. (RAMS)						
APPENDIX NUMBER	B-1 Adult OP 38943	B-2 Hire-Ability 3895VO & 38B6AZ	B-3 Broderick St Residential 38948	B-4 Peer Specialist MH Certificate 3894N		TOTAL
PROVIDER NUMBER	3894	3894	3894	3894		
PROVIDER NAME	RAMS	RAMS	RAMS	RAMS		
CBHS FUNDING TERM: 7/1/10 - 6/30/11						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,446,107	122,125	486,520	38,531		2,093,283
OPERATING EXPENSE	142,957	24,304	9,310	42,719		219,290
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0					0
SUBTOTAL DIRECT COSTS	1,589,064	146,429	495,830	81,250	0	2,312,573
INDIRECT COST AMOUNT	190,688	17,571	59,500	9,750		277,509
INDIRECT %	12%	12%	12%	12%	0%	
TOTAL FUNDING USES:	1,779,752	164,000	555,330	91,000	0	2,590,082
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	926,056		219,192			1,145,248
ARRA SDMC FFP (11.59)	214,660		50,808			265,468
STATE REVENUES - click below						
MHSA				75,000		75,000
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA				16,000		16,000
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
MediCare	101,201					101,201
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS	315,582	74,193	133,809			523,584
COUNTY GENERAL FUND	222,253	89,807	151,521			463,581
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,779,752	164,000	555,330	91,000	0	2,590,082
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,779,752	164,000	555,330	91,000	0	2,590,082
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,779,752	164,000	555,330	91,000	0	2,590,082

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:		10-11				APPENDIX #: B-1, Page 1	
LEGAL ENTITY NAME:		Richmond Area Multi-Services, Inc. (RAMS)				PROVIDER #: 3894	
PROVIDER NAME:		Richmond Area Multi-Services, Inc. (RAMS)					
REPORTING UNIT NAME:		Outpatient Adult Services	Outpatient Adult Services	Outpatient Adult Services	Outpatient Adult Services		
REPORTING UNIT:		38943	38943	38943	38943		
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09 Case Mgt Brokerage	15/10-59 MH Svcs	15/60-69 Medication Support	15/70-79 Crisis Intervention OP	#N/A	TOTAL
SERVICE DESCRIPTION							
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS:		197,948	852,550	377,866	17,743		1,446,107
OPERATING EXPENSE:		19,568	84,280	37,354	1,755		142,957
CAPITAL OUTLAY (COST \$5,000 AND OVER):		0	0	0	0		0
SUBTOTAL DIRECT COSTS:		217,516	936,830	415,220	19,498	0	1,589,064
INDIRECT COST AMOUNT:		26,102	112,420	49,826	2,340		190,688
TOTAL FUNDING USES:		243,618	1,049,250	465,046	21,838	0	1,779,752
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		126,762	545,955	241,977	11,382		926,066
ARRA SDMC FFP (11.59)		29,383	128,552	56,090	2,635		214,660
STATE REVENUES - click below							
GRANTS - click below		CFDA #:					
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Medicare		13,852	59,663	26,444	1,242		101,201
Please enter other here if not in pull down							
REALIGNMENT FUNDS		43198	186,051	82,461	3,872		315,582
COUNTY GENERAL FUND		30,423,000	131,029,000	58,074	2,727		222,253
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		243,618	1,049,250	465,046	21,838		1,779,752
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
TOTAL DPH REVENUES		243,618	1,049,250	465,046	21,838		1,779,752
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES		0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		243,618	1,049,250	465,046	21,838		1,779,752
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²		120,603	402,011	95,483	5,628		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.02	2.61	4.82	3.88	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.02	2.61	4.82	3.88	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		2.02	2.61	4.82	3.88		
UNDUPLICATED CLIENTS		1200	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1, Page 2
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Director of Adult/Older Adult Outpatient Services	1.00	\$ 80,000.00	1.00	80,000								
Medical Director	0.50	\$ 78,000.00	0.50	78,000								
Psychiatrist	1.15	\$ 194,480.00	1.15	194,480								
Nurse Practitioner/Registered Nurse	0.79	\$ 92,902.00	0.79	92,902								
Behavioral Health Counselor/Worker	14.50	\$ 586,293.00	14.50	586,293								
Peer Counselor	0.20	\$ 5,824.00	0.20	5,824								
Intake Coordinator/Office Manager	0.50	\$ 21,632.00	0.50	21,632								
Program Support Analyst/Assistant	2.74	\$ 94,084.00	2.74	94,084								
Housekeeper/Janitor	0.50	\$ 13,000.00	0.50	13,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	21.88	\$1,166,215	21.88	\$1,166,215	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

1751

EMPLOYEE FRINGE BENEFITS 24% \$279,892 24% \$279,892 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$1,446,107 \$1,446,107 \$0 \$0 \$0 \$0

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	10-11		APPENDIX #: B-2, Page 1			
LEGAL ENTITY NAME:	Richmond Area Multi-Services, Inc. (RAMS)		PROVIDER #: 3894			
PROVIDER NAME:	Richmond Area Multi-Services, Inc. (RAMS)					
REPORTING UNIT NAME:	Employee Development Program	i-Ability				
REPORTING UNIT:	3895VO	38B6A2				
MODE OF SVCS / SERVICE FUNCTION CODE:	10/30-39	10/30-39				
SERVICE DESCRIPTION:	Vocational	Vocational	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/09-6/30/11	7/1/09-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	81,357	40,768				122,125
OPERATING EXPENSE	16,191	8,113				24,304
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0				0
SUBTOTAL DIRECT COSTS	97,548	48,881	0	0	0	146,429
INDIRECT COST AMOUNT	11,706	5,865				17,571
TOTAL FUNDING USES:	109,254	54,746	0	0	0	164,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	49426	24,767				74,193
COUNTY GENERAL FUND	59828	29979				89,807
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	109,254	54,746				164,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	109,254	54,746				164,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	109,254	54,746				164,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	1,561	570				
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	70.00	96.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	70.00	96.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	70.00	96.00				
UNDUPLICATED CLIENTS	35	15				

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-2, Page 2
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Director of Vocational Services	0.05	\$ 3,500.00	0.05	3,500								
Employee Development Coordinator	0.20	\$ 10,000.00	0.20	10,000								
Intake Coordinator	0.20	\$ 7,412.00	0.20	7,412								
Vocational Rehabilitation Counselor	1.00	\$ 37,500.00	1.00	37,500								
Peer Vocational Rehabilitation Assistant	0.45	\$ 10,324.00	0.45	10,324								
Admin Coordinator/Assistant	0.13	\$ 4,383.00	0.13	4,383								
Voc Rehab Counselor/IT Trainer	0.70	\$ 25,369.00	0.70	25,369								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	2.73	\$98,488	2.73	\$98,488	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	24%	\$23,637	24%	\$23,637	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$122,125		\$122,125		\$0		\$0		\$0		\$0

1754

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894.
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

1755

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names,
 Dates, Hours & Amounts)

 OTHER
 Recruitment
 Payroll Processing
 Client-Related Expenses-Food, Others/Misc.

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	Term:	Term:
\$ 13,053.00	13,053				
\$ 5,585.00	5,585				
\$ 1,080.00	1,080				
\$ 1,412.00	1,412				
\$ 622.00	622				
\$ 980.00	980				
\$ 200.00	200				
\$ 630.00	630				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 75.00	75				
\$ 317.00	317				
\$ 350.00	350				
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$24,304	\$0	\$0	\$0	\$0

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: 10-11		APPENDIX #: B-3, Page 1				
LEGAL ENTITY NAME: Richmond Area Multi-Services, Inc. (RAMS)		PROVIDER #: 3894				
PROVIDER NAME: Richmond Area Multi-Services, Inc. (RAMS)						
REPORTING UNIT NAME:	Broderick Street Residential Program	Broderick Street Residential Program	Broderick Street Residential Program	Broderick Street Residential Program		
REPORTING UNIT:	38948	38948	38948	38948		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/60-69	15/70-79		
SERVICE DESCRIPTION	Case mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention OP	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	62,066	120,271	296,147	8,046		486,520
OPERATING EXPENSE	1,187	2,302	5,657	154		9,310
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0	0	0	0		0
SUBTOTAL DIRECT COSTS	63,243	122,573	301,814	8,200	0	495,830
INDIRECT COST AMOUNT	7,589	14,709	36,218	964		59,500
TOTAL FUNDING USES:	70,832	137,282	338,032	9,164	0	555,330
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (60%)	27,958	54,188	133,423	3,625		219,192
ARRA SDMC FFP (11.59)	6,481	12,560	30,927	840		50,808
STATE REVENUES - click below						
GRANTS - click below CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	17067	33,079	81,450	2,213		133,809
COUNTY GENERAL FUND	19326	37467	92,232	2506		151,521
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	70,832	137,282	338,032	9,164		555,330
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	70,832	137,282	338,032	9,164		555,330
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	70,832	137,282	338,032	9,164		555,330
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	36,056	52,598	70,131	2,367		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	4.82	3.88	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	4.82	3.88	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	4.82	3.88		
UNDUPLICATED CLIENTS	36	Included	Included	Included		

¹Units of Service: Days, Client Day, Full Day/Half-Day
²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-3, Page 2
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3884
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Coordinator/Supervisor	1.00	\$ 55,000.00	1.00	55,000								
Clinical Nurse Manager	0.80	\$ 64,000.00	0.80	64,000								
Psychiatrist	0.15	\$ 28,080.00	0.15	28,080								
Nurse (RN/LVN)	2.00	\$ 133,392.00	2.00	133,392								
Behavioral Health Counselor/Worker	2.50	\$ 98,720.00	2.50	98,720								
Program Support Analyst/Assistant	0.35	\$ 13,163.00	0.35	13,163								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	6.80	\$392,355	6.80	\$392,355	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

1757

EMPLOYEE FRINGE BENEFITS	24%	\$94,165	24%	\$94,165	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$486,520		\$486,520		\$0		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-3, Page 3
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

1758

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	Term:	Term:
Rental of Property	\$ 408.00	408				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 81.00	81				
Office Supplies, Postage	\$ 1,476.00	1,476				
Building Maintenance Supplies and Repair	\$ 34.00	34				
Printing and Reproduction	\$ 50.00	50				
Insurance	\$ 3,027.00	3,027				
Staff Training	\$ 2,000.00	2,000				
Staff Travel-(Local & Out of Town)	\$ 690.00	690				
Rental of Equipment	\$ 24.00	24				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
Recruitment	\$ 75.00	75				
Payroll Processing	\$ 1,405.00	1,405				
Client-Related Expenses-Food, Others/Misc.	\$ 40.00	40				
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$9,310	\$9,310	\$0	\$0	\$0	\$0

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	10-11	APPENDIX #: B-4, Page 1				
LEGAL ENTITY NAME:	Richmond Area Multi-Services, Inc. (RAMS)	PROVIDER #: 3894				
PROVIDER NAME:	Richmond Area Multi-Services, Inc. (RAMS)					
REPORTING UNIT NAME:	Peer Specialist Mental Health Certificate					
REPORTING UNIT:	3894IN					
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19					
SERVICE DESCRIPTION	MH Promotion	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	38,531					38,531
OPERATING EXPENSE	42,719					42,719
CAPITAL OUTLAY (COST \$5,000 AND OVER)	0					0
SUBTOTAL DIRECT COSTS	81,250	0	0	0	0	81,250
INDIRECT COST AMOUNT	9,750					9,750
TOTAL FUNDING USES:	91,000	0	0	0	0	91,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	75,000					
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA	16,000					16,000
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	91,000					16,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	91,000					16,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	91,000					16,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	30					
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	0.00	0.00	0.00	0.00	
COST PER UNIT- DPH RATE (DPH REVENUES ONLY)	CR	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDULPLICATED CLIENTS	30					

¹Units of Service: Days, Client Day, Full Day/ Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4, Page 2
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

1760

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Certificate Program Coordinator	0.40	\$ 20,000.00	0.40	20,000								
Administrative Assistant	0.40	\$ 10,825.00	0.40	10,825								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.80	\$30,825	0.80	\$30,825	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	25%	\$7,706	25%	\$7,706	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$38,531		\$38,531		\$0		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4, Page 3
 Document Date: 10/12/10

Provider Number (same as line 7 on DPH 1): 3894
 Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

1761

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
 San Francisco State University
 Guest Lecturers/Instructors

 OTHER
 Reference & Educational Materials
 Course Professional Development Activities
 Prog. Supplies - Student Prof Development Activities
 Prog. Supplies - CQI Activities (Evaluation)
 Student Incentives & Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	Term:	Term:
\$ 2,249.00	2,249				
\$ 611.00	611				
\$ 1,350.00	1,350				
\$ 150.00	150				
\$ 1,500.00	1,500				
\$ 159.00	159				
\$ 100.00	100				
\$ 700.00	700				
\$ -					
\$ -					
\$ 24,300.00	24,300				
\$ 1,600.00	1,600				
\$ -					
\$ -					
\$ -					
\$ -					
\$ 100.00	100				
\$ 700.00	700				
\$ 1,200.00	1,200				
\$ 500.00	500				
\$ 7,500.00	7,500				
TOTAL OPERATING EXPENSE	\$42,719	\$0	\$0	\$0	\$0

CBHS BUDGET JUSTIFICATION - Appendix B-1

Provider Number (same as line 7 on DPH 1): 3894

Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

DATE: 10/12/2010

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
<p>Director of Adult/Older Adult Outpatient Services - Oversees program service delivery, evaluation & quality assurance, clinical training coordination, staff supervision, and attending to personnel matters. Minimum Qualifications: Master's/Doctorate Degree in mental health or related fields; current licensure as a Clinical Psychologist, LCSW, and/or LMFT; 3+ years of relevant experience. 1.00 FTE x \$80,000 per year = \$80,000</p>	\$80,000	1.00
<p>Medical Director - Manages and provides psychiatric evaluation & medication support services, ensures quality assurance, and supervises psychiatrists, nurse practitioner & registered nurse. Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience in community mental health settings preferred. 0.50 FTE x \$156,000 per year = \$78,000</p>	\$78,000	0.50
<p>Psychiatrist - Conducts psychiatric evaluations/assessments and medication evaluations and coordinates with patient and multidisciplinary care providers. Minimum Qualifications: Medical Doctorate Degree from an accredited medical school; valid California Medical & DEA licenses; experience in community mental health setting preferred. 1.15 FTE x \$169,113 per year = \$194,480</p>	\$194,480	1.15
<p>Nurse Practitioner - Conducts psychiatric evaluations/assessments and medication evaluations; attends to general primary care needs of clients (medication monitoring, administering injections, dispensing of medications, ordering meds/refills to the pharmacy, etc) and triages/coordinates medical care with other care/service providers. Minimum Qualifications: Nurse Practitioner Degree from an accredited nursing program; valid California Certificate of Nurse Practitioner & DEA license. 0.70 FTE x \$124,800 per year = \$87,360</p>	\$87,360	0.70
<p>Registered Nurse - Provides medication monitoring, administering injections, dispensing of medications, ordering meds from pharmacy, and phoning in refills to the pharmacy; coordinates with primary care providers, psychiatrists, counselors, case managers, etc. Minimum Qualifications: RN or LVN Degree; current California Registered Nurse license; at least one year of psychiatric nursing experience. 0.0875 FTE x \$63,337 per year = \$5,542</p>	\$5,542	0.09

Behavioral Health Counselor/Worker (including Psychologist, Social Worker, Behavioral/Mental Health Clinician/Counselor/Worker) - Provides case management, individual, group, and/or family counseling &/or psychotherapy, clinical evaluation, and collateral therapy services. Minimum Qualifications: Varies -- from at least a Bachelor's Degree to Doctorate Degree &/or Clinical Licensure. At least 1 year of experience providing services in a community behavioral health setting (salary dependent on qualifications & experience). 14.5 FTE x \$40,434 per year = \$586,293	\$586,293	14.50
Peer Counselor - Engages clients in consumer-driven activities (e.g. client council, feedback, and advocacy), facilitates support groups, and organizes cultural activities/supports. Minimum Qualifications: High School Diploma or equivalent degree; 3-5 years experience with the community behavioral health system; and 2 years of peer counseling experience or related experiences. 0.20 FTE x \$29,120 per year = \$5,824	\$5,824	0.20
Intake Coordinator/Office Manager - Coordinates intake process by scheduling assessments, conducting initial screening, and processing & maintaining documentation; Provides oversight & supervision to front office/administrative & facilities/housekeeping staff, maintains vendor files and records as well as office equipment, supplies, and systems. Minimum Qualifications: Bachelor's Degree; at least 1 year of supervisory experience in office setting, preferred. 0.50 FTE x \$43,264 per year = \$21,632	\$21,632	0.50
Program Support Analyst/Assistant (BIS/IT/Admin Analyst/Assistant/Administrative Assistant/Receptionist) - Manages client databases and assists in preparing productivity reports; answers phones and performs reception functions. Minimum Qualifications: High School Diploma or equivalent degree; 1 year administrative/office experience for the Administrative Assistant & Receptionist positions. 2.74 FTE x \$34,337 per year = \$94,084	\$94,084	2.74
Housekeeper/Janitor - Maintains a clean and healthy facility; performs repairs and maintenance; provides janitorial services. Minimum Qualifications: Experience in custodial cleaning for an office environment/setting. 0.5 FTE x \$26,000 per year = \$13,000	\$13,000	0.50
TOTAL SALARIES		\$1,166,215

FICA, SUI, Health Insurance, Workers' Compensation, and PTO		
24% of Salaries	\$279,892	
TOTAL BENEFITS		\$279,892

TOTAL SALARIES & BENEFITS 1,446,107

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

Occupancy:

Rent:

Rental of building

4,633 sq. ft. x 1.48 per sq. ft. x 12 months \$82,284

Utilities:

Electricity, gas, telephone, trash removal and water

Based on last year's usage, \$16,602 per year \$16,602

Building Maintenance:

Building repair and maintenance

Based on experience, \$900 per month \$10,800

Total Occupancy: \$109,686

Materials and Supplies:

Office Supplies:

Stationary, postage, software, or minor equipment

Based on experience, \$700 a month x 12 months \$8,400

Printing/Reproduction:

Copier supplies, business cards, and business related printing/copying

Based on last year's usage, \$767 per year \$767

Program/Medical Supplies:

Total Materials and Supplies: \$9,167

General Operating:

Insurance:

Property and liability insurance and Malpractice Insurance

Based on quoted premiums, \$10,254 per year \$10,254

Staff Training:

Training classes, conferences, meetings, and membership

Based on projection, \$2,500 per year \$2,500

Rental of Equipment:

Copier rental

\$4,257

Based on monthly payment, \$355 per month x 12 months

Total General Operating: \$17,011

Staff Travel (Local & Out of Town):

Staff mileage reimbursement

Based on experience, \$317 per year \$350

\$350

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

Other:

Recruitment	\$150
Payroll Processing	\$4,745
Client-Related Expenses-Transportation, Group, Activities	\$1,848
-- Based on projection	

Total Other: \$6,743

TOTAL OPERATING COSTS: \$142,957

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): 1,589,064

INDIRECT COSTS

Administration, Accounting, Human Resources, BIS (12%) 190,688

TOTAL INDIRECT COSTS: 190,688

CONTRACT TOTAL: 1,779,752

CBHS BUDGET JUSTIFICATION - Appendix B-2

Provider Number (same as line 7 on DPH 1): 3894

Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

DATE: 10/12/2010

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
<p>Director of Vocational Services - Oversees program service delivery, evaluation & quality assurance, compliance to oversight agencies, training coordination, supervision of staff & supervisors, and attending to personnel matters.</p> <p>Minimum Qualifications: Bachelor's Degree in Psychology or Social Work (Masters Degree, preferred); 3+ years of management experience in a community-based vocational rehabilitation &/or behavioral healthcare services setting/sector; 5+ years of demonstrated experience in vocational counseling/rehabilitation.</p> <p>0.05 FTE x \$70,000 per year = \$3,500</p>	\$3,500	0.05
<p>Employee Development Coordinator - Provides management and supervision of the Employee Development program activities and staff (Vocational Rehabilitation Counselors, Peer Counselors), including the sheltered workshop, IT Training program, and related businesses for clients with mental health disabilities, with the goal of preparing them for job placement. The Coordinator facilitates the curriculum review process and assigns counselors with client cases.</p> <p>Minimum Qualifications: Bachelor's Degree in a Psychology or vocational related field; 2+ years of experience in vocational rehabilitation services delivery; has demonstrated knowledge & understanding of Vocational Rehabilitation principles and behavioral health issues as related to maintaining employment in the community, cultural barriers towards employment of the underserved population, as well as business management and production.</p> <p>0.20 FTE x \$50,000 per year = \$10,000</p>	\$10,000	0.20
<p>Intake Coordinator - Conducts outreach, referral & assessment, and admission of all new clients.</p> <p>Minimum Qualifications: Bachelor's Degree in Psychology, Social work, or Counseling; 1 year of experience in the mental health field in a community mental health setting, preferred.</p> <p>0.2 FTE x \$37,060 per year = \$7,412</p>	\$7,412	0.20
<p>Vocational Rehabilitation Counselor - Provides vocational support (individual/group) to consumers/trainees, develops & monitors vocational plan, and maintains documentation for services provided.</p> <p>Minimum Qualifications: Bachelor's Degree in social services related field and relevant experience in serving similar populations.</p> <p>1.0 FTE x \$37,500 per year = \$37,500</p>	\$37,500	1.00
<p>Peer Vocational Rehabilitation Assistant - Engages clients in consumer-driven activities (e.g. client council, feedback, and advocacy), facilitate/co-facilitate groups, and organize outreach and cultural activities/supports.</p> <p>Minimum Qualifications: High School Diploma or equivalent degree; 3-5 years experience in a community behavioral health system.</p> <p>0.45 FTE x \$22,943 per year = \$10,324</p>	\$10,324	0.45

Administrative Coordinator/Assistant - Prepares and processes program-related paperwork and performs reception/telephone coverage. Minimum Qualifications: Coordinator -- AA Degree in office management or related field, highly preferred; 2 years of experience in office or clerical field; Assistant -- High School Diploma or equivalent degree; 1 year experience in office or clerical field. 0.125 FTE x \$35,064 per year = \$4,383	\$4,383	0.13
Vocational Rehab Counselor/IT Trainer - Trains and mentors a group of clients with mental health issues and/or behavioral health disorders in a classroom setting to obtain working knowledge of computers and gain information technology skills, for use in administrative, clerical and entry-level positions. Minimum Qualifications: Bachelor's Degree in Computer Science or related field very highly preferred (related equivalent experience may also be considered). 0.70 FTE x \$36,241 per year = \$25,369	\$25,369	0.70
TOTAL SALARIES	\$98,488	

FICA, SUI, Health Insurance, Workers' Compensation, and PTO		
24% of Salaries	\$23,637	
TOTAL BENEFITS	\$23,637	

TOTAL SALARIES & BENEFITS 122,125

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of building

1,532 sq. ft. x 0.71 per sq. ft. x 12 months \$13,053

Utilities:

Electricity, gas, telephone, trash removal and water

Based on last year's usage, \$5,585 per year \$5,585

Building Maintenance:

Building repair and maintenance

Based on experience, \$1,412 per year \$1,412

Total Occupancy: **\$20,050**

Materials and Supplies:

Office Supplies:

Stationary, postage, software, or minor equipment

Based on experience, \$90 a month x 12 months \$1,080

Printing/Reproduction:

Copier supplies, business cards, and business related printing/copying

Based on last year's usage, \$622 per year \$622

Program/Medical Supplies:

Total Materials and Supplies: \$1,702

General Operating:

Insurance:

Property and liability insurance and Malpractice Insurance

Based on quoted premiums, \$980 per year \$980

Staff Training:

Training classes, conferences, meetings, and membership

Based on last year's costs, \$290 per year \$200

Rental of Equipment:

Total General Operating: \$1,180

Staff Travel (Local & Out of Town):

Staff mileage reimbursement

Based on experience, \$630 per year \$630

\$630

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

Other:

Recruitment \$75

Payroll Processing \$317

Client-Related Expenses-Food, Others/Misc. \$350

- Based on projection

Total Other: \$742

TOTAL OPERATING COSTS: \$24,304

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): 146,429

INDIRECT COSTS

Administration, Accounting, Human Resources, BIS (12%) 17,571

TOTAL INDIRECT COSTS:	17,571
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CONTRACT TOTAL:	164,000
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CBHS BUDGET JUSTIFICATION - Appendix B-3

Provider Number (same as line 7 on DPH 1): 3894

Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

DATE: 10/12/2010

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
<p>Clinical Coordinator/Supervisor - Provides administrative support, clinical leadership, educational training, and supervision to the clinical staff/trainees and provides & monitors the quality of culturally competent treatment services and the therapeutic-milieu ensuring compliance to clinical care standards (e.g. RAMS, SFDPH) and documentation & record keeping standards.</p> <p>Minimum Qualifications: Master's/Doctorate Degree in Psychology, Marriage & Family Therapy, Counseling, Social Work, or other related disciplines; valid clinical licensure in California (i.e., Clinical Psychologist, MFT, LCSW); eligibility to provide clinical supervision; 1 year experience in a supervisory role; 2 years of experience working with seriously mental ill consumers.</p> <p>1.00 FTE x \$55,000 per year = \$55,000</p>	\$55,000	1.00
<p>Clinical Nurse Manager - Provides direct services and supervision & oversight to nursing staff and oversees quality of nursing & medical support services, ensuring proper standards of care to clients, and compliance with clinical care standards (e.g. RAMS, SFDPH) and documentation & record keeping regulations.</p> <p>Minimum Qualifications: Current California Registered Nurse license; at least 1 year providing psychiatric nursing & acute care experience required.</p> <p>0.80 FTE x \$80,000 per year = \$64,000</p>	\$64,000	0.80
<p>Psychiatrist: Provides psychiatric evaluation & medication support services, ensures quality assurance, and supervises psychiatrists, nurse practitioner & registered nurse.</p> <p>Minimum Qualifications: Medical Doctorate Degree and completion of residency training in Psychiatry; valid California Medical & DEA licenses, and current Board Certification or eligibility in Psychiatry; demonstrated clinical experience in working with seriously mentally ill and medically complex population; experience working with patients in community mental health and residential settings strongly preferred.</p> <p>0.15 FTE x \$187,200 per year = \$28,080</p>	\$28,080	0.15
<p>Nurse (RN/LVN) - Provides direct medication dissemination and education services to the consumers as well as symptom & medical monitoring and medical case management as needed and documentation.</p> <p>Minimum Qualifications: RN or LVN Degree; current California Registered Nurse license; at least one year psychiatric nursing experience.</p> <p>2.0 FTE x \$66,696 per year = \$133,392</p>	\$133,392	2.00

Behavioral Health Counselor/Worker (including Psychologist, Social Worker, Behavioral/Mental Health Clinician/Counselor/Worker) - Are primarily responsible for providing direct services (individual, group counseling; case management/brokerage; crisis management; activities facilitation; milieu support) delivering the aforementioned outreach, engagement, and retention strategies. Minimum Qualifications: Varies – from at least a Bachelor's Degree to Doctorate Degree &/or Clinical Licensure. At least one year of experience providing services in a community behavioral health setting (salary dependent on qualifications & experience). 2.50 FTE x \$39,488 per year = \$98,720	\$98,720	2.50
Program Support Analyst/Assistant (BIS/IT/Admin Analyst/Assistant/Administrative Assistant) - Manages client databases and assists in preparing productivity reports. Minimum Qualifications: High School Diploma or equivalent degree; experience with database management & maintenance, database queries & reports, MS Excel, MS Access, and FileMaker Pro, highly preferred. 0.35 FTE x \$37,609 per year = \$13,163	\$13,163	0.35
TOTAL SALARIES	\$392,355	

FICA, SUI, Health Insurance, Workers' Compensation, and PTO		
24% of Salaries	\$94,165	
TOTAL BENEFITS	\$94,165	

TOTAL SALARIES & BENEFITS 486,520

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of building - BIS Office Allocation
23 sq. ft. x 1.48 per sq. ft. x 12 months \$408

Utilities:

Electricity, gas, telephone, trash removal and water
Based on last year's usage, \$81 per year \$81

Building Maintenance:

Building repair and maintenance
Based on experience, \$34 per year \$34

Total Occupancy: **\$523**

Materials and Supplies:

Office Supplies:

Stationary, postage, software, or minor equipment
Based on experience, \$123 a month x 12 months \$1,476

<u>Printing/Reproduction:</u>	
Copier supplies, business cards, and business related printing/copying	
Based on last year's usage, \$50 per year	\$50

Program/Medical Supplies:

Total Materials and Supplies: \$1,526

General Operating:

Insurance:

Property and liability insurance and Malpractice Insurance	
Based on quoted premiums, \$3,027 per year	\$3,027

Staff Training:

Training classes, conferences, meetings, and membership	
Based on projected costs, \$2,000 per year	\$2,000

Rental of Equipment:

Copier Rental	
Based on last year's costs	\$24

Total General Operating: \$5,051

Staff Travel (Local & Out of Town):

Staff mileage reimbursement	
Based on experience, \$690 per year	\$690
	\$690

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

Other:

Recruitment	\$75
Payroll Processing	\$1,405
Client-Related Expenses-Food, Others/Misc.	\$40
- Based on projection	

Total Other: \$1,520

TOTAL OPERATING COSTS: \$9,310

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	495,830
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INDIRECT COSTS

Administration, Accounting, Human Resources, BIS (12%) **59,500**

TOTAL INDIRECT COSTS: 59,500

CONTRACT TOTAL: 555,330

CBHS BUDGET JUSTIFICATION - Appendix B-4

Provider Number (same as line 7 on DPH 1): 3894

Provider Name (same as line 8 on DPH 1): Richmond Area Multi-Services, Inc. (RAMS)

DATE: 10/12/2010

Fiscal Year: 10-11

Salaries and Benefits

	Salaries	FTE
Certificate Program Coordinator - Assists in development and implementation of Peer Specialist Mental Health Certificate Program, engages in outreach and provides support to & advises/counsels students. Minimum Qualifications: Bachelor's Degree in Psychology, Social Work, Counseling, or related field; 2+ years of experience in vocational rehabilitation services delivery; 1+ year of project management/coordination experience; 2+ years of experience working, coordinating services, and/or providing direct mental/behavioral health services in a community-based behavioral health setting. 0.40 FTE x \$50,000 per year = \$20,000	\$20,000	0.40
Administrative Assistant - Assists Program Coordinator with various tasks, events/projects, and reports as requested, and provides administrative support such as filing & recordkeeping/organization, and database entry/management. Minimum Qualifications: High School Diploma or equivalent degree. 0.40 FTE x \$27,063 per year = \$10,825	\$10,825	0.40
TOTAL SALARIES	\$30,825	

FICA, SUI, Health Insurance, Workers' Compensation, and PTO		
25% of Salaries	\$7,706	
TOTAL BENEFITS	\$7,706	

TOTAL SALARIES & BENEFITS 38,531

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of building

264 sq. ft. x 0.71 per sq. ft. x 12 months \$2,249

Utilities:

Electricity, gas, telephone, trash removal and water

Based on latest projection \$611

Building Maintenance:

Building repair and maintenance

Based on latest projection \$150

Total Occupancy: \$3,010

Materials and Supplies:

Office Supplies:

Stationary, postage, software, or minor equipment

Based on latest projection \$1,350

Printing/Reproduction:

Copier supplies, business cards, and business related printing/copying

Based on latest projection \$1,500

Program/Medical Supplies:

Total Materials and Supplies: \$2,850

General Operating:

Insurance:

Property and liability insurance and Malpractice Insurance

Based on quoted premiums, \$159 per year \$159

Staff Training:

Training classes, conferences, meetings, and membership

Based on latest projection \$100

Rental of Equipment:

Total General Operating: \$259

Staff Travel (Local & Out of Town):

Staff mileage reimbursement

Based on latest projection \$700

\$700

Consultants/Subcontractors:

San Francisco State University \$24,300

Guest Lecturers/Instructors \$1,600

Total Consultants/Subcontractors: \$25,900

Other:

Reference & Educational Materials \$100

Course Professional Development Activities \$700

Prog. Supplies - Student Prof Development Activities \$1,200

Prog. Supplies - CQI Activities (Evaluation)	\$500
Student Incentives & Stipends	\$7,500

Total Other: \$10,000

TOTAL OPERATING COSTS: \$42,719

CAPITAL EXPENDITURES: *(if needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	81,250
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INDIRECT COSTS

Administration, Accounting, Human Resources, BIS (12%)	9,750
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TOTAL INDIRECT COSTS:	9,750
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CONTRACT TOTAL:	91,000
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CBHSMODE

05/10-18

05/19

05/20-29

05/30-34

05/35

05/36-39

05/40-49

05/50-59

05/60-64

05/65-79

05/80-84

05/85-89

05/90-94

10/20-24

10/25-29

10/30-39

10/40-49

10/60-69

10/81-84

10/85-89

10/91-94

10/95-99

15/01-09

15/10-59

15/58

15/60-69

15/70-79

45/10-19

45/20-29

60/20-29

60/30-39

60/40-49

60/60-69

60/70

60/71

60/72

60/75

60/78

Supt-01

Supt-02

Supt-03

Supt-04

Supt-05

Supt-06

Supt-09

PriPrev-12

PriPrev-13

PriPrev-14

PriPrev-15

PriPrev-16

PriPrev-17

SecPrev-18
SecPrev-19
SecPrev-20
SecPrev-21
Nonres-30
Nonres-32
Nonres-33
Nonres-34
Nonres-35
NTP-41
NTP-42
NTP-43
NTP-44
NTP-48
Res-50
Res-51
Res-52
Res-53
Res-54
Res-55
Res-56
Res-57
Anc-22
Anc-63
Anc-64
Anc-65
Anc-66
Anc-67
Anc-68
Anc-69
Anc-70
Anc-71
Anc-80
Anc-81
Anc-82
Anc-83
Anc-84
Anc-85
Anc-87
DUI-90

CBHSSERVEDESCRIPT

Hospital IP

Hospital IP Admin Day

PHF

SNF Intensive

IMD Basic No Patch

IMD with Patch

Adult Crisis Residential

Jail IP

Residential Other

Adult Residential

Semi-Sup Living

Independent Living

MH Rehab Ctrs

Crisis Stab ER

Crisis Stab Urgent Care

Vocational

Socialization

SNF Augmentation

Day Tx Intensive Half day

Day Tx Intensive Full day

Day Rehab Half day

Day Rehab Full day

Case Mgt Brokerage

MH Svcs

TBS

Medication Support

Crisis Intervention-OP

MH Promotion

Cmnty Client Svcs

Conserv-Investigation

Conserv-Adm

Life Support-Bd&Care

Case Mgt Support

CS-Client Hsng Support Exp

CS-Client Hsng Operating Exp

CS-Client Flexible Support Exp

Non-MediCal Capital Assets

Other Non-MediCal Client Support Exp

SA-Support QA's

SA-Support Training

SA-Support Prog Dev

SA-Support Research/Eval

SA-Support Planning/Coord/Need Assess

SA-Support Start-Up Costs

SA-Support Alteration/Renovation

SA-PriPrevention Info Dissemination

SA-PriPrevention Education

SA-PriPrevention Alternatives

SA-PriPrevention Problem Id's/Referrals

SA-PriPrevention Cmnty Based

SA-PriPrevention Environmental

SA-Sec Prev Early Intervention
SA-Sec Prev Outreach
SA-Sec Prev IDU or IVDU
SA-Sec Prev Referrals/Screening/Intake
SA-Nonresidntl IO Day Care Rehab
SA-Nonresidntl Aftercare
SA-Nonresidntl ODF Grp
SA-Nonresidntl ODF Indv
SA-Nonresidntl Interim Tx CalWORKS Only
SA-Narcotic Tx Prog OP Meth Detox (OMD)
SA-Narcotic Tx Prog IP Meth Detox
SA-Narcotic Tx Prog Naltrexone
SA-Narcotic Tx Prog Rehab/Amb Detox (other than Methadone)
SA-Narcotic Tx Narc Replacement Therapy - All Svcs
SA-Res Free Standing Res Detox
SA-Res Recov Long Term (over 30 days)
SA-Res Recov Short Term (up to 30 days)
SA-Res Hospital IP Detox (24-Hr)
SA-Res Hospital IP Residential (24-Hr)
SA-Res Chemical Dependency Recov Hospital (CDRH)
SA-Res Transitional Living Center (Perinatal/Parolee Only)
SA-Res Alcohol Drug Housing (Perinatal/Parolee Only)
SA-Ancillary Svcs Perinatal Outreach
SA-Ancillary Svcs Cooperative Proj
SA-Ancillary Svcs Vocational Rehab
SA-Ancillary Svcs HIV Early Intervention
SA-Ancillary Svcs TB Svcs
SA-Ancillary Svcs Interim Svcs (within 48 hrs)
SA-Ancillary Svcs Case Mgmt (Excluding SACPA clients)
SA-Ancillary Svcs Primary Medical Care (Perinatal Only)
SA-Ancillary Svcs Pediatric Medical Care (Perinatal Only)
SA-Ancillary Svcs Transportaion (Perinatal/Parolee Only)
SA-Ancillary Svcs SACPA Literacy Training
SA-Ancillary Svcs SACPA Family Counseling
SA-Ancillary Svcs SACPA Vocational Training
SA-Ancillary Svcs SACPA Case Mgmt
SA-Ancillary Svcs SACPA Other Svcs
SA-Ancillary Svcs SACPA Testing
Drug Court-Other Tx Related Svcs
Driving Under the Influence

MH**Federal Revenues:**

SDMC Regular FFP (50%)
 ARRA SDMC FFP (11.59)
 Healthy Families/Enhanced Children FFP (at 65%)
 Refugee FFP (at 100%)

State Revenues:

CTF Fund (Cmnty Tx Facility)
 EPSDT State Match
 Family Mosaic Capitated Medi-Cal
 IDEA Fund
 MAA
 MHSA
 Managed Care
 Minor Consent
 SB90-HDS II (AB3632)

Grants:

SAMHSA
 PATH
 RWJ
 Other Grants

Prior Year Roll-Over

SEP-SPECIAL ASSESSMENT PROGRAM
 SB 163 - CH WRAP AROUND/FOSTER CARE
 SB90 AB 3632
 MH MANAGED CARE
 MHSA
 OTHERS

Work Orders

County Work Order Fund
 City Attorney
 District Atty
 Dept of Children, Youth & Families
 Fire Department
 HSA (Human Svcs Agency)
 Juvenile Probation
 Mayor's Office
 Police Dept
 Sheriff Dept
 First Five (SF Children & Family Commission)
 CALWORKS

3rd Party Payor Revenues:

Insurance Fees
 MediCare

Other Revenues

MH Conservatorship Adm Fees

SA**Federal:**

SAPT Federal Discretionary
 SAPT Primary Prevention
 Adolescent Treatment Services
 HIV Set-Aside
 Federal Perinatl Set-Aside
 SATTAPAPT Drug Testing
 SATTAPAPT Additional Discretionary
 Friday Nite Live
 Perinatal Medi-Cal
 Drug Medical

State:

State General Fund
 BASN
 State Perinatal (PTEP)
 Women/Children Res. Tx

General Fund:

GF Match to CAL SGF
 County Other

Grants/Projects:

Drug Court Partnership
 CDCI Drug Court
 Cal. Dept. of Corrections
 SAMHSA
 DOJ Second Chance
 JAG OTP

Work Orders:

HSA Work Order/PAES/SSI Advo.
 HSA FSET Work Order #10.561
 HSA Differential Response Liaison
 DCYF Work Order - Wellness Cer
 Housing and Urban Health

Provider's Fund
Patient/Client Fees
Provider's Grants
In-Kind
Fund Raising
Others

**Appendix C
Insurance Waiver**

RESERVED

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[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]

**Appendix D
Additional Terms**

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;**
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Use a version of this section if you want to have the right to approve in advance any materials developed or distributed under the Agreement:

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C.

Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c.* **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d.* **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e.* **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.R.R. Section 164.308(b)].
- f.* **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g.* **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h.* **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected

Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m.* **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.

security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible[45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that

- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other

CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

**Appendix F
Invoice**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond District Area Multi-Services Inc
Address 3626 Balboa St., San Francisco, CA 94121
Tel No (415) 668-5955
Fax No (415) 668-0245

Contract Term 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M01 JL 0
CI Blanket No. BPHM TBD
CI PO No : POHM TBD
Fund Source: GF, ARRA, SDMC FFP, Medical
Invoice Period: July 2010
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 by AIDS Use Code

DELIVERABLES Program Name/Reptg Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENTS	UDS	CLIENTS
B-1 Outpatient Adult Services RU# 38943												
15/01 - 09 Case Management	120,603				\$ 2.02	\$ -	0.000		0.00%		120,603.000	\$ 243,618.06
15/10 - 59 MH Svcs	402,011				\$ 2.61	\$ -	0.000		0.00%		402,011.000	1,049,248.71
15/60 -89 Medication Support	96,482				\$ 4.82	\$ -	0.000		0.00%		96,482.000	465,043.24
15/70 - 79 Crisis Intervention-OP	5,628				\$ 3.88	\$ -	0.000		0.00%		5,628.000	21,836.64 \$ 1,779,746.6
B-2 Employee Development Program RU# 38950												
10/30 - 38 Vocational	1,561				\$ 70.00	\$ -	0.000		0.00%		1,561.000	109,270.00 \$ 109,270.00
B-2 I-Ability RU# 38962												
10/30 - 39 Vocational	570				\$ 95.00	\$ -	0.000		0.00%		570.000	64,720.00 \$ 64,720.00
B-3 Broderick Street Residential Program RU# 38948												
15/01 - 05 Case Management	35,065				\$ 2.02	\$ -	0.000		0.00%		35,065.000	70,831.30
15/10 - 59 MH Svcs	52,598				\$ 2.61	\$ -	0.000		0.00%		52,598.000	137,280.78
15/60 -89 Medication Support	70,131				\$ 4.82	\$ -	0.000		0.00%		70,131.000	338,051.42
15/70 - 79 Crisis Intervention-OP	2,367				\$ 3.88	\$ -	0.000		0.00%		2,367.000	9,183.96 \$ 556,327.46
TOTAL	787,016		0.000				0.000		0.00%		787,016.000	\$ 2,489,064.11

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:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory
09/04/2009

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M02 JL 0

Contractor: Richmond Area Multi-Services Inc

Ct. Blanket No.: BPHM TBD

Address: 3626 Balboa St., San Francisco, CA 94121

Ct. PO No.: POHM TBD User Cd

Tel No.: (415) 668-5955

Fund Source: MHSA - Prop63

Fax No.: (415) 668-0246

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Peer Specialist MH Certificate RU# 3894IN												
45/ 10 - 19 MH Promotion		1					#DIV/0!	0%		1	#DIV/0!	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 30,825.00	\$ -	\$ -	0.00%	\$ 30,825.00
Fringe Benefits	\$ 7,706.00	\$ -	\$ -	0.00%	\$ 7,706.00
Total Personnel Expenses	\$ 38,531.00	\$ -	\$ -	0.00%	\$ 38,531.00
Operating Expenses					
Occupancy	\$ 3,010.00	\$ -	\$ -	0.00%	\$ 3,010.00
Materials and Supplies	\$ 2,850.00	\$ -	\$ -	0.00%	\$ 2,850.00
General Operating	\$ 259.00	\$ -	\$ -	0.00%	\$ 259.00
Staff Travel	\$ 700.00	\$ -	\$ -	0.00%	\$ 700.00
Consultant/ Subcontractor	\$ 25,900.00	\$ -	\$ -	0.00%	\$ 25,900.00
Other: Reference & Educational Materials	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Course Professional Development Activities	\$ 700.00	\$ -	\$ -	0.00%	\$ 700.00
Prog. Supplies - Student Prof Develop Activities	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Prog. Supplies - CQI Activities (Evaluation)	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Student Incentives & Supplies	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.00
Total Operating Expenses	\$ 42,719.00	\$ -	\$ -	0.00%	\$ 42,719.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 81,250.00	\$ -	\$ -	0.00%	\$ 81,250.00
Indirect Expenses	\$ 9,750.00	\$ -	\$ -	0.00%	\$ 9,750.00
TOTAL EXPENSES	\$ 91,000.00	\$ -	\$ -	0.00%	\$ 91,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory _____
Date

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute

shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.



CERTIFICATE OF LIABILITY INSURANCE

OP ID PC
RICHM-2DATE (MM/DD/YYYY)
06/23/10

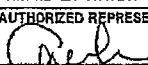
PRODUCER Chapman License #0522024 P. O. Box 5455 Pasadena CA 91117-0455 Phone: 626-405-8031 Fax: 626-405-0585	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Richmond Area Multi Services 3626 Balboa St. San Francisco CA 94121	INSURER A: Riverport Insurance Company	36684
	INSURER B: Everest National	10120
	INSURER C: Scottsdale Insurance Company	
	INSURER D: Fidelity & Deposit Co Maryland	39306
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSH ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
C	X	GENERAL LIABILITY	OPS0056485	07/01/10	07/01/11	EACH OCCURRENCE	\$ 3,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> Professional Liab				PERSONAL & ADV INJURY	\$ 3,000,000
		<input checked="" type="checkbox"/> Abuse Liab.	\$250K/\$1MM			GENERAL AGGREGATE	\$ 4,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 4,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Emp Ben.	3mm/2mm
A		AUTOMOBILE LIABILITY	RIC0011092	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
		EXCESS / UMBRELLA LIABILITY				AGG	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$
		DEDUCTIBLE				AGGREGATE	\$
		RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6600000530101	07/01/10	07/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
		If yes, describe under SPECIAL PROVISIONS below					
		EL EACH ACCIDENT				\$ 1000000	
		EL DISEASE - EA EMPLOYEE				\$ 1000000	
		EL DISEASE - POLICY LIMIT				\$ 1000000	
D		OTHER	CCP999236516	07/01/10	07/01/11	Limit	\$ 1,500,000
		Crime				Ded:	\$ 7,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. (Condt...)

CERTIFICATE HOLDER CITY&OS City & County of San Francisco Dept of Public Health Comm. Behavioral Health Svcs. 1380 Howard Street San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
---	--

ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This *Certificate of Insurance* does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOTEPAD:

HOLDER CODE C111105

RICHM-2

PAGE 3

INSURED'S NAME Richmond Area Multi Services

OP:ID:PC

DATE 06/23/10

Workers Compensation coverage excluded, evidence only. 10 days notice of cancellation for non-payment of premium.



PRODUCER
Chapman
License #0522024
P. O. Box 5455
Pasadena CA 91117-0455

City & County of San Francis
Dept of Public Health
Comm. Behavioral Health Svcs
1380 Howard Street
San Francisco, CA 94103
ACORD 25 (2009/01)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART,
SCHEDULE

Name of Person or Organization:

City & County of San Francisco, its Off., Agents
& Employees, Dept. of Public Health
101 Grove Street
San Francisco, CA 94102

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0056485	07/01/2010	Richmond Area Multi-Services, Inc.	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person or Organization:

City & County of San Francisco, its Off., Agents
& Employees, Dept. of Public Health
101 Grove Street
San Francisco, CA 94102

In consideration of the premium charged, the coverage afforded under the Coverage Part/Form is extended to the Person or Organization designated above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured. There is no coverage for the Person or Organization listed above for its sole negligence or any other negligence unless it is the negligence of the Named Insured and such negligence arises directly from the Named Insured's activities performed for the Additional Insured.

RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - AUTOMOBILE

This endorsement modifies coverage under your:

BUSINESS AUTO COVERAGE PART

SECTION II - LIABILITY COVERAGE, Paragraph A. COVERAGE, Item 1. WHO IS AN INSURED is amended to include the person or organization named below, but only with respect to acts or actions of the named insured, that is, acts arising out of occurrences with respect to vehicles hired or used by the named insured, and not to acts or actions of the following named additional insured(s), its or their employees, agents or representatives.

NAME OF PERSON OR ORGANIZATION

CITY & COUNTY OF SAN FRANCISCO
ITS OFFICERS AGENTS & EMPLOYEES
DEPT OF PUBLIC HEALTH
101 GROVE STREET, #307
SAN FRANCISCO, CA 94102

DESCRIPTION OF AUTOMOBILE

ON FILE WITH COMPANY

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)**

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Richmond Area Multi-Services, Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
(1) Board of Directors: Anoshua Chaudhuri, Chair; Loren Krane, Vice Chair; Ed Obuchowski, Treasurer; Anastasia Berezovskaya, Secretary; Alvin N. Alvarez, Director; Cynthia Huie, Director; William Wong, Director; and C. Kitty Wu, Director; (2) Kavoos Ghane Bassiri, President & Chief Executive Officer and Ken Choi, Chief Financial Officer; (3) None; (4) None; and (5) None	
Contractor address: 639 14 th Avenue, San Francisco, CA 94118	
Date that contract was approved:	Amount of contract: \$43,955,232
Describe the nature of the contract that was approved: Behavioral health services for children and adults	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
 a board on which the City elective officer(s) serves

Print Name of Board

- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Angela.Calvillo@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

S:\ALL FORMS\2008\Form SFEC-126 Contractors doing business with the City 11.08.doc

Item 9
File 14-0744

Department:
Department of Public Health

EXECUTIVE SUMMARY

Legislative Objectives

The proposed resolution would approve amendments to the two existing contracts between the Department of Public Health (DPH) and Richmond Area Multi Services, Inc. (RAMS) increasing the contracts' not-to-exceed amounts by \$9,181,979, from \$34,773,253 to \$43,955,232. The contract term from July 1, 2010 through December 31, 2015 remains unchanged.

Key Points

- On December 1, 2010, the Board of Supervisors retroactively authorized two Department of Public Health (DPH) contracts with Richmond Area Multi-Services, Inc. (RAMS), a non-profit agency, to provide behavioral health services to 1) children, youth and families and 2) adults. (File 10-0927). Under the original resolution, the Board of Supervisors approved a term of five and one-half years for the two contracts from July 1, 2010 through December 31, 2015, and the combined amount for the two contracts was \$34,773,853.
- Actual expenditures for the subject contracts are \$13,338,808 for children, youth and families and \$15,088,484 for adults from July 1, 2010 through June 30, 2014, totaling \$28,427,292.
- The proposed resolution would approve amendments to the two existing contracts between DPH and RAMS increasing the contracts' not-to-exceed amounts by \$9,181,979, from \$34,773,253 to \$43,955,232, to be expended in Fiscal Years 2014-15 and 2015-16.
- The increases in the two DPH contracts with RAMS are due to expanded services.

Fiscal Impact

- The proposed resolution would increase the two contracts' total not-to-exceed amounts by \$9,181,979, from \$34,773,253 to \$43,955,232.
- Based on expenditure data provided by DPH, the Budget and Legislative Analyst recommends reducing the not-to-exceed contract amount by \$1,448,718, from the requested \$43,955,232 to the recommended \$42,516,514.

Recommendations

- Amend the proposed resolution to reduce the contract not-to-exceed amount for (a) children, youth and families by \$915,175, from the requested \$20,819,627 to the recommended \$19,904,452, and (b) adults by \$533,543, from the requested \$23,135,605 to the recommended \$22,602,062. The total recommended reduction in the not-to-exceed contract amount is \$1,448,718, from the requested \$43,955,232 to the recommended \$42,516,514.
- Amend the proposed resolution (page 1, lines 14 through 17) to state that the contract amounts are increasing "by \$4,756,543 for services for children, youth and families, and \$4,425,436 for services for adults, respectively, a total value of \$8,631,146".
- Approve the proposed resolution as amended.

MANDATE STATEMENT

In accordance with Charter Section 9.118, (a) any contract for \$10,000,000 or more or a term of more than ten years, or (c) such contract with an amendment of more than \$500,000, is subject to Board of Supervisors approval.

BACKGROUND

On December 1, 2010, the Board of Supervisors retroactively authorized two Department of Public Health (DPH) contracts with Richmond Area Multi-Services, Inc. (RAMS), a non-profit agency, to provide behavioral health services to 1) children, youth and families and 2) adults. (File 10-0927). Under the original resolution, the Board of Supervisors approved a term of five and one-half years for the two contracts from July 1, 2010 through December 31, 2015, and the combined amount for the two contracts was \$34,773,853.

Children, Youth and Families Contract

The scope of work for the children, youth and families contract included the following programs:

- Outpatient Services Program and Early Periodic Screening Diagnosis and Treatment

Provide mental health outpatient & prevention services that include individual & group counseling, family collateral counseling, targeted case management services, crisis intervention, substance abuse and risk assessment, psychiatric evaluation & medication management, psychological testing & assessment, psycho-education, information, outreach & referral services and collaboration/consultation with substance abuse, primary care and school officials.

- Outpatient Services School-Based Partnership

Counselors provide on-site mental health service to the students referred for services which may include initial assessment, individual therapy, group therapy, family therapy, case management, and collateral and crisis intervention.

- Wellness Centers Program

Referred students receive an on-site, face-to-face confidential assessment evaluation. The RAMS school-based assessment assesses the student's strengths and interactions between psychological, biological, sociocultural and environmental factors that are impacting the youths functioning in school, at home in the community.

- Fu Yau Project

Provides mental health consultations and early intervention services to children, prenatal to five years old, in order to prevent emotional disturbance. Interventions include individual and group consultations, child observations, training/parent support groups and direct services.

- Summer Bridge

An eight-week summer mentoring program for youth ages 16 to 20 currently enrolled in or recently graduated from high school. Outcomes include promoting awareness of psychological well-being and to foster interest in health and human services as career options.

Adult Contract

The scope of work for the adult contract included the following programs:

- Adult/Older Adult Outpatient Services Program

Serves adult and older adult residents in need of psychiatric services, ranging from those with severe behavioral health symptoms and functional impairments with many repeat users of higher end emergency, acute and institutional care and supporting transition into the community. Special focus serving the Asian and Pacific Islander and Russian-speaking communities.

- Hire-Ability Vocational Services – Employee Development Program

Provides vocational services including vocational assessments, job skills training, on-site work experience, vocational counseling and job coaching and classes/workshops aimed at building strengths toward employment readiness.

- Broderick Street Adult Residential Program

Operates a facility providing 24/7 behavioral and mental health services that include individual and group counseling, case management, crisis intervention, psychiatric evaluation and medication management; psycho-education, family collateral counseling; psychological testing and assessment; information & referral and consultation. Psycho-educational activities have included holistic & complementary practices, wellness recovery groups/workshops and psychotropic medication.

- Peer Specialist Mental Health Certificate Program

In collaboration with San Francisco State University, the Peer Specialist Mental Health Certification Program prepares consumers and or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care with academic/career planning. Course activities include interactive lectures, classroom exercises, job shadowing, service learning reports and examinations.

Expenditures under the current contracts

Under the two existing contracts, Richmond Area Multi-Services submits invoices to DPH for the actual costs of salaries, fringe benefits, and other direct costs for reimbursements. According to Ms. Okubo, actual expenditures are \$13,338,808 for children, youth and families and \$15,088,484 for adults from July 1, 2010 through June 30, 2014, totaling \$28,427,292. These expenditures are summarized in Table 1 below.

Table 1: Contract Expenditures through June 30, 2014

Year	Children, Youth and Families	Adults	Total
FY 2010-11	\$3,022,718	\$2,657,026	\$5,679,744
FY 2011-12	3,106,949	3,877,678	6,984,627
FY 2012-13	3,345,073	4,134,773	7,479,846
FY 2013-14	3,864,068	4,419,007	8,283,075
Total	\$13,338,808	\$15,088,484	\$28,427,292

Source: DPH

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve amendments to the two existing contracts between DPH and Richmond Area Multi Services, Inc. increasing the contracts' not-to-exceed amounts by \$9,181,979, from \$34,773,253 to \$43,955,232, to be expended in Fiscal Years 2014-15 and 2015-16, as shown in Table 2 below.

Table 2: Proposed Increase in Not-to-Exceed Amounts

	Original Contract Amount	Previously Approved by Board of Supervisors	Proposed Amount	Increase from Original Amount
Children, Youth and Families	\$16,063,084	\$16,063,084	\$20,819,627	\$4,756,543
Adults	14,504,459	18,710,169	23,135,605	4,425,436
Total	\$30,567,543	\$34,773,253	\$43,955,232	\$9,181,979

Source: Contracts between DPH and RAMS

According to Ms. Anne Okubo, DPH Deputy Finance Officer, the increases in the two DPH contracts with RAMS are due to expanded services. The Department's FY 2014-15 budget, approved by the Board of Supervisors, included additional funds to increase behavioral health and other health services provided by community-based organizations.

The amended contract for adult services would also include the following additions to the scope of work:

- Broderick Street Adult Residential Care Facility

The Broderick Street Adult Residential Care Facility is a supportive housing program managed by the Department's Housing and Urban Health program. RAMS provides outpatient behavioral health, medication support, and other services to the 33 residents.

- i-Ability, Vocational IT

Provides IT vocational services including vocational assessments, job skills training, on-site work experience, vocational counseling & job coaching designed to provide IT support services and engage consumers for improved emotional/physical well-being and to obtain and retain competitive employment.

- Asian Pacific Islander Health Parity Coalition

Implements culturally-relevant mental health promotion/capacity building activities, which may include (1) mental health first aid trainings, (2) mental health peer educator trainings and outreach and (3) anti-stigma trainings and community presentations.

FISCAL IMPACT

The proposed resolution would increase the two contracts' total not-to-exceed amounts by \$9,181,979, from \$34,773,253 to \$43,955,232. Based on expenditure data provided by DPH, the Budget and Legislative Analyst recommends reducing the not-to-exceed contract amount by \$1,448,718, from the requested \$43,955,232 to the recommended \$42,516,514, as shown in Table 3 below.

Table 3: Budget and Legislative Analyst's Recommendations

	Children, Youth and Families	Adults	Total
Actual expenditures through June 30, 2014	\$13,338,808	\$15,088,484	\$28,437,292
FY 2014-15 budget	\$3,908,121	\$4,472,368	\$8,380,489
FY 2015-16 budget (July to December)	1,954,061	2,236,184	4,190,245
12% contingency	703,462	805,026	1,508,488
Total budget	\$6,565,644	\$7,513,578	\$14,079,222
Total actual and budgeted expenditures	19,904,452	22,602,062	42,506,514
Requested contract amount (See table 2 above)	20,819,627	23,135,605	43,955,232
Recommended reduction	(\$915,175)	(\$533,543)	(\$1,448,718)

The proposed resolution should be amended (page 1, lines 14 through 17) to correctly state the amount of the amended contract. The resolution currently states that the contract amounts are increasing "by \$8,631,146 for services for children, youth and families, and \$4,755,943 for services for adults, respectively, a total value of \$13,387,089". The resolution should be amended to state that the contract amounts are increasing "by \$4,756,543 for services for

children, youth and families, and \$4,425,436 for services for adults, respectively, a total value of \$8,631,146”.

RECOMMENDATIONS

1. Amend the proposed resolution to reduce the not-to-exceed contract amount for (a) children, youth and families by \$915,175, from the requested \$20,819,627 to the recommended \$19,904,452, and (b) adults by \$533,543, from the requested \$23,135,605 to the recommended \$22,602,062. The total recommended reduction in the not-to-exceed contract amount is \$1,448,718, from the requested \$43,955,232 to the recommended \$42,516,514.
2. Amend the proposed resolution (page 1, lines 14 through 17) to that the contract amounts are increasing “by \$4,756,543 for services for children, youth and families, and \$4,425,436 for services for adults, respectively, a total value of \$8,631,146”.
3. Approve the proposed resolution as amended.