

PEOPLESFT CITY/COUNTY OF SAN FRANCISCO PROFESSIONAL SERVICES PURCHASE ORDER RELEASE REQUEST FORM	FY: 2019-20 Original Modification-Increase Modification-Decrease Modification-No Cost		DOCUMENT NUMBER 0000327882	DEPARTM 82 Mental Health & Substance Abuse DEPARTME HM-19-6995-MH/SA DATE 12/1/19 PAGE 1 OF 1
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Complete for Contract Order type Agreements and Contracts	Amount of this Encumbrance	For PO only, no funding release	ORIGINAL APPROVED CONTRACT \$ 20,247,884	ORIGINAL CONTRACT ID#1000010839	PERIOD COVERED FROM 7/1/19 TO 6/30/20
OTHER DEPARTMENT	CIVIL SERVICE RESOLUTION NO.: 46987-16/17; 6/19/17, 44670-16/17; 6/19/17 and 7/15/19				

CONTRA Richmond Area Multi-Services Inc. ADDRESS (Children) 639 14th Avenue San Francisco, CA 94118	VENDOR NO: 0000012195 FEIN/SSN No. 23-7389436 Phone # (415) 800-0699 FAX (415) 751-7336	01	DELIVER TO:	SEND INVOIC (Inter-Office) PH&P Accounting Office 1380 Howard St., Rm. 447 San Francisco, CA 94103
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TERMS OF PAYMENT Monthly	RETAINAGE REQUIRED, IF YES, AMOUNT OR %	YES/NO: NO	INSURANCE EXPIRATION REQUIRED AMOUNT DATE ATTACH:
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COMMODITY OR SERVICE 7400-20 (CMHS) 7400-18 (CSAS) RFQ17-2016 7/20/16 RFP 1-2017 3/24/17 RFQ 13-2017 9/28/17 RFQ16-2018 5/4/18	DETAILED DESCRIPTION OF SERVICES AND PRODUCTS FY 19-20 Amendment -1 per FN#1 dated 9/10/19 (Reduce contract term up to 6/30/22 only when is the day of PSC 46987 expire).							WORKER'S COMP \$1,000,000 7/1/20 <input checked="" type="checkbox"/>																																																																																																								
	<table border="1"> <thead> <tr> <th>Contract Term:</th> <th>Original Award:</th> <th>Contingency Approved</th> <th>Contingency Used</th> <th>Encumb. Per Transation</th> <th>Encumb. Total</th> <th>Contingency Still Avail.</th> <th></th> </tr> </thead> <tbody> <tr> <td>7/1/18-6/30/22</td> <td>1,613,513</td> <td></td> <td></td> <td>1613513</td> <td>1613513</td> <td></td> <td></td> </tr> <tr> <td>18-19 Prev. Encu. ID1000008292</td> <td>4,894,965</td> <td></td> <td></td> <td>3,281,452</td> <td>3,281,452</td> <td></td> <td></td> </tr> <tr> <td>18-19 To Be Encu.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>19-20 This Encu.</td> <td>4,965,003</td> <td></td> <td></td> <td>4,965,003</td> <td>4,965,003</td> <td></td> <td></td> </tr> <tr> <td>20-21 To Be Encu.</td> <td>5,048,835</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>21-22 To Be Encu.</td> <td>5,134,762</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>22 - 23 To Be Encu.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Reduced funding covered by CID8292</td> <td>(1,613,513)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total contract</td> <td>18,430,052</td> <td>1,817,832</td> <td>-</td> <td>8,246,455</td> <td>8,246,455</td> <td>1,817,832</td> <td></td> </tr> <tr> <td>Contingency Used</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contingency Still Avail</td> <td>1,817,832</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Blanket Total</td> <td>20,247,884</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Contract Term:	Original Award:	Contingency Approved	Contingency Used	Encumb. Per Transation	Encumb. Total	Contingency Still Avail.		7/1/18-6/30/22	1,613,513			1613513	1613513			18-19 Prev. Encu. ID1000008292	4,894,965			3,281,452	3,281,452			18-19 To Be Encu.								19-20 This Encu.	4,965,003			4,965,003	4,965,003			20-21 To Be Encu.	5,048,835							21-22 To Be Encu.	5,134,762							22 - 23 To Be Encu.								Reduced funding covered by CID8292	(1,613,513)							Total contract	18,430,052	1,817,832	-	8,246,455	8,246,455	1,817,832		Contingency Used	0							Contingency Still Avail	1,817,832							Blanket Total	20,247,884							COMP. GEN. LIABILITY \$1,000,000 7/1/20 <input checked="" type="checkbox"/>
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PREPARED BY (Print) Ada Ling Senior Administrative Analyst Phone # 255-3493 Fax # 252-3088 (Signature) (Print Name)	AP-Contracts:	SYSTEM USE
	BOARD OR COMMISSION	REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPER
		CONTROLLER

e	Document Number		Amount	Index Code	ATTACHED <input type="checkbox"/>
	No.	Number Suffix			
	For PO only, no funding release				

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

Amendment One

THIS AMENDMENT (this “Amendment”) is made as of **November 1, 2019** 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 and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal/ Qualifications (“RFP”/RFQ”) RFQ 17-2016 issued on 7/20/16, RFP 1-2017 issued on 3/24/17; RFP 13-2017 issued on 9/28//17 and RFP 16-2018 issued on 5/4/18 in which City selected Contractor as the highest qualified scorer pursuant to the RFP/RFQ; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 46987-16/17 on June 19, 2017 and 44670-16/17 (Mod-1) on July 15, 2019.

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

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

ARTICLE 1 DEFINITIONS

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Agreement dated July 1, 2018, Contract Numbers 1000010839 between Contractor and City and this Amendment One.

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

ARTICLE 2 MODIFICATIONS TO THE AGREEMENT

The Agreement is hereby modified as follows:

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

2.1 **The term of this Agreement** shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

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

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

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

3.3.1 Payment Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Seventy Nine Thousand Two Hundred Five Dollars (\$9,679,205)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

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

2.3 *Audit and Inspection of Records . Section 3.4 of the Agreement currently reads as follows:*

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. 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 fewer 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 as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

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

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. 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 fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing,

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 as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

2.4 Assignment, Section 4.5 of the Agreement currently reads as follows:

4.5 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 Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

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

4.5 Assignment

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.5 Insurance, Section 5.1 of the Agreement currently reads as follows:

5.1 Insurance

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

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) 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.

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

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

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

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

(b) 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.

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 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.

5.1.5 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.

5.1.6 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.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy 5.1.8The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

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

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

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

5.1 Insurance.

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

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.
- (c) 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.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.
- (f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

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

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

"Contractor shall provide thirty (30) days' advance written notice to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City address set forth in Section 11.1 entitled "Notices to the Parties."

5.1.5 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.

5.1.6 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.

5.1.7 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.

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

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

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

2.6 Withholding, *Section 7.3 is added to the agreements and reads as follows:*

7.3 Withholding

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.7 Termination and Default, *Section 8.2 of the agreement currently reads as follows:*

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Reserved. Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) 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; (iii) makes an assignment for the benefit of its creditors; (iv) 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 (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) 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, (ii) 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 (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 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, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

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

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default (“Event of Default”) under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws

Article 7	Payment of Taxes	Article 13	Data and Security
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(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) 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; (iii) makes an assignment for the benefit of its creditors; (iv) 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 (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) 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, (ii) 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 (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 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, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

2.8 *Rights and Duties Upon Termination or Expiration, Section 8.4 of the agreement currently reads as follows:*

8.4 Rights and Duties Upon Termination or Expiration

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall 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.

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

8.4 Rights and Duties upon Termination or Expiration.

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security

		Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall 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.

2.9 Public Access to Nonprofit Records and Meetings. *Section 10.15 of the Agreement currently reads as follows:*

10.15 Reserved - Public Access to Nonprofit Records and Meetings. :

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

10.15 Public Access to Nonprofit Records and Meetings. If 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 must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

2.10 Consideration of Salary History. *Section 10.4 is added to the agreements and reads as follows:*

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.11 Minimum Compensation Ordinance, *Section 10.7 of the Agreement currently reads as follows:*

10.7 Minimum Compensation Ordinance.

Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

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

10.7 Minimum Compensation Ordinance.

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

2.12 Health Care Accountability Ordinance, Section 10.8 of the Agreement currently reads as follows:

10.8 Health Care Accountability Ordinance.

Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

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

10.8 Health Care Accountability Ordinance.

If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. 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. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

2.13 Limitations on Contributions, Section 10.11 of the Agreement currently reads as follows:

10.11 Limitations on Contributions.

By executing 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. 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. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

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

10.11 Limitations on Contributions

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of 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, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. 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 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.14 Article 10, Additional Requirements Incorporated by Reference, Section 10.17 of the Agreement currently reads as follows:

10.17 Reserved. (Sugar-Sweetened Beverage Prohibition).

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

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.15 Incorporation of Recitals. *Section 11.3 of the Agreement currently reads as follows:*

11.3 Reserved

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

11.3 Incorporation of Recitals. The matters recited above are hereby incorporated into and made part of this Agreement.

2.16 Order of Precedence, Section 11.13 of the Agreement currently reads as follows:**11.13 Order of Precedence.**

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

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

11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement and implementing task orders. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the Contractor's printed terms.

2.17 Notification of Legal Requests, Section 11.14 is added to the Agreement and reads as follows:**11.14 Notification of Legal Requests.**

Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.18 Management of City Data and Confidential Information, Section 13.5 is added to the Agreement and reads as follows:**13.5 Management of City Data and Confidential Information****13.5.1 Access to City Data.**

City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.5.2 Use of City Data and Confidential Information.

Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to

Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.5.3 Disposition of Confidential Information.

Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

2.19 Appendices A and A-1 through A-4 dated 11/01/19 (i.e. November 1, 2019) are hereby added for FY 2019-20.

2.20 Appendices B and B-1 through B-4 dated 11/01/19 (i.e. November 1, 2019) are hereby added for FY 2019-20.

2.21 Appendix E dated 6/21/17 (i.e., June 21, 2017) is deleted and Appendix E dated 4/12/18 (i.e., April 12, 2018) is hereby added, substituted and incorporated by reference.

ARTICLE 3 EFFECTIVE DATE

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

ARTICLE 4 LEGAL EFFECT

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

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

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi Services, Inc

DocuSigned by:
Greg Wagner 6/18/2020 | 4:38 PM PDT
28527524752949F... Date
Greg Wagner
CFO
Department of Public Health

DocuSigned by:
Angela Tang 5/18/2020 | 11:48 PM PDT
6F19A81D004F44B... Date
Angela Tang
Director of Operations
Supplier ID: 0000012195

Approved as to Form:

Dennis J. Herrera
City Attorney



By: DocuSigned by:
Louise S. Simpson 6/18/2020 | 3:36 PM PDT
BD54168A4C3B452... Date
Louise S. Simpson
Deputy City Attorney

Approved:

DocuSigned by:
Taraneh Moayed 6/18/2020 | 4:42 PM PDT
9AEA44694D514E7... Date
Taraneh Moayed
Taraneh Moayed for Sailaja Kurella

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

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

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

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1a Children Outpatient

Appendix A-1b Children Outpatient SD

Appendix A-2 Children Managed Care Outpatient

Appendix A-3a Children-Wellness Center Mental Health

Appendix A-3b Children-Wellness Center Substance Abuse

Appendix A-3c MHSA PEI School – Based Wellness

Appendix A-4 ECMHCI (Fu Yau) Project

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

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

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

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

Program Code: 3894-7, 3894MC

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

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

4. Target Population

youth between the ages of 2-21 who are beneficiaries of public health insurance (e.g. Medi-Cal), and their siblings and parents who 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 U.S.-born – a group that is traditionally underserved. There is targeted outreach and services to the Filipino community. Included are services to LGBTQIQ youth and families.

Additionally, the RAMS CYF Outpatient Services serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. EPSDT is a required benefit for all "categorically needy" children (e.g. poverty-level income, receiving SSI, or receive federal foster care or adoption assistance). All San Franciscans under the age 21 who are eligible to receive the full scope of

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services. RAMS CYF Outpatient Services also include Educationally Related Mental Health Services (ERMHS) to clients referred from SFUSD; in doing so, the agency provides ERMHS services at the outpatient clinic as well as on-site services for ERMHS students at Bessie Carmichael Elementary and Middle Schools, Longfellow Elementary School, Independence High School and SOTA/Academy.

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Program Code: 38947		Program Code: 3894MC	
	Units of Service (UOS) minutes	Unduplicated Clients (UDC)	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	2,815	Included	1,071	Included
Mental Health Services	203,752	160	24,294	15
Medication Support	6,678	Included	5	Included
Crisis Intervention	31	Included	120	Included
Mental Health Promotion	415	Included	n/a	n/a
Total UOS Delivered	213,690		9,127	
Total UDC Served		160		15

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 about 18,000 adults, children, youth & families at about 90 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, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage &

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

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

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

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

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

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

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

The RAMS CYF OPS program design includes behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; targeted case management services; crisis intervention; substance abuse

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

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

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

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

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

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

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

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

E. Program staffing

See BHS Appendix B CRDC page.

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

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

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

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

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director 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. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC) which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator and Clinical Supervisor (licensed marriage & family therapy and direct service practitioner), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; staff may meet from weekly to monthly intervals with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality 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). The Council is also involved in the PURQC Level 2 reviews, which are conducted on a quarterly basis. 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), monthly grand rounds, and monthly case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

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

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality 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 suggestion boxes in the two client wait areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback. Improvement and/or adjustment to service

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1a, A2
Program Name: Children Outpatient, Children Managed Care	Contract Term: 07/01/19-6/30/20

delivery will be done, as appropriate, after director and staff reviewing feedback from survey and Youth Council.

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

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

9. Required Language:

Not Applicable.

Contractor Name: RICHMOND AREA MUTUAL-SERVICES, Inc.	Appendix A-1b
Program Name: Children Outpatient SED	Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

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

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

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

Program Code: 3894-SD

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

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

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

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

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

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide on-site, school-based mental health services for students with the former designation of “Emotional Disturbance” (ED) and currently placed in SOAR (Success, Opportunity, Achievement and Resiliency) Academy, and other special education students that have identified mental health needs (i.e., ERMHS status), and support to teachers/classroom/school environments to increase student engagement in learning and school connection.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

4. Target Population

The San Francisco Unified School District (SFUSD), serving the following schools: Denman, Herbert Hoover, and Presidio Middle Schools as well as George Washington, Mission, and Galileo High Schools for Emotionally Disturbed (ED) youth and their families and support to the school personnel who work with them.

Other target populations may also include students (with ERMHS status) involved in SOAR class or other Learning Disabled (LD) programs experiencing mental health difficulties that are impacting their ability to learn, who could potentially be qualified as “ED.”

5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	981	Included
Mental Health Services	78,745	120
Medication Support	593	Included
Crisis Intervention	40	Included
Mental Health Promotion	824	Included
Administrative Work	1,073	Included
Total UOS Delivered	82,256	
Total UDC Served		120

6. Methodology

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

School-Based Mental Health Partnership (SBMHP) Manager/Coordinator and Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, counselors, 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 not limited to, active participation/ presentation in at least one Special Education department meeting and/or an Individualized Education Plan (IEP) meeting.

SBMHP Coordinator and/or Behavioral Health Clinicians/Counselors participate in meetings (e.g. IEPs, staff meetings, etc.) 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

- **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/ERMHS classification, SOAR Academy & 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/Pull Out” Groups:** Working with students (in and out of the SOAR classroom setting), teachers, and paraprofessionals to engage students in social and emotional learning programs to develop pro-social skills, frustration tolerance, and empathy development. Some of the High School groups are “Pull Out” groups (not in the SOAR class)

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

Students in SOAR classrooms, with Educationally Related Mental Health Services (ERMHS) status, or other special education classes are referred by school personnel to the on-site RAMS Clinicians/Counselors.

- 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: 28 hours of on-site services at George Washington High School, 20 hours each at Galileo and Mission High Schools as well as Hoover and Presidio Middle Schools, and 24 on-site hours at Denman Middle School, when schools are in operation (including summer school). Depending on the IEP, students may receive 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, if student has Medi-Cal; others may be referred to their medical homes. 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

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 provide "push in" groups in the classrooms, as well as "pull out" group therapy in some high schools. 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. Describe your program's exit criteria and process, e.g. successful completion

The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, in accordance with the IEP, and reviewed by the clinical authorization committee and in consultation with SFDPH BHS. RAMS Clinicians/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. Furthermore, clients' transferring to other schools is also taken into consideration.

E. Program staffing

See BHS Appendix B CRDC page.

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

RAMS indirect services/activities include working in the milieu of the SOAR classroom by conducting classroom observations, providing consultation to SOAR staff, supporting de-escalation of students, and providing informal support to students who have yet to be opened as clients, attending SOAR Team meetings and SFUSD/SOAR trainings.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Family Performance Objectives FY 19-20.

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 Plan of Care timelines. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

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. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality, including tracking reports provided by Avatar to ensure documentation timeliness. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Quality Improvement Supervisor (licensed clinical social worker), Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Coordinator/Clinical Supervisor (licensed marriage & family therapist), and other licensed staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc.

In addition to the program's documentation review, the RAMS Quality 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). The council is also involved with the PURQC Level 2 reviews, which are conducted quarterly. 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), monthly case conferences, and monthly clinical grand rounds. 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'

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-1b
Program Name: Children Outpatient SD	Contract Term: 07/01/19 – 06/30/20
	Funding Source: (non-BHS only)

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

D. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination biannually. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality 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 waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management. On an annual to biannual basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

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

9. Required Language:

Not Applicable.

1. Identifiers:

Program Name: Wellness Centers Support & Training
 Program Address: 3626 Balboa Street
 City, State, Zip: San Francisco, CA 94121
 Telephone: (415) 668-5955
 Fax: (415) 668-0246
 Website Address: www.ramsinc.org

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

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

Program Code: 3894-6

Wellness Centers are located at:

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

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

To provide integrated behavioral health and case management services at 16 of the high school-based Wellness Centers and intensive case management services to court-ordered youth on probation.

4. Target Population

The target population includes 16 SFUSD high schools (e.g. students & families; administrators & teachers), focusing on students with behavioral health concerns. Additionally, RAMS serves Early and Periodic Screening Diagnosis and Treatment (EPSDT) eligible residents who are not currently served by the SF community mental health system. All San Franciscans under the age 21 who are eligible to receive the full scope of Medi-Cal services and meet medical necessity, but who are not currently receiving the same model of mental health services and not receiving services through capitated intensive case management services, i.e. Intensive Case Management, are eligible for EPSDT services.

The SF TRACK (Treatment Recovery Accountability Collaboration Knowledge) serve youth at-risk or already involved in juvenile justice, regardless of their school or court placement, and is a portable intensive outpatient treatment program that serves qualified youth on probation.

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

Program Code: 38946

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management	10,000	Included
Mental Health Services	33,800	65
Medication Support	2,000	Included
Crisis Intervention	2,400	Included
Total UOS Delivered	48,200	
Total UDC Served		65

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Outreach and Promotion	80	750
Screening and Assessment	105	90
Mental Health Consultation	183	150
Individual Therapeutic Services	588	90
Group Therapeutic Services	120	40
Total UOS Delivered	1,076	

6. Methodology

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

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

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

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

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

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

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

For the SF TRACK program, students can be referred by probation officers, attorneys, public defenders, judges, parents, schools, treatment providers etc. Each student receives a CANS assessment by SF-AIIM Higher, a DPH provider that centralizes referrals, assessments and triaging to SF TRACK partners. Youth must be ages 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.

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. (8 a.m. – 4 p.m.). During a crisis, the Counselor may stay longer to assist with care transition (e.g. Child Crisis), in consultation with the RAMS Director of Behavioral Health Services, Clinical Supervisor and Wellness Center team. During school breaks, RAMS offers direct services (counseling, case management, crisis intervention) at various locations (e.g., summer school, RAMS Outpatient Clinic, and in the community).

The RAMS model of Wellness services' treatment modalities & strategies include: multi-lingual and multi-cultural behavioral health (mental health & substance abuse) assessment and individual & group intervention (short, medium, & long-term counseling, collateral); crisis intervention; substance use/abuse services (primary and secondary prevention and outpatient services); clinical case management and service coordination & liaison (community providers, emergency support services); consultation; outreach & educational activities for students & parents and teachers; and collaborating with Wellness staff in outreaching to students including general population as well as specific/targeted, hard to reach communities. Furthermore, RAMS provides at least one ongoing behavioral health group 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 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 TRACK offers a skills-based, multi-phase, mobile, intensive outpatient treatment program to youth and their families at home, school and in the community. Each client is offered individual and family therapy at locations that are flexible and portable to optimize successful engagement of clients and their families. Case Management with schools and community services is also offered to enhance positive connections in a client's life.

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

For the Wellness Centers Program, disposition of all cases are conducted in accordance to clinical standards of care, in collaboration with the client and family (and other parties involved), and through

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

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.

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

E. Program staffing.

See BHS Appendix B.

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

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2018-19, there are six graduate school interns (counseling) and six 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 TRACK is staffed by a Program Manager, one full time Senior Case Manager, and one full time Clinical Case Manager. All participate in providing individual, and family therapy and case management services.

F. Mental Health Services Act Programs

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

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school's needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-3a through A-3c
Program Name: Wellness Centers Support & Training	Contract Term: 07/01/19 – 06/30/20

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.

2. **MHSA Vision:** Providers have 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, Vietnamese, Tongan, Khmer, Turkish, & Korean 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. In addition, there is an ongoing selection of topics that are provided to ensure retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

A. Standard Objectives:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performances objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording client's primary care provider at case opening in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services 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. Quality of documentation, including a description of internal audits

The program utilizes various mechanisms to review documentation quality. Client charts are reviewed by clinical supervisors at 12 session (medium intensity) and 20 session (long term) for quality, thoroughness, accuracy and appropriateness of continuation of services. Long-term cases are reviewed by clinical supervisor and Director of Behavioral Health Services/Program Director, on at least, a quarterly basis. RAMS maintains a system/procedure to ensure that majority of clients receive short-term interventions and that clients receiving medium to long-term interventions are monitored. 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 service utilization committee (e.g. PURQC); based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback.

In addition to the program's documentation review, the RAMS Quality Council conducts a 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, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality 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 meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Satisfaction with services

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

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

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

9. Required Language:

Not Applicable.

Program Name: ECMHI-Fu Yau

Contract Term: 07/01/19 – 06/30/20

1. Identifiers:

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

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

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

Program Code: Not Applicable

2. Nature of Document

Original Contract Amendment Internal Contract Revision

3. Goal Statement

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

4. Target Population

Young children from prenatal to five years old, who are from low-income families, TANF and CalWORKs recipients, with a special focus on new immigrants and refugees residing in San Francisco, and are underserved families of color in San Francisco.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: ECMHI-Fu Yau	Contract Term: 07/01/19 – 06/30/20

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

<i>Child Care Sites</i>	<i># of Children</i>	<i># of Classrooms</i>	<i># of Staff</i>	<i>Language Capacity</i>	<i>Site Type</i>	<i>Funding</i>	<i>Consultant Name</i>	<i>Consultant Hours/Week</i>
DCYF								
Felton Martin Luther King Child Care	36	6	7	English/Japanese	ECE	DCYF	Maki Yamamoto	8
Kai Ming-Rainbow	41	3	12	English/Chinese	ECE	DCYF	Diana Chu	6
Cross Cultural Western Addition Child Care (site is not receiving ECMHCI network service)	18	1	4	English/Chinese	ECE	DCYF	open	
Nihonmachi Little Friends-Bush St.	90	2	19	English/Japanese	ECE	DCYF	Namie Ideura	6
Wah Mei	80	5	12	English/Chinese	ECE	DCYF	Juei-Chen "Lanny" Chao	6 biweekly
ABC Preschool	35	2	10	English/Japanese	ECE	DCYF	Namie Ideura	6
SFUSD								
SFUSD Gordon J. Lau	32	2	3	English/Chinese	ECE		Li-Wen Cheng	6
CCCC Chinatown/North Beach	24	1	4	English/Chinese	ECE		Diana Chu	6
Felton Learning Center	75	3	9	English/Japanese	ECE		Namie Ideura	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	ECE		Kenny Le	2 per mo.
Wu Yee Home-based-Bay View (2 groups)	60	3	30	English/Spanish	ECE		Raul Yepez	4 Per mo
Cross Cultural Oscaryne Williams Center of Hope *	30	2	10	English/Chinese	ECE		Tammy Yu	6
HSA								
Angela's Children's Center	42	3	20	English/Chinese	ECE	HSA	Diana Chu	6
Gum Moon Chinatown Resource Center	36	3	6	English/Chinese	ECE	HSA	Janny Wong	10

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

Chinatown Community Children’s Center-Chinatown	60	2	6	English/Chinese	ECE	HSA	Larissa Tam	6
Cross Cultural Cleo Wallace Child Care	18	4	16	English/Chinese	ECE	HSA	Tammy Yu	On-call per site’s request
Wu Yee New Generations	64	7	18	English/Chinese	ECE	HSA	Roy Cheng	6
Wu Yee Early Head Start 831 Broadway	26	4	12	English/Chinese	ECE	HSA	Juei-Chen “Lanny” Chao	6
Felton Sojourner Truth	30	2	10	English/Japanese	ECE	HSA	Maki Yamamoto	6
Wu Yee FCC Yi Li	8	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
Wu Yee FCC Xiao Ling	14	1	2	English/Chinese	FCC	HSA	Kenny Le	2 per mo.
Wu Yee FCC Siu Kam Cheung	6	1	2	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee FCC Qiu Mei Li	12	1	2	English/Chinese	FCC	HSA	Tammy Yu	2 per mo.
Wu Yee FCC Yi Hong Mai	8	1	2	English/Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Xia Zhen	8	1	2	English/Chinese	FCC	HSA	Harmonie Wong	2 per mo.
Wu Yee FCC Lillian Cai	6	1	2	English/ Chinese	FCC	HSA	Janny Wong	2 per mo.
Wu Yee FCC Xiao Li Chen	6	1	2	English/Chinese	FCC	HSA	Larissa Tam	2 per mo.
FCC Annie Liu	6	1	2	English/Chinese	FCC	HSA	Diana Chu	2 per mo.
FCC Ying Jun Ging	12	1	3	English/Chinese	FCC	HSA	Roy Cheung	2 per mo.
Wu Yee Head Start OMI	40	3	12	English/Chinese	ECE	HSA	Larissa Tam	6
Wu Yee Head Start West Side	30	2	6	English/Chinese	ECE	HSA	Namie Ideura	6
SFUSD Commodore-Stockton	120	5	20	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Noriega	140	7	30	English/Chinese	ECE	HSA	Kenny Le	6 biweekly
SFUSD Tule Elk Park (+TK)	96	6	24	English/Chinese	ECE	HSA	Tammy Yu	6
SFCFC PFA								
Telegraph Hill Neighborhood Center	99	5	25	English/Chinese	ECE	PFA	Diana Chu	6
SFUSD Excelsior @ Guadalupe	60	3	20	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Jefferson	42	2	11	English/Chinese	ECE	PFA	Namie Ideura	6
Chibi Chan	56	3	12	English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly
Chibi Chan Too				English/Japanese	ECE	PFA	Li-Wen Cheng	6 biweekly

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

SFUSD Tenderloin	24	2	12	English/Japanese	ECE	PFA	Aya Sato	6
Glide Child Care Center	49	2	12	English/Tagalog	ECE	PFA	Aya Sato	6
Kai Ming Broadway	56	3	12	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Geary	60	2	10	English/Chinese	ECE	PFA	Harmonie Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	ECE	PFA	Li-Wen Cheng	6
Kai Ming Powell	20	1	5	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Richmond	30	2	8	English/Chinese	ECE	PFA	Larissa Tam	6
Kai Ming St. Luke's	60	3	10	English/Chinese	ECE	PFA	Tammy Yu	6
Kai Ming Sunset	44	2	8	English/Japanese	ECE	PFA	Larissa Tam	6
WuYee Head Start Cadillac	40	2	8	English/Japanese	ECE	PFA	Aya Sato	6
SFUSD Argonne	82	4	12	English/Japanese	ECE	PFA	Namie Ideura	6
SFUSD E.R. Taylor	80	4	5	English/Chinese	ECE	PFA	Harmonie Wong	6
SFUSD Grattan	40	2	10	English/Japanese	ECE	PFA	Li-Wen Cheng	6
The Family School Mission/ Bernal Heights	48	3	12	English/Spanish	ECE	PFA	Raul Yepez	6
True Sunshine	44	2	11	English/Chinese	ECE	PFA	Kenny Le	6 biweekly
Wu Yee Generations	36	1	8	English/Chinese	ECE	PFA	Roy Cheung	6
Wu Yee Lok Yuen	40	2	10	English/Chinese	ECE	PFA	Kenny Le	6
Wu Yee Tenderloin GoldenGate 177	32	2	6	English/Spanish	ECE	PFA	Raul Yepez	6
Training Institute						PFA	Li-Wen Cheng	3 hrs per mo./ Five MHC
SRI								
Gum Moon – Richmond Family Support Center	24	1	6	English/Chinese	FRC	SRI	Roy Cheung	6
Glide Family Resource Center	30	1	6	English/Chinese	FRC	SRI	Aya Sato	6
Wu Yee Joy Lok	30	1	15	English/Chinese	FRC	SRI	Kenny Le	6 biweekly
Potrero Hill Family Resource Center	30	1	5	English/Chinese	FRC	SRI	Roy Cheung	2 per mo.
MHSA								
Sunset Family Resource Center (aka Asian Family Support Center – Sunset and Sunset Beacon	30	2	5	English/Chinese	FRC	MHSA	Harmonie Wong/Juei-	6 for each site

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

							Chen “Lanny” Chao	
FCCQN Group		63		English/Chinese	FCC	MHSA	Tammy Yu and Larissa Tam	4

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: ECMHI-Fu Yau	Contract Term: 07/01/19 – 06/30/20

5. Modality(ies)/Interventions

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

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

Once the Site Agreement is completed and signed by all parties, a copy of the document is sent to the BHS ECMHCI Program Director 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.
- *Classroom/Child 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 trainings offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.
- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

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/or a staff member from the site, if necessary and possible. Interventions are informed by the Ages and Stages Questionnaire (ASQ) or the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). Service will only be delivered after parents/guardians have given their written consent and after consultation with staff at the site.
- *Mental Health Services-Individual/Family:* Therapeutic services for individual children and/or their family. Services are intended to address the mental health needs of children who need more support than what is offered through Early Intervention Services. Treatment is based on the child’s diagnosis and focuses on symptom reduction to improve functioning. Family therapy will include the identified child. An assessment and Plan of Care, which will describe the goals and interventions and will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.
- *Mental Health Services-Group:* Group therapeutic service that focuses on reducing the symptoms of a diagnosable mental health problem, which is impairing their functioning. The group modality will be used for those children whose mental health concerns would be improved through the experience of interacting with peers who may have similar concerns. An assessment and Plan of Care, which will describe the goals and interventions, will be completed to inform treatment. Parents/guardians will also be involved in the consultation process when this intensity of service is being considered. Parent/guardian consent will be needed prior to the start of services.

Units of Service (UOS) Description	Units of Service (UOS) minutes	Unduplicated Clients (UDC)
Case Management	9,666	inclusive
Mental Health Services	234,334	960
Medication Support	42,461	inclusive
Crisis Intervention	1,020	inclusive
Total UOS Delivered	287,481	
Total UDC Served		960

6. Methodology

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

Fu Yau Project currently has Site Agreements with several large, state and federally funded child-care organizations (e.g. Head Start and San Francisco Unified School District). Fu Yau (FY) also works with community-based, non-profits such as 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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

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.

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, Japanese, 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 four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau's office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- 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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

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, or at RAMS, 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:

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

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

Site providers (staff/administrators) and Fu Yau Consultants, with support as needed from the Director of Fu Yau Project meet at least once a year to assess/evaluate the mental health consultation needs of each site. In each of these meetings, the site administrators may choose to 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.

E. Program staffing.

See BHS Appendix B.

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

No indirect services are provided.

7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 19-20.

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. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service/treatment progress (level of engagement after intake, level of accomplishing treatment goals/objectives), service discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as documentation requirements.

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

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

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

- 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 objectives based on cultural competency principles; progress on objectives are reported by Program Director to executive management in monthly report, as applicable. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this informs the agency's strategic plan.
- RAMS Quality 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-4
Program Name: Fu Yau Project	Contract Term: 07/01/19 – 06/30/20

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

D. Satisfaction with services

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

E. Timely completion and use of outcome data

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

9. Additional Required Language

- For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-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 BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

Appendix B

Calculation of Charges

1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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 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. For the Fiscal year 2019-2020, the initial payment recovered period is January 1, 2020 through June 30, 2020. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

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

Budget Summary

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

- B. COMPENSATION

Compensation shall be made in monthly payments on or before the 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 Two Hundred Forty Seven Thousand Eight Hundred Eighty Four Dollars (\$20,247,884)** for the period of July 1, 2018 through June 30, 2022.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,817,832** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2018 through June 30, 2019	\$	3,281,452
July 1, 2019 through June 30, 2020	\$	4,965,003
July 1, 2020 through June 30, 2021	\$	5,048,835
July 1, 2021 through June 30, 2022	\$	<u>5,134,762</u>
Subtotal - July 1, 2018 through June 30, 2022	\$	18,430,052
Contingency	\$	<u>1,817,832</u>
TOTAL - July 1, 2018 through June 30, 2022	\$	20,247,884

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

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number (MH) 00343							Summary Page	1 of 2
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.							Fiscal Year	2019-2020
Contract CMS # 1000010839							Funding Notification Date	07/01/19
Contract Appendix Number	B-1a	B-1b	B-2	B-#	B-#	B-#		
Provider Number	3894	3894	3894					
Program Name(s)	Children Outpatient	Children Outpatient SD	Children Managed Care Outpatient					
Program Code(s)	38947	3894SD	3894MC				B-1 to B-2	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				SUBTOTAL	
FUNDING USES								
Salaries	\$ 494,839	\$ 248,857	\$ 52,780				\$ 796,476	
Employee Benefits	\$ 158,348	\$ 79,635	\$ 16,890				\$ 254,872	
Subtotal Salaries & Employee Benefits	\$ 653,187	\$ 328,492	\$ 69,670	\$ -	\$ -	\$ -	\$ 1,051,348	
Operating Expenses	\$ 64,433	\$ 32,403	\$ 10,101				\$ 106,937	
Capital Expenses							\$ -	
Subtotal Direct Expenses	\$ 717,620	\$ 360,895	\$ 79,771	\$ -	\$ -	\$ -	\$ 1,158,285	
Indirect Expenses	\$ 86,114	\$ 43,308	\$ 9,573				\$ 138,995	
Indirect %	12.0%	12.0%	12.0%	0.0%	0.0%	0.0%	12.0%	
TOTAL FUNDING USES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281	
						Employee Fringe Benefits %	See Next Page	
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED SDMC FFP (50%) CYF	\$ 286,496	\$ 128,777					\$ 415,273	
MH STATE CYF 2011 PSR-EPSDT	\$ 183,566	\$ 21,875					\$ 205,441	
MH Fed SDMC FFP (50%) Managed Care			\$ 4,200				\$ 4,200	
MH STATE 2011 PSR Managed Care			\$ 55,800				\$ 55,800	
MH MHA (PEI)		\$ 53,854					\$ 53,854	
MH STATE CYF 1991 Realignment	\$ 91,146	\$ 106,252					\$ 197,398	
MH CYF COUNTY General Fund	\$ 142,526	\$ 93,445	\$ 29,344				\$ 265,315	
MH CYF COUNTY General Fund (ERMHS)	\$ 100,000		\$ -				\$ 100,000	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281	
BHS SUBSTANCE ABUSE FUNDING SOURCES								
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES								
							\$ -	
							\$ -	
							\$ -	
							\$ -	
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281	
NON-DPH FUNDING SOURCES								
							\$ -	
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 803,734	\$ 404,203	\$ 89,344	\$ -	\$ -	\$ -	\$ 1,297,281	
Prepared By		Angela Tang, Director of Operation		Phone Number		415-800-0699		

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

DHCS Legal Entity Number (MH) 00343					Summary Page 2 of 2	
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.					Fiscal Year 2019-2020	
Contract CMS # 1000010839					Funding Notification Date 07/01/19	
Contract Appendix Number	B-3a	B-3b	B-3c	B-4		
Provider Number	3894	388915	3894	3894		
Program Name(s)	Children-Wellness Center	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)		
Program Code(s)	38946	38946	3894	3894		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
					B-3 to B-4	B1 to B-5
					SUBTOTAL	TOTAL
FUNDING USES						
Salaries	\$ 1,102,859	\$ 203,401	\$ 213,954	\$ 825,468	\$ 2,345,682	\$ 3,142,158
Employee Benefits	\$ 330,858	\$ 61,020	\$ 64,186	\$ 247,640	\$ 703,705	\$ 958,577
Subtotal Salaries & Employee Benefits	\$ 1,433,717	\$ 264,421	\$ 278,140	\$ 1,073,108	\$ 3,049,387	\$ 4,100,735
Operating Expenses	\$ 64,799	\$ 11,951	\$ 9,001	\$ 77,080	\$ 162,831	\$ 269,768
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 1,498,516	\$ 276,372	\$ 287,141	\$ 1,150,188	\$ 3,212,218	\$ 4,370,503
Indirect Expenses	\$ 179,822	\$ 33,165	\$ 34,458	\$ 138,022	\$ 385,466	\$ 524,461
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
					Employee Fringe Benefits %	30.3%
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	\$ 87,500				\$ 87,500	\$ 502,773
MH STATE CYF 2011 PSR-EPST	\$ 84,750				\$ 84,750	\$ 290,191
MH WO HSA DMSF CH DHS Childcare	\$ -			\$ 350,999	\$ 350,999	\$ 350,999
MH WO DCYF MH High School	\$ 1,246,782				\$ 1,246,782	\$ 1,246,782
MH WO DCYF Child Care	\$ -			\$ 158,712	\$ 158,712	\$ 158,712
MH WO HSA MH ECE/PFA	\$ -			\$ 629,323	\$ 629,323	\$ 629,323
MH WO CFC School Readiness	\$ -			\$ 102,741	\$ 102,741	\$ 102,741
MH WO DCYF Violence Prevention	\$ 67,000				\$ 67,000	\$ 67,000
MH Fed SDMC FFP (50%) Managed Care	\$ -				\$ -	\$ 4,200
MH STATE 2011 PSR Managed Care	\$ -		\$ -		\$ -	\$ 55,800
MH MHSA (PEI)	\$ -		\$ 321,599	\$ 42,603	\$ 364,202	\$ 418,056
MH MHSA (CSS)	\$ 143,572				\$ 143,572	\$ 143,572
MH STATE CYF 1991 Realignment	\$ -	\$ -			\$ -	\$ 197,398
MH CYF COUNTY General Fund	\$ 17,564		\$ -		\$ 17,564	\$ 282,879
MH CYF COUNTY General Fund (ERMHS)	\$ -		\$ -		\$ -	\$ 100,000
MH CYF COUNTY WO CODB	\$ 31,170			\$ 3,832	\$ 35,002	\$ 35,002
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,678,338	\$ -	\$ 321,599	\$ 1,288,210	\$ -	\$ 4,585,428
BHS SUBSTANCE ABUSE FUNDING SOURCES						
SA COUNTY - General Fund		\$ 173,166			\$ 173,166	\$ 173,166
SA WO - DCYF Wellness Centers		\$ 103,371			\$ 103,371	\$ 103,371
DCYF Joint Violence Prevention Initiative Work Order		\$ 33,000			\$ 33,000	\$ 33,000
					\$ -	\$ -
					\$ -	\$ -
					\$ -	\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ 309,537	\$ -	\$ -	\$ 309,537	\$ 309,537
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ -	\$ 4,894,965
NON-DPH FUNDING SOURCES						
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,678,338	\$ 309,537	\$ 321,599	\$ 1,288,210	\$ 3,597,684	\$ 4,894,965
Prepared By Angela Tang, Director of Operations					Phone Number 415-800-0699	

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

HCS Legal Entity Name (MH)/Contractor Name (SA) 00343						Appendix #	B-1a
Provider Name Richmond Area Multi-Services, Ir						Page #	1
Provider Number 3894						Fiscal Year	2019-2020
						Funding Notification Date	07/01/19
Program Name	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient		
Program Code	38947	38947	38947	38947	38947		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion		
Funding Term (mm/dd/yy - mm/dd/yy)	0701/18-06/30/19	0701/18-06/30/18	0701/18-06/30/19	0701/18-06/30/19	0701/18-06/30/19		TOTAL
FUNDING USES							
Salaries & Employee Benefits	6,245	584,524	35,437	130	26,850		653,187
Operating Expenses	616	57,660	3,496	13	2,649		64,433
Capital Expenses							-
Subtotal Direct Expenses	6,861	642,184	38,933	143	29,499		717,619
Indirect Expenses	823	77,062	4,672	17	3,540		86,114
TOTAL FUNDING USES	7,684	719,246	43,605	160	33,038		803,734
BHS MENTAL HEALTH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	2,739	256,380	15,543	57	11,777	286,496
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	1,755	164,269	9,959	37	7,546	183,566
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	871	81,565	4,945	18	3,747	91,146
MH CYF COUNTY General Fund	251962-10000-10001670-0001	2,319	217,032	13,158	48	9,969	242,526
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							
	Accounting Code (Index Code or Detail)						
							-
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		7,684	719,246	43,605	160	33,039	803,734
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,684	719,246	43,605	160	33,039	803,734
BHS 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							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	2,815	203,752	6,678	31	415		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24			
Unduplicated Clients (UDC)	160	Included	Included	Included	Included		160

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

Entity Name (MH)/Contractor Name (SA) 00343							Appendix #	B-1b
Provider Name Richmond Area Multi-Services, Inc.							Page #	1
Provider Number 3894							Fiscal Year	2019-2020
							Funding Notification Date	07/01/19
Program Name	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD		
Program Code	3894SD	3894SD	3894SD	3894SD	3894SD	3894SD		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	Admin Wk		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		TOTAL
FUNDING USES								
Salaries & Employee Benefits	2,175	225,903	3,149	172	53,326	43,767		328,492
Operating Expenses	215	22,283	311	17	5,260	4,317		32,403
Capital Expenses								-
Subtotal Direct Expenses	2,390	248,186	3,459	189	58,586	48,084		360,895
Indirect Expenses	287	29,782	415	23	7,030	5,771		43,308
TOTAL FUNDING USES	2,677	277,969	3,874	211	65,617	53,855		404,203
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)							
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	1,211	125,718	1,752	96	-	-	128,777
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	206	21,355	298	16			21,875
MH MHSA (PEI)	251984-17156-10031199-0020	(0)	-	(0)	(0)	-	53,855	53,854
MH STATE CYF 1991 Realignment	251962-10000-10001670-0001	999	103,728	1,446	79	-	-	106,252
MH CYF COUNTY General Fund	251962-10000-10001670-0001	262	27,167	379	21	65,617		93,445
		-	-	-	-			-
		-	-	-	-			-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		2,677	277,969	3,874	211	65,617	53,855	404,203
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)							
								-
								-
								-
This row left blank for funding sources not in drop-down list								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)							
								-
This row left blank for funding sources not in drop-down list								
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		2,677	277,969	3,874	211	65,617	53,855	404,203
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
FUNDING SOURCES (DPH AND NON-DPH)		2,677	277,969	3,874	211	65,617	53,855	404,203
BHS 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								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	981	78,745	593	40	824	1,073		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	1,073		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 79.61	\$ 50.20		
Unduplicated Clients (UDC)	120	Included	Included	Included	Included	Included	Included	120

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Outpatient

Program Code: 38947

Appendix #: B-1 a & b

Page # 2

Fiscal Year: 2019-2020

Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		General Fund (251962-10000-10001670-0001)		MHSA-PEI (251984-17156-10031199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19										
Director	0.80	\$ 81,762	0.76	\$ 78,117	0.04	\$ 3,645				
Clinical Supervisor/Manager/Coordinator of S	0.43	\$ 32,250	0.41	\$ 30,812	0.02	\$ 1,438				
Child Psychiatrist/MD	0.06	\$ 22,880	0.05	\$ 21,860	0.00	\$ 1,020				
Behavioral Health Clinician/Counselor/Worke	9.60	\$ 528,044	9.17	\$ 504,502	0.43	\$ 23,542				
Intake Coordinator/Office Manager	0.30	\$ 15,436	0.29	\$ 14,748	0.01	\$ 688				
Admin Assistant/Receptionist	0.45	\$ 20,000	0.43	\$ 19,108	0.02	\$ 892				
Housekeeper/Janitor	0.20	\$ 5,824	0.19	\$ 5,564	0.01	\$ 260				
Quality Improvement Supervisor	0.50	\$ 37,500	0.48	\$ 35,828	0.02	\$ 1,672				
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
	0.00	\$ -								
Totals:	12.34	\$ 743,696	11.79	\$ 710,539	0.55	\$ 33,157	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	32.00%	\$ 237,983	32.00%	\$ 227,373	32.00%	\$ 10,610	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS		\$ 981,679		\$ 937,912		\$ 43,767		\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Outpatient
 Program Code: 38947

Appendix #: B-1 a & b
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001)	MHSA-PEI (251984-17156- 10031199-0020)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 53,500	\$ 51,115	\$ 2,385		
Utilities(telephone, electricity, water, gas)	\$ 10,250	\$ 9,793	\$ 457		
Building Repair/Maintenance	\$ 3,000	\$ 2,866	\$ 134		
Occupancy Total:	\$ 66,750	\$ 63,774	\$ 2,976	\$ -	\$ -
Office/Program Supplies	\$ 10,000	\$ 9,463	\$ 537		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 10,000	\$ 9,463	\$ 537	\$ -	\$ -
Training/Staff Development	\$ 5,500	\$ 5,255	\$ 245		
Insurance	\$ 5,000	\$ 4,777	\$ 223		
Equipment Lease & Maintenance	\$ 3,000	\$ 2,866	\$ 134		
	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -		
General Operating Total:	\$ 13,500	\$ 12,898	\$ 602	\$ -	\$ -
Local Travel	\$ 500	\$ 478	\$ 22		
Out-of-Town Travel	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -		
Staff Travel Total:	\$ 500	\$ 478	\$ 22	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -				
	\$ -				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 4,086	\$ 3,904	\$ 182		
Translation Fees	\$ 2,000	\$ 1,911	\$ 89		
Other Total:	\$ 6,086	\$ 5,815	\$ 271	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 96,836	\$ 92,428	\$ 4,408	\$ -	\$ -

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

Legal Entity Name (MH)/Contractor Name (SA) 00343						Appendix #	B-2
Provider Name Richmond Area Multi-Services, I						Page #	1
Provider Number 3894						Fiscal Year	2019-2020
						Funding Notification Date	07/01/19
Program Name	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient			
Program Code	3894MC	3894MC	3894MC	3894MC			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79			
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention			
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			TOTAL
FUNDING USES							
Salaries & Employee Benefits	2,280	66,874	26	490			69,670
Operating Expenses	331	9,696	4	71			10,101
Capital Expenses							-
Subtotal Direct Expenses	2,611	76,569	29	562	-		79,771
Indirect Expenses	313	9,188	4	67			9,573
TOTAL FUNDING USES	2,924	85,758	33	629	-		89,344
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)						
MH FED SDMC FFP (50%) Managed Care	251984-17128-10031195-0002	137	4,031	2	30		4,200
MH STATE 2001 PSR Managed Care	251984-17128-10031195-0002	1,826	53,560	21	393		55,800
MH CYF COUNTY General Fund	251962-10000-10001670-0001	960	28,166	11	207		29,344
							-
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		2,924	85,758	33	629		89,344
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		2,924	85,758	33	629	-	89,344
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
FUNDING SOURCES (DPH AND NON-DPH)		2,924	85,758	33	629	-	89,344
BHS 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							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	1,071	24,294	5	120			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24			Total UDC
Unduplicated Clients (UDC)	15	Included	Included	Included			15

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children Managed Care Outpatient
 Program Code: 3894MC

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		Managed Care (251984-17128-10031195-0002)		MH CYF County General Fund (251962-1000-10001670-0001)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/18								
07/01/18-06/30/19								
Behavioral Health Therapist/Counselor	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98		
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	1.00	\$ 52,780	0.67	\$ 35,445	0.33	\$ 17,334.98	0.00	\$ -

Employee Fringe Benefits:	32.00%	\$ 16,890	32.00%	\$ 11,342	32.00%	\$ 5,547.19	0.00%	
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TOTAL SALARIES & BENEFITS		\$ 69,670		\$ 46,787		\$ 22,882		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children Managed Care Outpatient
 Program Code: 3894MC

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	FFP Managed Car(251984-17128-10031195-0002)	MH CYF County General Fund (251962-1000-10001670-0001)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/18	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 6,600	\$ 4,432	\$ 2,168	
Utilities(telephone, electricity, water, gas)	\$ 1,450	\$ 974	\$ 476	
Building Repair/Maintenance	\$ 135	\$ 91	\$ 44	
Occupancy Total:	\$ 8,185	\$ 5,497	\$ 2,688	\$ -
Office/Program Supplies	\$ 816	\$ 548	\$ 268	
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 816	\$ 548	\$ 268	\$ -
Training/Staff Development	\$ 500	\$ 336	\$ 164	
Insurance	\$ 300	\$ 201	\$ 99	
Equipment Lease & Maintenance	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 800	\$ 537	\$ 263	\$ -
Local Travel	\$ -	\$ -		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 300	\$ 201	\$ 99	
	\$ -	\$ -		
Other Total:	\$ 300	\$ 201	\$ 99	\$ -
TOTAL OPERATING EXPENSE	\$ 10,101	\$ 6,783	\$ 3,318	\$ -

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

Agency Name (MH)/Contractor Name (SA) 00343										Appendix #	B-3a
Provider Name Richmond Area Multi-Services, L										Page #	1
Provider Number 3894										Fiscal Year	2019-2020
										Funding Notification Date	07/01/19
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	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health		
Program Code	38946	38946	38946	38946	38946	38946	38946	38946	38946		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57_59	15/60-69	15/70-79	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL	
FUNDING USES											
Salaries & Employee Benefits	23,321	101,923	11,156	10,743	1,065,060	41,739	57,234	122,541	1,433,717		
Operating Expenses	1,054	4,607	504	485	48,139	1,774	2,587	5,648	64,799		
Capital Expenses											
Subtotal Direct Expenses	24,375	106,530	11,661	11,228	1,113,199	43,513	59,821	128,189	1,498,516		
Indirect Expenses	2,925	12,784	1,399	1,347	133,583	5,221	7,179	15,383	179,822		
TOTAL FUNDING USES	27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338		
BHS MENTAL HEALTH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	13,868	60,609	6,634	6,388	-				87,500	
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	13,432	58,705	6,426	6,188					84,750	
MH WO DCYF MH High School	251962-10002-10001799-0006					1,246,782				1,246,782	
MH MHSA (CSS)	251984-17156-10031199-0017								143,572	143,572	
MH CYF COUNTY WO COBD	251962-10000-10001670-0001						31,170			31,170	
MH WO DCYF Violence Prevention	251962-10002-10001799-0003							67,000		67,000	
MH CYF COUNTY General Fund	251962-10000-10001670-0001						17,564			17,564	
This row left blank for funding sources not in drop-down list											
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS SUBSTANCE ABUSE FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
OTHER DPH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
NON-DPH FUNDING SOURCES											
Accounting Code (Index Code or Detail)											
This row left blank for funding sources not in drop-down list											
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	
G SOURCES (DPH AND NON-DPH)		27,300	119,314	13,060	12,576	1,246,782	48,734	67,000	143,572	1,678,338	
BHS UNITS OF SERVICE AND UNIT COST											
Number of Beds Purchased (if applicable)											
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)											
ly - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program											
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	10,000	33,800	2,000	2,400	9,244	361	497	1,065			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 134.87	\$ 134.87	\$ 134.87	\$ 134.87			
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24							
Unduplicated Clients (UDC)	25	Included	Included	Included	1,070	Included	Included	130		1,225	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a

Page #: 2

Fiscal Year: 2019-2020

Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)		DCYF WO (251962-10002-10001799- 0006)		MHSA-CSS (251984-17156- 10031199-0017)		MH CYF County General Fund (251962-10000- 10001670-0001)		DCYF WO Violence Prevention (251962- 10002-10001799-0003)			
	07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.79	\$ 76,189	0.08	\$ 7,819	0.59	\$ 56,598	0.07	\$ 6,518	0.02	\$ 2,213	0.03	\$ 3,041		
Clinical Supervisor	0.68	\$ 50,657	0.07	\$ 5,199	0.51	\$ 37,631	0.06	\$ 4,333	0.02	\$ 1,472	0.03	\$ 2,022		
Child Psychiatrist/MD	0.04	\$ 17,561	0.00	\$ 1,802	0.03	\$ 13,045	0.00	\$ 1,502	0.00	\$ 511	0.00	\$ 701		
Behavioral Health Counselor/Therapist	13.51	\$ 810,516	1.39	\$ 83,184	10.04	\$ 602,106	1.16	\$ 69,254	0.39	\$ 23,616	0.54	\$ 32,356		
Program Coordinator	0.42	\$ 28,706	0.04	\$ 2,946	0.31	\$ 21,325	0.04	\$ 2,456	0.01	\$ 833	0.02	\$ 1,146		
Senior Clinical Case Manager	0.84	\$ 54,034	0.09	\$ 5,546	0.62	\$ 40,140	0.07	\$ 4,622	0.02	\$ 1,569	0.03	\$ 2,157		
Clinical Case Manager	0.84	\$ 48,969	0.09	\$ 5,026	0.62	\$ 36,377	0.07	\$ 4,189	0.02	\$ 1,422	0.03	\$ 1,955		
Office Manager	0.08	\$ 3,910	0.01	\$ 401	0.06	\$ 2,905	0.01	\$ 334	0.00	\$ 114	0.00	\$ 156		
Admin Assistant	0.38	\$ 12,317	0.04	\$ 1,264	0.28	\$ 9,150	0.03	\$ 1,054	0.01	\$ 357	0.02	\$ 492		
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	17.58	\$ 1,102,859	1.80	\$ 113,187	13.06	\$ 819,277	1.50	\$ 94,262	0.51	\$ 32,107	0.70	\$ 44,026		
Employee Fringe Benefits:	30.00%	\$ 330,858	30.00%	\$ 33,956	30.00%	\$ 245,783	30.00%	\$ 28,279	30.00%	\$ 9,632	30.00%	\$ 13,208		
TOTAL SALARIES & BENEFITS		\$ 1,433,717		\$ 147,143		\$ 1,065,060		\$ 122,541		\$ 41,739		\$ 57,234		

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Mental Health
 Program Code: 38946

Appendix #: B-3a
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

0	TOTAL	MH Fed SDMC FFP CYF; MH State CYF (251962-10000- 10001670-0001)	DCYF WO (251962-10002- 10001799-0006)	MHSA-CSS (251984-17156- 10031199-0017)	MH CYF County General Fund (251962-10000- 10001670-0001)	DCYF WO Violence Prevention (251962- 10002-10001799- 0003)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/16-06/30/17	07/01/16-06/30/18	
Rent	\$ 18,574	\$ 1,906	\$ 13,798	\$ 1,664	\$ 465	\$ 741	
Utilities(telephone, electricity, water, gas)	\$ 5,234	\$ 537	\$ 3,888	\$ 478	\$ 122	\$ 209	
Building Repair/Maintenance	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Occupancy Total:	\$ 28,029	\$ 2,876	\$ 20,822	\$ 2,503	\$ 709	\$ 1,119	\$ -
Office/Program Supplies	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 13,179	\$ 1,355	\$ 9,790	\$ 1,127	\$ 381	\$ 526	\$ -
Training/Staff Development	\$ 2,533	\$ 260	\$ 1,882	\$ 217	\$ 73	\$ 101	
Insurance	\$ 6,332	\$ 650	\$ 4,704	\$ 542	\$ 183	\$ 253	
Equipment Lease & Maintenance	\$ 929	\$ 95	\$ 690	\$ 79	\$ 28	\$ 37	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating Total:	\$ 9,794	\$ 1,005	\$ 7,276	\$ 838	\$ 284	\$ 391	\$ -
Local Travel	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 4,221	\$ 433	\$ 3,136	\$ 361	\$ 122	\$ 169	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	
(add more Consultant/Subcontractor lines as necessary)	\$ -						
Consultant/Subcontractor Total:	\$ 1,596	\$ 164	\$ 1,186	\$ 137	\$ 45	\$ 64	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment/Direct Staff Expenses	\$ 5,488	\$ 563	\$ 4,077	\$ 469	\$ 160	\$ 219	
Client-Related Food	\$ 1,689	\$ 173	\$ 1,255	\$ 144	\$ 50	\$ 67	
Client-Related Other Activities	\$ 803	\$ 82	\$ 597	\$ 69	\$ 23	\$ 32	
Other Total:	\$ 7,980	\$ 818	\$ 5,929	\$ 682	\$ 233	\$ 318	\$ -
TOTAL OPERATING EXPENSE	\$ 64,799	\$ 6,651	\$ 48,139	\$ 5,648	\$ 1,774	\$ 2,587	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343		Appendix # B-3b		
Provider Name Richmond Area Multi-Services, Inc.		Page # 1		
Provider Number 388915		Fiscal Year 2019-2020		
		Funding Notification Date 07/01/19		
Program Name	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse	Wellness Center Substance Abuse	
Program Code	38946	38946	38946	
Mode/SFC (MH) or Modality (SA)	SecPrev-19	SecPrev-19	SecPrev-19	
Service Description	SA-Sec Prev Outreach	SA-Sec Prev Outreach	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL
FUNDING USES				
Salaries & Employee Benefits	147,927	88,305	28,189	264,421
Operating Expenses	6,686	3,991	1,275	11,952
Capital Expenses				-
Subtotal Direct Expenses	154,613	92,296	29,464	276,373
Indirect Expenses	18,553	11,075	3,536	33,164
TOTAL FUNDING USES	173,166	103,371	33,000	309,537
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
				-
				-
				-
This row left blank for funding sources not in drop-down list				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)			
SA COUNTY - General Fund	240646-10000-10001681-0003	173,166		173,166
SA WO - DCYF Wellness Centers	240646-10002-10001973-0001		103,371	103,371
DCYF Joint Violence Prevention Initiative Work Order	240646-10002-10001973-0002			33,000
				33,000
This row left blank for funding sources not in drop-down list				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		173,166	103,371	33,000
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)			
				-
This row left blank for funding sources not in drop-down list				
TOTAL OTHER DPH FUNDING SOURCES		-	-	-
TOTAL DPH FUNDING SOURCES		173,166	103,371	33,000
NON-DPH FUNDING SOURCES				
This row left blank for funding sources not in drop-down list				
TOTAL NON-DPH FUNDING SOURCES		-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		173,166	103,371	33,000
BHS 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				
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	355	212	68	
Unit Type	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 488.00	\$ 488.00	\$ 488.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 488.00	\$ 488.00	\$ 488.00	
Published Rate (Medi-Cal Providers Only)				Total UDC
Unduplicated Clients (UDC)	200	Included	Included	200

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Children-Wellness Center Substance Abuse

Program Code: 38946

Appendix #: B-3b

Page #: 2

Fiscal Year: 2019-2020

Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		General Fund (240646-10000-10001681-0003)		DCYF WO (240646-10002-10001973-0001)		DCYF WO Violence Prevention (240646-10002-10001973-0002)		Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Director	0.15	\$ 14,051	0.08	\$ 7,861	0.05	\$ 4,692	0.02	\$ 1,498			
Clinical Supervisor	0.12	\$ 9,343	0.07	\$ 5,227	0.04	\$ 3,120	0.01	\$ 996			
Child Psychiatrist/MD	0.01	\$ 3,239	0.01	\$ 1,812	0.00	\$ 1,082	0.00	\$ 345			
Behavioral Health Counselor/Therapist	2.49	\$ 149,484	1.39	\$ 83,627	0.83	\$ 49,921	0.27	\$ 15,937			
Program Coordinator	0.08	\$ 5,294	0.04	\$ 2,962	0.03	\$ 1,768	0.01	\$ 564			
Senior Clinical Case Manager	0.16	\$ 9,966	0.09	\$ 5,575	0.05	\$ 3,328	0.02	\$ 1,062			
Clinical Case Manager	0.16	\$ 9,031	0.09	\$ 5,052	0.05	\$ 3,016	0.02	\$ 963			
Office Manager	0.01	\$ 721	0.01	\$ 403	0.00	\$ 241	0.00	\$ 77			
Admin Assistant	0.07	\$ 2,272	0.04	\$ 1,271	0.02	\$ 759	0.01	\$ 242			
	0.00	\$ -									
	0.00	\$ -									
	0.00	\$ -									
Totals:	3.25	\$ 203,401	1.82	\$ 113,790	1.09	\$ 67,927	0.35	\$ 21,684	\$ -	0.00	\$ -

Employee Fringe Benefits:	30.00%	\$ 61,020	30.00%	\$ 34,137	30.00%	\$ 20,378	30.00%	\$ 6,505		0.00%	
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TOTAL SALARIES & BENEFITS		\$ 264,421		\$ 147,927		\$ 88,305		\$ 28,189	\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Children-Wellness Center Substance Abuse
 Program Code: 38946

Appendix #: B-3b
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	General Fund (240646-10000-10001681-0003)	DCYF WO (240646-10002-10001973-0001)	DCYF WO Violence Prevention (240646-10002-10001973-	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 3,701	\$ 2,070	\$ 1,236	\$ 395		
Utilities(telephone, electricity, water, gas)	\$ 965	\$ 540	\$ 322	\$ 103		
Building Repair/Maintenance	\$ 779	\$ 436	\$ 260	\$ 83		
Occupancy Total:	\$ 5,445	\$ 3,046	\$ 1,818	\$ 581	\$ -	\$ -
Office/Program Supplies	\$ 2,146	\$ 1,201	\$ 717	\$ 229		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Materials & Supplies Total:	\$ 2,146	\$ 1,201	\$ 717	\$ 229	\$ -	\$ -
Training/Staff Development	\$ 467	\$ 261	\$ 156	\$ 50		
Insurance	\$ 1,168	\$ 653	\$ 390	\$ 125		
Equipment Lease & Maintenance	\$ 171	\$ 96	\$ 57	\$ 18		
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
General Operating Total:	\$ 1,806	\$ 1,010	\$ 603	\$ 193	\$ -	\$ -
Local Travel	\$ 779	\$ 436	\$ 260	\$ 83		
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ 779	\$ 436	\$ 260	\$ 83	\$ -	\$ -
Contractor for Supervision: Robert Solley, Ph.D. (\$50/hour), for 38 weeks	\$ 304	\$ 170	\$ 102	\$ 32		
(add more Consultant/Subcontractor lines as necessary)	\$ -					
Consultant/Subcontractor Total:	\$ 304	\$ 170	\$ 102	\$ 32	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -			
Recruitment/Direct Staff Expenses	\$ 1,012	\$ 566	\$ 338	\$ 108		
Client-Related Food	\$ 311	\$ 174	\$ 104	\$ 33		
Client-Related Other Activities	\$ 148	\$ 83	\$ 49	\$ 16		
Other Total:	\$ 1,471	\$ 823	\$ 491	\$ 157	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 11,951	\$ 6,686	\$ 3,991	\$ 1,275	\$ -	\$ -

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

Contractor Name (SA) 00343		Appendix #	B-3c
Provider Name Richmond Area Multi-Services, Inc.		Page #	1
Provider Number 3894		Fiscal Year	2019-2020
		Funding Notification Date	07/01/19
Program Name	MHSA PEI - School-Based Wellness		
Program Code	3894		
Mode/SFC (MH) or Modality (SA)	45/10-19		
Service Description	OS-MH Promotion		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19		TOTAL
FUNDING USES			
Salaries & Employee Benefits	278,140		278,140
Operating Expenses	9,001		9,001
Capital Expenses			-
Subtotal Direct Expenses	287,141	-	287,141
Indirect Expenses	34,458		34,458
TOTAL FUNDING USES	321,599	-	321,599
BHS MENTAL HEALTH	Accounting Code (Index Code or Detail)		
MH MHSA (PEI)	251984-17156-100311199-0020	321,599	321,599
			-
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	321,599	-	321,599
BHS SUBSTANCE ABUSE	Accounting Code (Index Code or Detail)		
			-
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)		
			-
			-
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	321,599	-	321,599
NON-DPH FUNDING SOURCES			
			-
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
(DPH AND NON-DPH)	321,599	-	321,599
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
A Only - Non-Res 33 - ODF # of Group Sessions (classes)			
d Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	1,892		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 170.00	\$ -	
Cost - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 170.00	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	275		275

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c
 Page #: 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		MHSA-PEI (251984-17156-100311199-0020)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19								
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.06	\$ 5,760	0.06	\$ 5,760				
Clinical Supervisor	0.10	\$ 7,500	0.10	\$ 7,500				
Child Psychiatrist/MD	0.03	\$ 12,480	0.03	\$ 12,480				
Behavioral Health Counselor/Therapist	1.00	\$ 64,000	1.00	\$ 64,000				
Clinical Case Manager	1.00	\$ 58,000	1.00	\$ 58,000				
Trauma/Grief & Loss Group Therapist/Counselor	1.00	\$ 63,000	1.00	\$ 63,000				
Office Manager	0.06	\$ 3,214	0.06	\$ 3,214				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	3.25	\$ 213,954	3.25	\$ 213,954	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	30.00%	\$ 64,186	30.00%	\$ 64,186	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS		\$ 278,140		\$ 278,140		\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI - School-Based Wellness
 Program Code: 3894

Appendix #: B-3c
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	MHSA-PEI (251984-17156- 100311199-0020)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 435	\$ 435		
Utilities(telephone, electricity, water, gas)	\$ 2,188	\$ 2,188		
Building Repair/Maintenance	\$ 2,050	\$ 2,050		
Occupancy Total:	\$ 4,673	\$ 4,673	\$ -	\$ -
Office/Program Supplies	\$ 180	\$ 180		
	\$ -	\$ -		
	\$ -	\$ -		
	\$ -	\$ -		
Materials & Supplies Total:	\$ 180	\$ 180	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 800	\$ 800		
Equipment Lease & Maintenance	\$ 20	\$ 20		
	\$ -	\$ -		
	\$ -	\$ -		
General Operating Total:	\$ 1,320	\$ 1,320	\$ -	\$ -
Local Travel	\$ 379	\$ 379		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 379.00	\$ 379.00	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
Recruitment/Direct Staff Expenses	\$ 900	\$ 900		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 49	\$ 49		
Other Total:	\$ 2,449	\$ 2,449	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 9,001	\$ 9,001	\$ -	\$ -

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

Funding Notification Date														Appendix #	
Fiscal Year														B-4	
Page #														1	
Fiscal Year														2019-2020	
Funding Notification Date														07/01/19	
gal Entity Name (MH)/Contractor Name (SA) =DPH 1 - B1 B2 Budget Summary!B2 Provider Name <u>Richmond Area Multi-Services, Inc.</u> Provider Number <u>3894</u>															
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	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	
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	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group (5% Cap)		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
TOTAL															
FUNDING USES															
Salaries & Employee Benefits	149,852	79,222	467,563	16,706	95,724	103,804	88,737	10,751	10,751	17,297	10,809	10,751	11,141	1,073,108	
Operating Expenses	10,763	5,690	33,584	1,200	6,875	7,456	6,374	772	772	1,242	777	772	802	77,080	
Capital Expenses														-	
Subtotal Direct Expenses	160,615	84,912	501,147	17,906	102,599	111,260	95,111	11,523	11,523	18,539	11,586	11,523	11,943	1,150,188	
Indirect Expenses	19,274	10,190	60,138	2,149	12,312	13,351	11,413	1,383	1,383	2,225	1,390	1,383	1,431	138,022	
TOTAL FUNDING USES	179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374	1,288,210	
Accounting Code (Index Code or Detail)															
MH WO HSA DMSF CH DHS Childcare	251962-10002-10001803-0001	56,119	21,067	154,463	3,496	31,556	35,142	28,060	3,496	3,496	3,496	3,551	3,496	3,561	350,999
MH WO DCYF Child Care	251962-10002-10001799-0007	25,355	4,797	87,322	1,566	11,062	9,496	7,930	1,566	1,566	3,133	1,626	1,566	1,726	158,712
MH WO HSA MH ECE/PFA	251962-10002-10001803-0008	88,065	56,614	270,603	12,581	44,033	56,614	6,290	6,290	12,581	6,290	6,290	6,496	629,323	
MH WO CFC School Readiness	251962-10002-10001800-0003	7,209	8,238	36,987	1,030	19,480	13,387	10,298	1,030	1,030	987	1,030	1,005	102,741	
MH MHSA (PEI)	251984-17156-10031199-0020	2,574	4,291	10,211	1,287	8,496	9,783	3,433	429	429	439	429	373	42,603	
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	567	95	1,699	95	284	189	189	95	95	121	95	213	3,832	
This row left blank for funding sources not in drop-down list															
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374	1,288,210
Accounting Code (Index Code or Detail)															
BHS SUBSTANCE ABUSE FUNDING SOURCES															
This row left blank for funding sources not in drop-down list															
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounting Code (Index Code or Detail)															
OTHER DPH FUNDING SOURCES															
This row left blank for funding sources not in drop-down list															
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374	1,288,210
Accounting Code (Index Code or Detail)															
NON-DPH FUNDING SOURCES															
This row left blank for funding sources not in drop-down list															
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		179,889	95,102	561,285	20,055	114,911	124,611	106,524	12,906	12,906	20,764	12,976	12,906	13,374	1,288,210
BHS 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															
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	1,894	1,001	5,908	211	1,210	1,312	1,121	136	136	219	108	136	111		
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	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00	\$ 120.00		
Published Rate (Medi-Cal Providers Only)															
Unduplicated Clients (UDC)	3,198	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Total UDC
														3,198	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: High Quality Childcare Initiative (Fu Yau)
 Program Code: 3894

Appendix #: B-4
 Page # 2
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Term (mm/dd/yy-mm/dd/yy):	TOTAL		HSA (251962-10002-10001803-0001)		DCYF - WO (251962-10002-10001799-0007)		SFCFC - PFA (251962-10002-10001803-0008)		SFCFC - SRI (251962-10002-10001800-003)		MHSA (251984-17156-10031199-0020)		General Fund (251962-10000-10001670-0001)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.10	\$ 10,176	0.03	\$ 2,773	0.01	\$ 1,254	0.05	\$ 4,971	0.01	\$ 812	0.00	\$ 337	0.00	\$ 29
Clinical Manager	0.50	\$ 37,500	0.14	\$ 10,218	0.06	\$ 4,620	0.24	\$ 18,320	0.04	\$ 2,991	0.02	\$ 1,240	0.00	\$ 111
Clinical Supervisor	0.23	\$ 29,422	0.06	\$ 8,017	0.03	\$ 3,625	0.11	\$ 14,373	0.02	\$ 2,347	0.01	\$ 973	0.00	\$ 87
Mental Health Consultant	11.66	\$ 699,831	3.18	\$ 190,683	1.44	\$ 86,222	5.70	\$ 341,885	0.93	\$ 55,815	0.39	\$ 23,144	0.03	\$ 2,082
Administrative Assistant	1.20	\$ 48,539	0.33	\$ 13,225	0.15	\$ 5,980	0.59	\$ 23,713	0.10	\$ 3,871	0.04	\$ 1,605	0.00	\$ 145
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	13.69	\$ 825,468	3.73	\$ 224,916	1.69	\$ 101,701	6.69	\$ 403,262	1.09	\$ 65,836	0.45	\$ 27,299	0.04	\$ 2,454
Employee Fringe Benefits:	30.00%	\$ 247,640	30.00%	\$ 67,475	30.00%	\$ 30,510	30.00%	\$ 120,979	30.00%	\$ 19,751	30.00%	\$ 8,190	30.00%	\$ 736
TOTAL SALARIES & BENEFITS		\$ 1,073,108		\$ 292,391		\$ 132,211		\$ 524,241		\$ 85,587		\$ 35,489		\$ 3,191

PH 4: Operating Expenses Detail

Program Name: High Quality Childcare Initiative (Fu Yu)
 Program Code: 3894

Appendix #: B-4
 Page #: 3
 Fiscal Year: 2019-2020
 Funding Notification Date: 07/01/19

Expense Categories & Line Items	TOTAL	HSA (251962-10002-10001803-0001)	DCYF - WO (251962-10002-10001799-0007)	SFCFC - PFA (251962-10002-10001803-0008)	SFCFC - SRI (251962-10002-10001800-003)	MHSA (251984-17156-10031199-0020)	General Fund (251962-10000-10001670-0001)	
Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 23,280	\$ 6,343	\$ 2,868	\$ 11,373	\$ 1,857	\$ 770	\$ 69	
Utilities(telephone, electricity, water, gas)	\$ 15,000	\$ 4,087	\$ 1,848	\$ 7,328	\$ 1,196	\$ 496	\$ 45	
Building Repair/Maintenance	\$ 500	\$ 136	\$ 62	\$ 244	\$ 40	\$ 17	\$ 1	
Occupancy Total:	\$ 38,780	\$ 10,566	\$ 4,778	\$ 18,945	\$ 3,093	\$ 1,283	\$ 115	
Office/Program Supplies	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 1,500	\$ 409	\$ 185	\$ 733	\$ 120	\$ 50	\$ 3	
Training/Staff Development	\$ 2,500	\$ 681	\$ 308	\$ 1,221	\$ 199	\$ 83	\$ 8	
Insurance	\$ 4,600	\$ 1,253	\$ 567	\$ 2,247	\$ 367	\$ 152	\$ 14	
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating Total:	\$ 7,100	\$ 1,934	\$ 875	\$ 3,468	\$ 566	\$ 235	\$ 22	
Local Travel	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 6,000	\$ 1,635	\$ 739	\$ 2,931	\$ 479	\$ 198	\$ 18	
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -							
ontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment/Direct Staff Expenses	\$ 19,500	\$ 5,313	\$ 2,402	\$ 9,526	\$ 1,555	\$ 645	\$ 59	
Client-Related Food	\$ 3,000	\$ 817	\$ 370	\$ 1,466	\$ 239	\$ 99	\$ 9	
Client-Related Other Activities	\$ 1,200	\$ 327	\$ 148	\$ 586	\$ 96	\$ 40	\$ 3	
Other Total:	\$ 23,700	\$ 6,457	\$ 2,920	\$ 11,578	\$ 1,890	\$ 784	\$ 71	
TOTAL OPERATING EXPENSE	\$ 77,080	\$ 21,001	\$ 9,497	\$ 37,655	\$ 6,148	\$ 2,550	\$ 229	

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: <u>Richmond Area Multi-Services, Inc.</u>	Indirect Detail Page	<u>1 of 1</u>
Contract CMS #:: <u>1000010839</u>	Fiscal Year:	<u>2019-2020</u>
	Funding Notification Date:	<u>7/1/19</u>

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.20	\$40,408
Chief Financial Officer	0.20	\$32,070
Deputy Chief	0.20	\$31,429
Medical Director	0.05	\$16,221
Director of Operations	0.20	sssd
IT Analyst/Coordinator/Manager	0.43	\$27,528
Director of Human Resources	0.20	\$19,599
Accounting/Finance Manager/Specialist	0.71	\$49,946
HR Benefit Specialist/HR Assistant	0.45	\$25,753
Operations/Contracts Coordinator	0.28	\$21,176
Director of Training	0.17	\$18,950
Janitor/Custodian	0.35	\$12,455
Driver	0.20	\$8,899
Subtotal:	3.64	\$304,434
Employee Fringe Benefits:	28.0%	\$85,242
Total Salaries and Benefits:		\$389,676

2. OPERATING COSTS

Expense line item:	Amount
Rental/Depreciation and Mortgage Interest	\$ 15,109
Utilities	\$ 2,338
Building Repair/Maintenance	\$ 1,695
Office Supplies	\$ 14,862
Training/Staff Development	\$ 6,570
Insurance	\$ 6,973
Professional Fees, Licenses (Membership)	\$ 16,331
Equipment Rental	\$ 1,649
Local Travel	\$ 580
Audit Fees	\$ 8,596
Payroll Fees	\$ 15,857
Recruitment/Indirect Staff Expenses	\$ 2,343
Bank Fees (monthly charges, stop payment fees, etc.)	\$ 3,009
Total Operating Costs	\$ 95,912
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 485,588

Appendix E
Richmond Area Multi Services, Inc. (Children, ID#1000010839)
11/1/19

Appendix E

HIPAA Business Associate Agreement

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

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

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

1. Definitions.

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

2. Obligations of Business Associate.

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

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

3. Termination.

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

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 6-7-2017

Attachment 2 – SFDPH Data Security Attestation, version 6-7-2017

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

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

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