

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

Second Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

Section 5 Compensation of the Agreement currently reads as follows:

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

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

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Three Million One Hundred Thirty Five Thousand Six Hundred Five Dollars (\$23,135,605). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

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

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

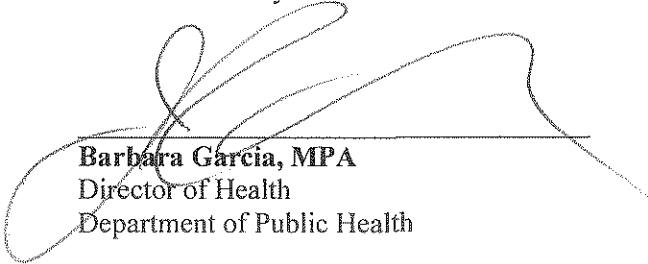
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY


CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



Barbara Garcia, MPA
Director of Health
Department of Public Health

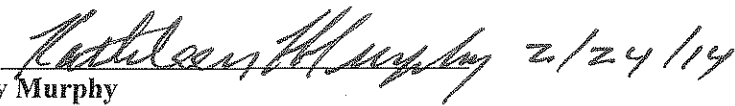


Kavoos Ghane Bassiri, LMFT, CGP / Date
Director of Health Chief Executive Officer
3626 Balboa St.
San Francisco, CA 94121

City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney

By:  2/24/14
Kathy Murphy
Deputy City Attorney

Approved:

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

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

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

Program Code: 3894-3

2. Nature of Document (check one)

- New Renewal Modification

3. Goal Statement

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

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

4. Target Population

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community

services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 19,000 adults, children, youth & families at over 80 sites, citywide.

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

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

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

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

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

The Outpatient Program's design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment

and practices, wellness recovery groups/workshops, and psychotropic medication and effects. Services are primarily provided on-site and/or in least restrictive environment including: clients' home, hospital, another community center, and/or primary care clinic. The type and frequency of services are tailored to the client's acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH CBHS.

The Behavioral Health Therapists/Counselors provide clients with on-going individual integrated behavioral health counseling, case management services, and as needed, conduct crisis intervention and collateral meetings. Having counseling and clinical case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. An integrated plan of care with goals (includes stability in community goal) is formally developed and updated at least annually. It is a collaborative process (between counselor & client) in setting goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Behavioral Health Therapist/Counselor. RAMS conducts home visits and linkages for client support services (e.g. senior day program, childcare, transportation) to other community agencies and government offices. Throughout the counseling process, staff continuously assess the client's interest/readiness to engage in vocational, trade schools, and/or other educational activities (e.g. RAMS Hire-Ability Vocational Services, volunteerism, RAMS Peer Specialist Mental Health Certificate). Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation. The RAMS Outpatient Program offers structured groups (i.e. therapy, support, and psycho-education) as a component of treatment services to clients. Facilitated (or co-facilitated) by Behavioral Health Therapists/Counselors and/or Psychiatrists/Nurses, the groups provide positive peer support and pressure, focus on interpersonal relationships, provide a support network for specific problems or challenges, and assist individuals in learning about themselves and how they can relate better with other people. Groups are offered in languages besides English.

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

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

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

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

See CBHS Appendix B.

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives and productivity

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

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

The program utilizes various mechanisms to review documentation quality. On a weekly basis, clinical documentation is reviewed by the PURQC committee which is comprised of the Chair (a licensed psychologist who is a clinical supervisor and direct service practitioner), Training Director, and Medical Director (also a direct service practitioner). Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Furthermore, clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director conducts a review of randomly selected charts (up to 10 charts) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually. Also, the program conducts an annual self-audit in which all direct service providers review all their own charts to ensure documentation standards compliance. For all case reviews, a checklist is utilized. Psychiatry staff also conduct an annual peer chart review in which a sampling of charts are reviewed with feedback.

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

C. Measurement of cultural competency of staff and services

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

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

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

D. Measurement of client satisfaction

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

E. Measurement, analysis, and use of ANSA data

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

1. Program Name: Employee Development (Hire-Ability Vocational Services)

Address: 1234 Indiana Street

City, State, Zip Code: San Francisco, CA 94107

Telephone: (415) 282-9675

Facsimile: (415) 920-6877

Contractor Address: RAMS Administration, 639 14th Avenue

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

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

Telephone: (415) 800-0699

Program Code(s): 3894 (38B62)

2. Nature of Document (check one)

New **Renewal** Modification

3. Goal Statement

Program outcomes (long-term) are adults with improved emotional/physical well-being and quality of life, positive community engagement, increased self-sufficiency, and obtain & retain employment. Short-term outcomes are adults with: increased work skills and knowledge and obtaining employment.

For those with dual-diagnosis/co-occurring conditions, outcomes include transitioning to the next recovery stage.

4. Target Population

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources

and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving well over 19,000 adults, children, youth & families at over 80 sites, citywide.

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

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

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

Program hours are Monday to Friday (9:00 am – 5:00 pm). The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, on-site work experience (may be paid), vocational counseling & job coaching, and classes/workshops aimed at building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries. Employee Developments main component: 1) Production & Fulfillment Services, a workshop setting and on-the-job training in the fulfillment services industry with paid work experience Services are primarily provided on-site and/or in least restrictive environment in the field including: clients' employment site, community center, home, etc. Hire-Ability features a structure program in which clients participate at least three days a week (Monday to Friday) from 9:30 am to 3:00 pm (includes lunch break).

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

care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

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

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

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

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

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

Program, a contract recently granted (MHSA) to RAMS; a 12-week course program, in collaboration with SF State University, Dept of Counseling.

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

See CBHS Appendix B.

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

No indirect services are provided.

7. Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

To further support outcomes, RAMS has established the following objectives for FY 2013-2014:

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

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

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

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

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

C. Cultural competency of staff and services,

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by individual supervision (mostly weekly); supervisors and their supervisees' caseload with regard to service strategies, vocational plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of vocational services indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of service engagement (referral source; engagement after intake; number of admissions; service discharge reasons; and service utilization review)
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.

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

D. Client satisfaction

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

E. Measurement, analysis, and use of ANSA data

Not Applicable.

1. Program Name: Broderick Street Adult Residential Facility

Program Address: 1421 Broderick Street

City, State, Zip Code: San Francisco, CA 94115

Telephone: (415) 292-1760

Facsimile: (415) 292-1636

Contractor Address: RAMS Administration, 639 14th Avenue

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

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

Telephone: (415) 800-0699

Program Code: 3894-8

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

The referral process into BSARF is primarily facilitated and coordinated by SFDPH CBHS Community Programs Placement team. RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to services and resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers and families, annually serving well over 19,000 adults, children, youth and families at over 80 sites, citywide.

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

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

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

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

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

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

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

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

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

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

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

See CBHS Appendix B.

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

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

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

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

None applicable.

7. Objectives and Measurements

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

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

addition, the Program Director and Clinical Manager monitor treatment progress (level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts weekly chart reviews to review adherence to objectives as well as treatment documentation requirements.

B. Documentation quality, including a description of internal audits

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

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

C. Cultural competency of staff and services

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

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

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

D. Client satisfaction

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

E. Measurement, analysis, and use of ANSA data

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

1. Program Name: Broderick Street Adult Residential Facility

Program Address: 1421 Broderick Street
City, State, Zip Code: San Francisco, CA 94115
Telephone: (415) 292-1760
Facsimile: (415) 292-1636

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

Program Code: 3894-8

2. Nature of Document

New Renewal Modification

3. Goal Statement

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

4. Target Population

BSARF serves adults, ages 18-59 years old, with serious & persistent mental illness, including those with co-occurring disorders (mental health and substance abuse), and who may or may not have a physical health condition. The primary sources of resident referrals are from San Francisco General Hospital, Laguna Honda Hospital, and the San Francisco Behavioral Health Center (formerly known as Mental Health Rehabilitation Facility) as well as the community. All residents require the level of treatment care from a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF) level setting.

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement:

BSARF outreach and promotion of the program and services are primarily conducted through Richmond Area Multi-Services, Inc. (RAMS) promotional material, such as agency profile sheets and the website, which describes its history and wide scope of clinical and culturally competent services for consumers as well as other constituents. Agency and program services are also promoted through various community & resource manuals and databases. RAMS has a community organizing component as well as clinical staff, who actively and consistently outreach to monolingual communities and participate in various neighborhood meetings, community events, and informational workshops/fairs. RAMS promotes program services through its active involvement in community partnerships, coalitions, and collaborative agreements with other city contracted agencies, community-based organizations, and affiliates.

Additionally, the BSARF program has a brochure that is specifically developed for the program and it is available, upon request. It is the intake structure of BSARF that all referrals are directed to the SFDPH Community Behavioral Health Services, Community Programs Placement team who receives and reviews, in collaboration with RAMS-BSARF management, the application/intake packet and information. Because the BSARF program is a long-term housing placement and a Direct Access to Housing (DAH) site, there is low turnover and a wait list is not maintained.

B. Admission, enrollment and/or intake criteria and process:

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

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

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

The result of the *Referral Packet* review, interview, and program visit is discussed at the next immediately scheduled Clinical Meeting, which includes participation of the BSARF Administrator, Clinical Manager, Nurse Manager, and Psychiatrist as well as the program Behavioral Health Therapists/Counselors. Concerns, issues or the need for additional information are addressed by phone with either the referring agency/referral source or the SFDPH Community Programs Placement Coordinator. Finally, the applying resident and case manager are notified of the intake team's decision for admittance to the BSARF program. When appropriate, a move-in date is also scheduled. The following documents are completed during the new resident intake process:

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

- Consent for the use of Psychotropic Medication (if applicable)
- Photograph of the resident

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

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

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

The program at BSARF includes a wide variety of services for the 33 residents. As required by the CDSS-CCLD for adult residential facilities, the program offers basic care & supervision, lodging, nutritious meals & snacks, van transportation to/from appointments, and various activity groups that focus on specific symptom and behavior issues leading to enhance socialization and healthy expressions of emotions/needs. To further support the rehabilitation of the residents, outpatient behavioral health and medication support services are provided on-site, and funded through a separate CBHS contract. BSARF weekly programming of client activities which includes the following: individual and group therapy and structured social and engagement activities including: art, music, relaxation/meditation, healthy lifestyles, client council meetings, multi culture group, etc...). The program recognizes that each resident has different interests, abilities, ways in expressing needs and emotions, learning processes, and knowledge. Clinical staff members facilitate the therapeutic groups that provide additional structure for residents, address specific symptom and behavior issues, and promote socialization and a sense of community. Residents' participation in the groups is voluntary, and attendance and applicable progress records are documented and maintained according to regulations. The Community Meetings are a general venue where residents have the opportunity to have their voices/concerns heard and give input as to the quality of their living environment and services provided. Residents are also encouraged and educated on how to utilize and access resources that already exist within the City & County of San Francisco. A more detailed description of these additional services can be found in the RAMS contract with CBHS.

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

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

- E. Staffing:*

See CBHS Appendix B.

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

- A. Achievement of contract performance objectives,*

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

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

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

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

C. Cultural competency of staff and services,

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

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

projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

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

D. Client satisfaction.

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

E. Measurement, analysis, and use of ANSA data

ANSA data is not applicable for this specific contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes. Furthermore, as all the residents of BSARF are also considered clients of CBHS, and care-managed through RAMS Outpatient Services, available ANSA data is analyzed upon receipt of CBHS-provided data and analysis reports. The Program Director along with RAMS executive management will review and analyze the information. Specifically, management will review for trends and any significant changes in overall rating scales. Analysis reports and findings will also be shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying trainings needs.

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

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

Program Code(s): N/A

Nature of Document (check one)

- New **Renewal** Modification

3. Goal Statement

This contract consists of two components/programs:

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

4. Target Population

Peer Specialist Mental Health Certificate Program

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

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

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

Outpatient Peer Counseling Program

The Peer Counselors who are employed through this program are those with personal experience with CBHS behavioral health services; preferably they will already have had experience and/or training in

CMS#:7266

behavioral health care (e.g. graduates of the Peer Specialist Mental Health Certificate Program and/or other similar training programs). The Peer Counselors will also represent the underrepresented workforce population, be bilingual with male and female representation.

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

Services will be delivered in zip code 94121.

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

Peer Specialist Mental Health Certificate

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

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

Workforce Development (MHSA Modality)

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

Wellness Promotion (MHSA Modality)

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

Outreach and Engagement (MHSA Modality)

- Coordinate and hold at least two career and resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination;

establish/ maintain relationships with individuals and introduce them to available services; or facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

Outpatient Peer Counseling Program

Individual Therapeutic Services (MHSA Modality)

- During the contract period (October 1st 2013 – June 30th, 2014), the Peer Counseling Program will provide individual behavioral health counseling and support services to at least 100 clients of the RAMS Outpatient Clinic and at least 200 hours of services. Services may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.

Group Therapeutic Services (MHSA Modality)

- During the contract period (October 1st 2013 – June 30th, 2014), the Peer Counseling Program will conduct at least 70 psycho-social groups to promote and support overall wellness of clients. Groups may include but are not limited to: WRAP, Art Expression, Writing, Mindfulness, Walking, etc.

• **Methodology**

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

Peer Specialist Mental Health Certificate Program

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving 19,000 adults, children, youth and families offering over 30 programs (integrated into 10 core programs) and reaching to over 80 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco. It is through these close partnerships with the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in the Certificate Program. RAMS also outreaches within the Summer Bridge Project (aimed to foster the interest of health care field within high school-aged youth) while utilizing its connections with consumer advocacy groups (e.g. Mental Health Association of SF, National Alliance on Mental Illness). RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion.

Moreover, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client-base. Some of these members include: SOMA Mental Health, Conard House, Citywide Case Management, Progress Foundation, HealthRight 360, BHC, SF First, Larkin Street Youth, etc.

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

Outpatient Peer Counseling Program

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

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

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

Peer Specialist Mental Health Certificate

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

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

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

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

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

Outpatient Peer Counseling Program

There are two ways in which clients are admitted into the Outpatient Peer Counseling Program. For those clients who are new to the RAMS outpatient clinic, upon completing an intake (risk assessment), a client is referred to meet with a Peer Counselor (when appropriate) for an orientation of services. During this time, Peer Counselors have the opportunity to assess and discuss with clients whether they would be interested in continuing their participation in services offered by the Peer Counseling Program (e.g. as needed individual counseling, case management, groups, events, activities, etc.).

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

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

Peer Specialist Mental Health Certificate

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

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

Outpatient Peer Counseling Program

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

Services provided include:

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

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

Peer Specialist Mental Health Certificate

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

Outpatient Peer Counseling Program

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

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

See CBHS Appendix B

Systems Transformation Methodology

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

Peer Specialist Mental Health Certificate

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each cohort. All participants are strongly encouraged to attend these sessions to provide feedback on their experience and generate ideas to improve program successes. At the evaluation session, a written survey is given to each of the participants to provide quantitative as well as qualitative feedback on the program. The written evaluation is then followed by a focus group format discussion led by RAMS administrators. The Program Coordinator/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants.

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

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

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

Outpatient Peer Counseling Program

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

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

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

Peer Specialist Mental Health Certificate

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates under the assumption that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as

they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond our 12-weeks training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

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

Outpatient Peer Counseling Program

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

7. Objectives and Measurements

1. MHSA GOAL (#11): Increased interest and readiness for employment in the behavioral health system for targeted populations, including enrollment in post-secondary behavioral health training programs.
 - a. *Individualized Performance Objective 1a:* Upon completion of the Peer Specialist Mental Health Certificate, 75% of participants will indicate their plans on pursuing a career (job, volunteer, further education) in the health & human services field (behavioral health, health, community services); this will be evidenced by post-program evaluations.
 - b. *Individualized Performance Objective 1b:* During the contract year, 23 program participants will complete the Peer Specialist Mental Health Certificate (i.e. graduate) thus increasing readiness for entry-level employment/internship/volunteerism in the behavioral health system; this will be evidenced by program participant completion records.
 - c. *Individualized Performance Objective 1c:* Within six months of graduation, at least 75% of graduates of the Peer Specialist Mental Health Certificate will indicate higher-level of engagement within the health and human services field in the following manners: obtain employment or volunteer positions/activities (e.g. direct services, advocacy), achieve career advancement (e.g. promotions, changes in rank, increase of job responsibilities), and/or pursue further education/training; this will be evidenced by post-graduation surveys.
 - d. *Individualized Performance Objective 1d:* The Outpatient Peer Counseling Program will train at least one Peer Counselor in the CBHS electronic documentation system AVATAR. Pending approval from CBHS, trained staff will begin documenting client services using AVATAR.

2. MHSA GOAL (#7) Increased inter-dependence and social connections (within families and communities).
 - a. During FY 2013-14, the Outpatient Peer Counseling Program will conduct at least 70 psycho-social groups to support clients in developing social connections in the community. This will be evidenced by clinical documentation of the program.

3. MHSa GOAL: Program satisfaction.
 - a. *Individualized Performance Objective 3a*: Upon completion of the Peer Specialist Mental Health Certificate program, 80% of program participants will express overall satisfaction with the program; this will be evidenced by the post-program evaluations.
 - b. *Individualized Performance Objective 3b*: Evidenced by client satisfaction surveys for the Outpatient Peer Counseling Program, at least 75% of the clients will express overall satisfaction with services that they received.

4. MHSa GOAL: Exit interview.
 - a. Upon completion of the Peer Specialist Mental Health Certificate program, 75% of participants will engage in a focus group which solicits feedback on the program curriculum and structure as well as identifies areas of strength and improvement; this will be evidenced by focus group notes and documentation.

8. Continuous Quality Assurance and Improvement

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

- 1. **Program Name:** i-Ability, Vocational IT
Program Address: 1234 Indiana Street
City, State, Zip Code: San Francisco, CA 94107
Telephone: (415) 282-9675
Facsimile: (415) 920-6877

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

Program Code(s): N/A

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

- New** **Renewal** **Modification**

3. **Goal Statement**

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

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

4. **Target Population**

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

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

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

This fiscal year represents the continued operations and/or start-up of i-Ability, Vocational IT components:

- (a) Helpdesk Project: Continued operation
- (b) Desktop Project: Continued operation
- (c) Advanced Helpdesk Project: Start-up activities; pilot training cohort for Advanced Helpdesk Project will be by invitation only. Selection will be based on participants having previous exposure to the Avatar application and/or experience working in a Helpdesk environment.
- (d)

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

Workforce Development (MHSA Modality)

- For the Avatar Helpdesk Training component, this contract year includes two cohorts with each cohort enrolling at least eight trainees (total of at least 16 trainees)
- For the Desktop Training component, this contract year includes two cohorts with each cohort having at least seven trainees (total of 14 trainees)
- For the Advanced Helpdesk Internship component, a pilot project (10-15 hours/week per intern for six weeks). The pilot cohort will consist of 3-4 interns. Once the pilot cohort is completed, the full implementation will enroll at least six interns (total of at least 6 interns).
- For Helpdesk, Desktop, and Advanced Helpdesk components, a full cohort's training duration is nine months with trainees/interns engaged in workforce development activities (classroom and on-the-job training) intended to develop a diverse and competent workforce; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the healthcare information technology workforce.
- Each Helpdesk, Desktop & Advanced Helpdesk trainee/intern receives 10-15 hours/week of paid, on-the-job workforce development training; work hours vary, according to the individual's availability & support needs.
- There are additional activity hours for program planning, providing individualized and/or group trainee support (Vocational Rehabilitation Counselor and/or IT Trainer), preparing & reviewing/adjusting training materials (per Avatar system updates), etc.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond our own walls to reach people of all ages and backgrounds in our community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Hire-Ability services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well over 19,000 adults, children, youth & families at over 80 sites, citywide. Hire-Ability's primary referral sources are SFDPH outpatient behavioral health services; as such, the program's staff maintains regular office hours at these sites and closely coordinates within RAMS programs and other agencies' management.

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

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

The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets are distributed to the community, along with informational flyers about the program curriculum and content. Application packets include basic

demographic information (name, address, and contact information), reference contact information, and a personal statement. Program orientations/Open Houses are also held, prior to application deadlines and serve as an opportunity for interested individuals and/or community organizations to obtain assistance with application completion and/or inquire more about the program. All completed applications are reviewed by an admission review committee, with all applicants receiving notification about the decision/outcome. Interviews may also be scheduled, as part of the admission review process. Once the cohort begins, there is a more detailed orientation to the program such as completion/graduation guidelines, discussion of expectations (by trainees and program), etc.

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

The i-Ability, Vocational IT program has three components:

- 1) Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support. Through classroom and paid, on-the-job training, trainees gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 2) Desktop, a single point of contact for end users of CBHS computers/hardware to receive support and maintenance within CBHS computing environment. Through classroom and paid, on-the-job training, trainees gain skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months with no overlap.
- 3) Advanced Avatar Helpdesk, a single point of contact for end users of the CBHS electronic health record system ("Avatar") to receive support. Additionally, interns will provide additional support to the Avatar Super User Community. Through classroom and paid, on-the-job training, interns increase their skills regarding troubleshooting basic and super user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. The interns will assist with mentoring the Helpdesk trainees by shadowing frontline activities and providing structured peer support as facilitated by the trainer of the program. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.

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

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

The IT Trainers (Helpdesk, Desktop, and Advanced Helpdesk) are the primary staff persons responsible for classroom and on-the-job training, providing direct support and supervision (individual, group) to trainees/interns. The classroom training is primarily provided during the first two to four weeks of the cohort; thereafter, training and support is provided on a regular, ongoing basis (weekly). The IT Trainers may also serve as additional frontline coverage; the IT Manager, along with the Director of Vocational Services/Program

Director, provides as needed coverage and oversees quality control & management for the i-Ability program. Furthermore, all trainees/interns are assigned a Vocational Rehabilitation Counselor. The Counselor conducts a comprehensive vocational assessment (job readiness/interest, skills development, and other work-related issues), vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, job searches, and placement assistance, as well as job coaching, counseling & guidance.

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

i-Ability, Vocational IT also offers structured groups (e.g. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by Vocational Rehabilitation Counselors, the groups provide positive peer support & pressure, focus on interpersonal relationships, support network for specific challenges, and can assist individuals to learn about themselves and relate better with other people. Groups can be jointly run with collaborative partners (e.g. behavioral health counselors, CBHS), taking place at RAMS and/or the vendor (CBHS, if possible) or partner's site, depending on feedback and offered at various days and times.

FY 2013-2014 incorporates the continued operation of the Helpdesk component and Desktop component as well as the start-up/implementation of the Advance Helpdesk component. Significant activities include:

Activity	First Quarter (July-Sept 2013)	Second Quarter (Sept-Dec 2013)	Third Quarter (Jan-Mar 2014)	Fourth Quarter (Apr-June 2014)
Advisory Committee Meetings			Jan	
Helpdesk Orientation/Open House		Oct/Nov		
Helpdesk Applications Due & Selection		Nov/Dec	Jan	
Helpdesk Cohort # 4 ends			Feb	
Helpdesk Cohort # 5 begins			Jan	
Desktop Orientation/Open House		Oct/Nov		
Desktop Applications Due & Selection		Nov/Dec		
Desktop Cohort # 2 ends		Dec		
Desktop Cohort #3 begins		Dec		
Advanced Helpdesk Internship Selection			Jan	
Advanced Helpdesk Pilot begins (6 weeks)			Jan	

Advanced Helpdesk Application/Orientation			Jan/Feb	
Advanced Helpdesk Applications Due & Selection			February	
Advanced Helpdesk Cohort #1 begins			March	

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

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

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

See CBHS Appendix B.

Systems Transformation Methodology

- One of the primary MHPA tenets is consumer participation/engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

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

During the cohort on-the-job training, all trainees are paid. Furthermore, i-Ability Vocational IT maintains an advisory committee that is multi-disciplinary and reflects the diversity of the community. Membership includes

consumer representation, CBHS, and RAMS with involvement from program participants (graduates). This committee meets quarterly and evaluates program components while advising on its further development and implementation.

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

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

- Describe how the program collaborates with different programs and/or systems to increase participant's opportunities for jobs, education, housing, etc.

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: CBHS (as the program is primarily providing classroom and on-the-job training, on-site at CBHS' location using the CBHS system); engaging in the San Francisco's Mayor's Committee on Disabilities (monthly meeting that involves various systems serving/providing vocational services); SFYEC- San Francisco's Youth Employment Coalition , Potrero /Dogpatch Merchants Association and ongoing relationship/ collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the CBHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the i-Ability Vocational Rehabilitation Counselor provides support & coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

7. Objectives and Measurements

1. MHSa GOAL: Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants
 - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will have met their vocational goals, which are collaboratively developed between the Vocational Rehabilitation Counselor and trainee; this will be evidenced by Vocational Plan summary reports.
2. MHSa GOAL: Increased ability to cope with stress and express optimism and hope for the future
 - a. *Individualized Performance Objective:* At program completion, 75% of trainee graduates will indicate improvements to their coping abilities; this will be evidenced by post-program evaluations and satisfaction surveys.
3. MHSa GOAL: Increased interest and readiness for employment in the behavioral health system for targeted populations, including enrollment in post-secondary behavioral health training programs.

- a. *Individualized Performance Objective:* For each component, 75% of enrolled trainees will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field, thus increasing readiness for entry-level employment/internship/volunteerism in the information technology/behavioral health field; this will be evidenced by program completion records.
4. MHSa GOAL: Program satisfaction.
 - a. *Individualized Performance Objective:* At program completion, 75% of trainees will express overall satisfaction with the program; this will be evidenced by the post-program satisfaction surveys.
5. MHSa GOAL: Exit interview.
 - a. *Individualized Performance Objective:* At program completion, at least 75% of trainees will participate in exit interviews through focus groups or one-on-one interview to solicit feedback regarding the curriculum of the program, recruitment process, accessibility, and effectiveness; this will be evidenced by feedback summary notes
6. MHSa GOAL: Long term follow-up.
 - a. *Individualized Performance Objective:* At least 75% of trainee graduates will respond/ participate in the three-month post-program survey to assess the program's impact on work and/or education placements

8. Continuous Quality Improvement

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

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

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

Program Code(s): N/A

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

New **Renewal** **Modification**

3. Goal Statement

API Health Parity Coalition will take the lead in convening workgroups with the three identified API communities (Southeast Asians, Filipino, Samoan) that reflect the most disparity in mental health services and service providers. APIHPC will support the aforementioned communities to pilot and implement the work plans each workgroup created for culturally competent and holistic mental health promotion and early intervention program services and continue workforce and agency capacity development.

4. Target Population

Three API communities with the most disparities in mental health services as identified from Anti-Stigma Campaign 2011-2012: Filipino, Samoan, and Southeast Asian (Laotian, Cambodian, and Vietnamese). Our service delivery will focus on four low-income targeted areas of San Francisco with large population of predominantly immigrant API communities in South of Market (94103), Tenderloin (94102, 94109), Bayview (94124) and Visitacion Valley (94134). Community members targeted include youth (age 13 to 25), adults (age 21 to 65), and older adults (60+). APIHPC will work with 3 workgroups consisting of at least 10 community-based organizations and at least 60 community members, with an average of about 20 from each of the three communities. The three workgroups have representatives from the following agencies:

APIHPC will work with 3 workgroups consisting of at least 10 community-based organizations and at least 50 community members, with an average of about 15 from each of the three communities. The three groups have representatives from the following agencies:

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

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

Southeast Asian Mental Health Workgroup – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, Vietnamese Family Services Center, Cambodian Community Development Inc, and other community organizations

Samoan Mental Health Collaborative – Samoan Community Development Center, YMCA Beacon, Asian American Recovery Services, United Players, Samoan Churches (Body of Christ Church and Word of Life Church), and other community organizations

5. Modality(ies)/Interventions

PREVENTION AND WELLNESS PROMOTION

Workforce Development (July to December 2013)

APIHPC will pilot and implement the service plans developed by the workgroups, by implementing culturally-relevant mental health promotion/capacity building activities through at least 2-3 events, identified and proposed by the workgroups, reaching at least 50 additional community members. This may include:

- Mental Health First Aid Trainings (linguistically-appropriate)
- Mental Health Peer Educator Trainings and Outreach
- Anti-Stigma Trainings and Community Presentations

Leadership Development and Workforce Development

APIHPC will coordinate or conduct workforce/capacity development trainings that will help them implement their service plans. These include proposal development, contract development, logic model, and budget development.

Outreach and engagement

APIHPC will develop culturally-specific mental health anti-stigma materials through three digital storytelling workshops, which will be used in future community anti-stigma trainings and events for the Samoan, Filipino, and SE Asian communities.

APIHPC will recruit at least 15-20 participants to produce digital stories about their experiences with mental health in the Filipino, Samoan, and SE Asian communities. These may include stories about experiences with mental illness and other factors that negatively influence mental wellness in these communities, including community violence, domestic violence, substance use/abuse, immigration experiences, intergenerational conflict, war trauma, and racism.

Participants will be recruited community members including mental health consumers, monolingual and bilingual immigrants, undocumented immigrants, workers, older adults, youth, and community leaders.

APIHPC will contract with Center for Digital Storytelling to implement these workshops and will be coordinated and co-facilitated by the APIHPC Coordinator in order to ensure the cultural sensitivity and relevance of the workshops. Workgroup leaders and members will assist in recruitment and applications screening, and provide one-on-one support during the workshops (emotional, cultural, and linguistic support).

APIHPC workgroups will host at least three screening events by December 2013, reaching at least 60 community members.

6. Methodology

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

API Health Parity Coalition will conduct outreach with the following CBO's who have already committed to support this contract:

- For the Filipino Community – Bayanihan Center, West Bay Multi-Services Center, SOMA FACT team, and other community organizations and members (including child care, vocational, etc.);
- For the Southeast Asian Community – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, San Francisco Cambodian Temple and other organizations and members
- For the Samoan Community – Samoan Community Development Center, faith based organizations, and others.

Filipino Mental Health Initiative – Bayanihan Center, South of Market Childcare/Family Resource Center, South of Market Mental Health Services, Bessie Carmichael, and other service providers serving the Filipino communities, mainly in the South of Market neighborhoods. APIHPC will work with FMHI-SF, expand to other service providers, and recruit community members within these communities via flyers and “word of mouth.” We have found that the best way to outreach to the community is “word of mouth.”

Southeast Asian Mental Workgroup – Vietnamese Youth Development Center will take the lead and engage Lao Seri Association, Southeast Asian Community Center, San Francisco Cambodian Temple, and other service providers (Cambodian clinicians and health worker from RAMS, CCDC, and Chinatown North Beach Mental Health Services). Community members will be recruited via these organizations and “word of mouth.” Youth will be recruited through these organizations, schools and “word of mouth”; seniors, adults and families are recruited through these organizations, temples and at cultural events.

Samoan Mental Health Collaborative – Samoan Community Development Center will take the lead and engage other faith-based and community organizations that serve the Samoan community. Community members will be recruited via these organizations, and in the neighborhoods (Bayview, Visitacion Valley including Sunnydale project). Seniors, adults, families, youth, and providers will be recruited through these organizations, the neighborhood, and “word of mouth.”

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

Since the modality is Wellness and Promotion with an emphasis on outreach and engagement and workforce development, there are several enrollment methods:

- For digital storytelling – community members representing each of the three API targeted population are recruited and screened by workgroup members who are then invited to participate in a 3-day digital storytelling workshop. The 3-day process include shared group “Story Circle,” reflective writing, group affirmation and feedback, script writing, audio recording, and assisted digital story crafting and refining. The workshops end with the “world premiere” of the digital stories in which the participants present and share their digital stories with the rest of the participants. All participants sign consent forms before the workshops begin.
- For anti-stigma campaign and outreach and engagement – API Health Parity Coalition get the first screening of the digital storytelling. All APIHPC members can enroll in the screening. Community screening – each of the three API groups will invite their respective workgroups for the initial screening, and members of the workgroup can enroll.
- For Mental Health First Aide – community members and service providers are recruited from the SE Asian community. Any interested community members/service providers within the community who can participate in a whole-day training are enrolled.

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

Workforce Development (July to December 2013) – APIHPC will pilot and implement the service plans developed by the workgroups, by implementing culturally-relevant mental health promotion/capacity building activities through at least 2-3 events, identified and proposed by the workgroups, reaching at least 50 additional community members. This may include:

- Mental Health First Aid Trainings (linguistically-appropriate). APIHPC will recruit trainers who are from API background to provide a 8-hour-day training on basic knowledge on signs and symptoms of commonly seen mental illnesses, and what community service providers can do to assist clients, handle crisis situations, and prevent further decompensation.
- Anti-Stigma Trainings and Community Presentations – APIHPC will support communities members and service providers in the production of digital stories by the three API communities. More details in “outreach” section below.

Leadership Development – APIHPC will coordinate or conduct workforce / capacity development trainings that will help them implement their service plans. These include proposal development, contract development, logic model, and budget development. Trainings are provided by Project Coordinator and APIHPC co-chairs and steering committee members.

Outreach and engagement -- APIHPC will develop culturally-specific mental health anti-stigma materials through 3 digital storytelling workshops, which will be used in future community anti-stigma trainings and events for the Samoan, Filipino, and SE Asian communities.

APIHPC will recruit at least 15-20 participants to produce digital stories about their experiences with mental health in the Filipino, Samoan, and SE Asian communities. These may include stories about experiences with mental illness and other factors that negatively influence mental wellness in these communities, including community violence, domestic violence, substance use/abuse, immigration experiences, intergenerational conflict, war trauma, and racism. Participants will be recruited community members including mental health consumers, monolingual and bilingual immigrants, undocumented immigrants, workers, older adults, youth, and community leaders.

Samoan Community Development Center will host the digital storytelling workshop at their location, and will recruit Samoan community members to participate. Bayanihan Community Center will host the digital storytelling workshop at their location, and will recruit Filipino community members to participate. Vietnamese Youth Development Center will host the digital storytelling workshop at their location, and will recruit youth from their program; Lao Seri Association will recruit members from the Lao community; Cambodian Community Services will recruit members from their community.

APIHPC will contract with Center for Digital Storytelling to implement these workshops and will be coordinated and co-facilitated by the APIHPC Coordinator in order to ensure the cultural sensitivity and relevance of the workshops. Workgroup leaders and members will assist in recruitment and applications screening, and provide one-on-one support during the workshops (emotional, cultural, and linguistic support). Each workshop will take three consecutive 8-hour days, and all participants are expected to participate in the whole workshop.

APIHPC workgroups will host at least 3 screening events by December 2013, reaching at least 60 community members. Screening include APIHPC general meeting, each of the three API workgroups.

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

By the end of the program (July to December 2013) the three API workgroups will have completed 4 to 5 digital stories for each of the 3 API communities. Community screening will take place with each of the three respective API communities and API Health Parity Coalition general members, which include up to 25 community based organizations.

By the end of the program (July to December 2013) workgroup members will have developed new contract with CBHS-MHSA to start implementing work plan.

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

The APIHPC Project Coordinator will convene the three identified API sub-groups (with support from API Health Parity Coalition members). This is a part-time contractor position. This staff will take the lead to convene work groups, support digital storytelling workshops, and support community engagement. She will also help facilitate (and recruit trainers) in capacity development.

For each of the three identified communities, an identified staff member to take the lead to engage other organizations and outreach to the communities. Also, they will also act as interpreter and liaison to APIHPC. Each identified communities will also identify administrative personnel to be trained in agency capacity.

Community members will be provided with incentives for participating in planning work groups. Childcare and refreshment will also be provided during workgroup meetings (including evenings and weekends).

APIHPC co-chairs and steering committee provide guidance and support for the project and are voluntary, not funded by this grant. APIHPC general members are volunteer participants.

Systems Transformation Methodology

1. *One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.*

Through the whole process, community members (seniors, adults, families, and youth) will be recruited and engaged by the identified community-based organizations by flyers and word of mouth. They (along with service providers) will be involved in workforce development, digital storytelling activities and evaluation for their communities.

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

Since this is wellness promotion, workforce/capacity development and community engagement program, the concepts of recovery and resilience are the base of our activities. The power of storytelling reduces stigma of many life challenges, and instill hopes in recovery. The mental health first aide and other capacity training focus on understanding of recovery.

7. Objectives and Measurements

- *Objective 1: Increased knowledge about available community resources related to enhancing one's health and well-being (traditional health services, cultural, faith-based)*

APIHPC will conduct at least one workshop on mental health related issues and community resources and conduct at least three community workgroup meetings. 75% of participants will express increased knowledge about available community resources by end of program survey.

- *Objective 2: Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery oriented services).*

APIHPC workforce development project will train identified API community members and service providers in understanding behavioral health issues in their communities. At least 12 community members/service providers will be trained in at least one workshop. This will increase community capacity in identifying and understanding mental illness. A retrospective survey will be used to measure participants' confidence level before and after the training in being able identify and help those experiencing mental health problems before they get professional help and support.

- *Objective 3: Improved social norms, attitudes and policies that promote the respect and dignity of people experiencing mental health challenges*

APIHPC will develop 12 to 15 digital stories for the three API communities (Samoan, Filipino, SE Asians), and will present the stories to their respective communities. Feedback and discussion will be conducted after the screening; and pre- and post-test will be administered to assess the attitude on mental health and other emotional challenges.

- *Participant satisfaction*

75% of participants at the screening of the digital stories will be satisfied with the stories.
75% of participants at the workshop will be satisfied with the facilitation of the workshop.

8. Continuous Quality Improvement

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

Appendix B Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

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

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Three Million One Hundred Thirty Five Thousand Six Hundred Five Dollars (\$23,135,605) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,142,731 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

June 30, 2015 through December 31, 2015	\$2,236,184	
July 1, 2010 through December 31, 2015	G. Total	\$21,992,874

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

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

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

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

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

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

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00343		Prepared By/Phone #: Ken Choi / 415-800-0699 x205		Fiscal Year: FY14-15						
DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Document Date: 5/7/2014								
Contract Appendix Number:		B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Appendix A/Program Name:		Adult Outpatient Services Clinic	Employee Development	Broderick St Residential CBHS	Broderick St Residential-HUH	Peer Specialist MH Certificate & P2P Counseling	i-Ability Vocational IT	API Health Parity Coalition	API Mental Health Coalition	
Provider Number:		3894	38B6	3894	3894	3894	38B6	3894	3894	
Program Code(s):		38943	38B62	38948	38948	3894IN	38B6A2	TBD	TBD	
FUNDING TERM:		07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	TOTAL
FUNDING USES										
Salaries & Employee Benefits:		1,568,930	90,057	501,061	964,743	103,819	455,074	0	48,374	3,732,057
Operating Expenses:		119,113	10,934	11,589	215,291	52,576	31,533	45,337	107,876	594,249
Capital Expenses:										
Subtotal Direct Expenses:		1,688,043	100,991	512,650	1,180,034	156,394	486,607	45,337	156,250	4,326,306
Indirect Expenses:		202,565	12,119	61,518	141,604	18,767	58,393	5,436	18,750	519,152
Indirect %:		12%	12%	12%	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES		1,890,608	113,110	574,168	1,321,638	175,161	545,000	50,773	175,000	4,845,458
CBHS MENTAL HEALTH FUNDING SOURCES							Employee Fringe Benefits %:	Fringe Benefits %:		28%
MH FED - SDMC Regular FFP (50%)		862,640	-	277,297	-	-	-	-	-	1,139,937
MH STATE - MH Realignment		515,080	49,778	200,393	-	-	-	-	-	765,251
MH COUNTY - General Fund		411,687	63,332	96,478	-	-	-	-	-	571,497
MH 3RD PARTY - Medicare		101,201	-	-	-	-	-	-	-	101,201
MH STATE - MHSA (PEI)		-	-	-	-	-	-	-	175,000	175,000
MH STATE - MHSA (CSS)		-	-	-	-	-	-	50,773	-	50,773
MH STATE - MHSA (WEY)		-	-	-	-	175,161	-	-	-	175,161
MH STATE - MHSA (Tech)		-	-	-	-	-	545,000	-	-	545,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,890,608	113,110	574,168	-	175,161	545,000	50,773	175,000	3,523,820
CBHS SUBSTANCE ABUSE FUNDING SOURCES										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES										
HUH - General Fund		-	-	-	948,548	-	-	-	-	948,548
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	948,548	-	-	-	-	948,548
TOTAL DPH FUNDING SOURCES		1,890,608	113,110	574,168	948,548	175,161	545,000	50,773	175,000	4,472,368
NON-DPH FUNDING SOURCES										
NON DPH - Other (Client Fees)		-	-	-	373,090	-	-	-	-	373,090
TOTAL NON-DPH FUNDING SOURCES		-	-	-	373,090	-	-	-	-	373,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,890,608	113,110	574,168	1,321,638	175,161	545,000	50,773	175,000	4,845,458

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #:	B-#1, Page 1
Provider Name: RAMS					Document Date:	5/7/2014
Provider Number: 3894					Fiscal Year:	FY14-15
Program Name:	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic		
Program Code (formerly Reporting Unit):	38943	38943	38943	38943		
Mode/SFO (MFI) or Modality (SA):	15/01-09	15/10-37	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	0	TOTAL
FUNDING TERM:	14 - 15	14 - 15	14 - 15	14 - 15		
FUNDING USES						
Salaries & Employee Benefits:	66,341	1,101,263	394,671	6,655		1,568,930
Operating Expenses:	5,037	83,608	29,963	505		119,113
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	71,378	1,184,871	424,634	7,160	0	1,688,043
Indirect Expenses:	8,565	142,185	50,956	859		202,565
TOTAL FUNDING USES:	79,943	1,327,056	475,590	8,019		1,890,608
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMH/MCC730515	36,476	605,504	217,001	3,659	862,640
MH STATE - MH Realignment	HMH/MCC730515	21,780	361,545	129,570	2,185	515,080
MH COUNTY - General Fund	HMH/MCC730515	17,408	288,971	103,562	1,746	411,687
MH 3RD PARTY - Medicare	HMH/MCC730515	4,279	71,036	25,457	429	101,201
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		79,943	1,327,056	475,590	8,019	1,890,608
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		79,943	1,327,056	475,590	8,019	1,890,608
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		79,943	1,327,056	475,590	8,019	1,890,608
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
DPH Units of Service:	FFS	FFS	FFS	FFS		
	38,250	491,502	95,500	2,000		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.09	2.70	4.98	4.01	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01	0.00	
Published Rate (Medi-Cal Providers Only):	2.10	2.71	5.01	4.03		
Unduplicated Clients (UDC):	1200	Included	Included	Included		Total UDC: 1,200

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38643
 Program Name: Adult Outpatient Services Clinic
 Document Date: 5/7/14

Appendix Page #: 8#1, Page 2

Position Title	TOTAL		General Fund (HMHMC730515)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Adult/Older Adult Outpatient Services	1.00	\$ 85,340	1.00	85,340				
Medical Director	0.38	\$ 72,471	0.38	72,471				
Psychiatrist/Nurse Practitioner/Registered Nurse	2.64	\$ 339,394	2.64	339,394				
Behavioral Health/Mental Health Therapist/Counselor/Worker/SWSupervisor	15.08	\$ 632,586	15.08	632,586				
Intake Coordinator/Office Manager	0.55	\$ 24,636	0.55	24,636				
Program Support Analyst/Assistant	2.78	\$ 99,695	2.78	99,695				
Housekeeper/Janitor	0.50	\$ 13,459	0.50	13,459				
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
		\$ -						
Totals:	22.92	\$1,267,581	22.92	\$1,267,581				

Employee Fringe Benefits:	24%	\$301,349	24%	\$301,349									
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TOTAL SALARIES & BENEFITS \$1,568,930 \$1,568,930

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38943
 Program Name: Adult Outpatient Services Clinic
 Document Date: 5/7/14

Appendix/Page #: B#1, Page 3

Expenditure Category	TOTAL		General Fund (HMHMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15					
Occupancy:							
Rent	\$ 73,758	\$ 73,758					
Utilities (telephone, electricity, water, gas)	\$ 11,500	\$ 11,500					
Building Repair/Maintenance	\$ 2,000	\$ 2,000					
Materials & Supplies:							
Office Supplies	\$ 6,965	\$ 6,965					
Photocopying	\$ 1,000	\$ 1,000					
Printing	\$ 1,100	\$ 1,100					
Program Supplies	\$ 1,000	\$ 1,000					
Computer hardware/software	\$ 1,000	\$ 1,000					
General Operating:							
Training/Staff Development	\$ 1,500	\$ 1,500					
Insurance	\$ 9,130	\$ 9,130					
Professional License	\$ 160	\$ 160					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 3,500	\$ 3,500					
Staff Travel:							
Local Travel	\$ 500	\$ 500					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Consultant/Subcontractor:							
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -						
Other:							
Recruitment/Direct Staff Expenses	\$ 6,000	\$ 6,000					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						

TOTAL OPERATING EXPENSE

\$119,113

\$119,113

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Appendix/Page #: B-#2, Page 1			
Provider Name: RAMS		Document Date: 5/7/2014			
Provider Number: 38B6		Fiscal Year: FY14-15			
Program Name:	Employee Development				
Program Code (formerly Reporting Unit):	38B62				
Mode/SFC (MH) or Modality (SA):	10/30-39				
Service Description:	Vocational	0	0	0	0
FUNDING TERM:	14 - 15				TOTAL
FUNDING USES					
Salaries & Employee Benefits:	90,057				90,057
Operating Expenses:	10,934				10,934
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:	100,991				100,991
Indirect Expenses:	12,119				12,119
TOTAL FUNDING USES:	113,110				113,110
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH STATE - MH Realignment	HMHMCC730515	49,778			49,778
MH COUNTY - General Fund	HMHMCC730515	63,332			63,332
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		113,110			113,110
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-			-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-			-
TOTAL DPH FUNDING SOURCES		113,110			113,110
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-			-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		113,110			113,110
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - CDF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS				
DPH Units of Service:	1,561				
Unit Type:	Client Full Day				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	72.44				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	72.44				
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	35				Total UDC: 35

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38B82
 Program Name: Employee Development
 Document Date: 5/7/14

Appendix/Page # B#2, Page 2

Position Title	TOTAL		General Fund (HMMCC730515)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Vocational Services	0.05	\$ 4,200	0.05	4,200								
Employee Development Coordinator/Manager	0.20	\$ 10,500	0.20	10,500								
Intake Coordinator	0.10	\$ 4,695	0.10	4,695								
Vocational Rehabilitation Counselor/Trainer	1.00	\$ 41,200	1.00	41,200								
Peer Vocational Rehabilitation Assistant	0.35	\$ 8,960	0.35	8,960								
Program Coordinator/Assistant	0.03	\$ 702	0.03	702								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
		\$ -		-								
Totals:	1.73	\$70,257	1.73	\$70,257								

Employee Fringe Benefits:	28%	\$19,800	28%	\$19,800								
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TOTAL SALARIES & BENEFITS	\$90,057	\$90,057				
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FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38862
 Program Name: Employee Development
 Document Date: 5/7/14

Appendix/Page #: B#2, Page 3

Expenditure Category	TOTAL	General Fund (HMHMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 3,300	\$ 3,300				
Utilities(telephone, electricity, water, gas)	\$ 1,400	\$ 1,400				
Building Repair/Maintenance	\$ 200	\$ 200				
Materials & Supplies:						
Office Supplies	\$ 1,134	\$ 1,134				
Photocopying	\$ 500	\$ 500				
Printing	\$ 100	\$ 100				
Program Supplies	\$ 2,500	\$ 2,500				
Computer hardware/software	\$ -	\$ -				
General Operating:						
Training/Staff Development	\$ 500	\$ 500				
Insurance	\$ 500	\$ 500				
Professional License	\$ -	\$ -				
Permits	\$ -	\$ -				
Equipment Lease & Maintenance	\$ -	\$ -				
Staff Travel:						
Local Travel	\$ 200	\$ 200				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -	\$ -				
Other:						
Recruitment/Direct Staff Expenses	\$ 600	\$ 600				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				

TOTAL OPERATING EXPENSE

\$10,934

\$10,934

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MHI)/Contractor Name (SA): Richmond Area Multi-Services, Inc.					Appendix/Page #: B #3, Page 1	
Provider Name: RAMS					Document Date: 5/7/2014	
Provider Number: 3894					Fiscal Year: FY14-15	
Program Name:	Broderick St Residential-CBHS	Broderick St Residential-CBHS	Broderick St Residential-CBHS	Broderick St Residential-CBHS		
Program Code (formerly Reporting Unit):	38948	38948	38948	38948		
Mode/SFC (MHI) or Modality (SA):	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	0	TOTAL
FUNDING TERM:	14 - 15	14 - 15	14 - 15	14 - 15	-	-
FUNDING USES						
Salaries & Employee Benefits:	24,314	124,876	347,673	4,199		501,061
Operating Expenses:	562	2,888	8,041	98		11,589
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	24,876	127,763	355,714	4,297		512,650
Indirect Expenses:	2,985	15,332	42,686	515		61,518
TOTAL FUNDING USES:	27,861	143,095	398,400	4,812		574,168
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	13,456	69,108	192,409	2,324	277,297
MH STATE - MH Realignment	HMHMCC730515	9,724	49,942	139,047	1,680	200,393
MH COUNTY - General Fund	HMHMCC730515	4,681	24,045	66,944	808	96,478
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		27,861	143,095	398,400	4,812	574,168
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		27,861	143,095	398,400	4,812	574,168
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		27,861	143,095	398,400	4,812	574,168
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODP # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
	FFS	FFS	FFS	FFS		
DPH Units of Service:	13,331	52,998	80,000	1,200		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.09	2.70	4.98	4.01		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.09	2.70	4.98	4.01		
Published Rate (Medi-Cal Providers Only):	2.09	2.70	4.98	4.01		Total UDC:
Unduplicated Clients (UDC):	36	Included	Included	Included		36

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38848
 Program Name: Brookline St Residential CBHS
 Document Date: 5/7/14

Appendix Page # B#3, Page 2

Position Title	TOTAL		General Fund (HMHMCC730515)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 07/01/14 - 06/30/15		Term: 07/01/14 - 06/30/15		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Coordinator/Manager	1.00	\$ 59,789	1.00	59,789								
Clinical Nurse Manager	0.80	\$ 66,259	0.80	66,259								
Psychiatrist	0.15	\$ 30,085	0.15	30,085								
Nurse (RN/LVN)	2.00	\$ 121,292	2.00	121,292								
Behavioral Health/Mental Health Therapist/Counselor/Worker	2.50	\$ 106,575	2.50	106,575								
Program Support Analyst/Assistant	0.33	\$ 12,096	0.33	12,096								
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
		\$ -										
		\$ -										
Totals:	6.78	\$396,096	6.78	\$396,096								

Employee Fringe Benefits:	26%	\$104,965	26%	\$104,965								
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TOTAL SALARIES & BENEFITS \$501,061 \$501,061

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38948
 Program Name: Broadrick St Residential-CBHS
 Document Date: 5/7/14

Appendix/Page #: B#3, Page 3

Expenditure Category	TOTAL	General Fund (HM#IMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/13-06/30/14	Term: _____	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Phone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 1,800	\$ 1,800				
Photocopying	\$ 200	\$ 200				
Printing	\$ 89	\$ 89				
Program Supplies	\$ 1,000	\$ 1,000				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 2,000	\$ 2,000				
Insurance	\$ 3,000	\$ 3,000				
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 500	\$ 500				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Expenses	\$ 3,000	\$ 3,000				
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$11,589	\$11,589	\$0	\$0	\$0	\$0

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.				Appendix/Page #: B-#4 Page 1	
Provider Name: RAMS				Document Date: 5/7/2014	
Provider Number: 3894				Fiscal Year: FY14-15	
Program Name:	Broderick St Residential-HUH	Broderick St Residential-HUH			
Program Code (Monthly Reporting Unit):	38948	38948			
Mode/SFC (MH) or Modality (SA):	6078	6078			
Service Description:	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	0	0	0
FUNDING TERM:	14 - 15	14 - 15			TOTAL
FUNDING USES					
Salaries & Employee Benefits:	692,404	272,339			964,743
Operating Expenses:	154,514	60,777			215,291
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:	846,918	333,116			1,180,034
Indirect Expenses:	101,630	39,974			141,604
TOTAL FUNDING USES:	948,548	373,090			1,321,638
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					0
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
HUH - General Fund	HCHSSHQUSGGF	948,548			948,548
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		948,548			948,548
TOTAL DPH FUNDING SOURCES		948,548			948,548
NON-DPH FUNDING SOURCES					
NON DPH - Other (Client Fees)			373,090		373,090
TOTAL NON-DPH FUNDING SOURCES			373,090		373,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		948,548	373,090		1,321,638
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable):					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes):					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR			
DPH Units of Service:	11,081				
Unit Type:	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	85.60	N/A			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	85.60	N/A			
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	36	Included			Total UDC: 36

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38848
 Program Name: Borden St Residential-HUH
 Document Date: 5/7/14

Appendix/ Page # B#4, Page 2

Position Title	TOTAL		General Fund (HCHSHHOUSSGF)		Funding Source 1 (Client Fees)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrator/Director of Operations	1.00	\$ 83,436	0.72	59,883	0.28	23,553				
Program Coordinator/Office Manager	1.00	\$ 42,000	0.72	30,144	0.28	11,856				
Clinical Nurse Manager	0.20	\$ 16,483	0.14	11,830	0.06	4,653				
Certified Nurse Aide/Home Aide	9.40	\$ 339,223	6.77	243,463	2.63	95,760				
Driver/Program Assistant	1.00	\$ 33,214	0.72	23,838	0.28	9,376				
Program Assistant/Receptionist	1.40	\$ 48,499	1.01	35,526	0.39	13,973				
Chef/Cook/Cool Assistant	3.46	\$ 114,153	2.49	81,928	0.97	32,225				
Maintenance Workers (Janitor and Maintenance Engineer)	2.30	\$ 69,855	1.66	50,135	0.64	19,720				
		\$ -								
		\$ -								
		\$ -								
		\$ -								
		\$ -								
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		\$ -								
		\$ -								
Totals:	19.76	\$747,863	14.22	\$536,747	5.54	\$211,116				

Employee Fringe Benefits:	29%	\$216,880	29%	\$155,657	29%	\$61,223					
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TOTAL SALARIES & BENEFITS \$964,743 \$692,404 \$272,339

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38948
 Program Name: Broderick St Residential HUH
 Document Date: 5/7/14

Appendix/Page #: B#4, Page 3

Expenditure Category	TOTAL	General Fund (HCHSHHOUSGGF)	Funding Source 1 (Client Fees)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -	\$ -	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 60,000	\$ 43,062	\$ 16,938.00			
Building Repair/Maintenance	\$ 36,000	\$ 25,837	\$ 10,163.00			
Materials & Supplies:						
Office Supplies	\$ 4,241	\$ 3,044	\$ 1,197.00			
Photocopying	\$ 2,000	\$ 1,435	\$ 565.00			
Printing	\$ 1,500	\$ 1,077	\$ 423.00			
Program Supplies	\$ -	\$ -	\$ -			
Computer hardware/software	\$ 1,000	\$ 718	\$ 282.00			
General Operating:						
Training/Staff Development	\$ 1,000	\$ 718	\$ 282.00			
Insurance	\$ 11,000	\$ 7,895	\$ 3,105.00			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ 12,000	\$ 8,612	\$ 3,388.00			
Equipment Lease & Maintenance	\$ 4,200	\$ 3,014	\$ 1,186.00			
Staff Travel:						
Local Travel	\$ 250	\$ 179	\$ 71.00			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -			
(add more Consultant lines as necessary)	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 4,600	\$ 3,301	\$ 1,299			
Client-Related Supplies and Expenses	\$ 77,500	\$ 55,622	\$ 21,878			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			

TOTAL OPERATING EXPENSE

\$215,291

\$154,514

\$60,777

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.				Appendix/Page #: B-#5, Page 1	
Provider Name: RAMS				Document Date: 5/7/2014	
Provider Number: 3894				Fiscal Year: FY14-15	
Program Name:	Peer Specialist MH Certificate	P2P Counseling			
Program Code (formerly Reporting Unit):	3894IN	3894IN			
Mode/SFC (MH) or Modality (SA):	45/10-19	45/10-19			
Service Description:	MH Promotion	MH Promotion	0	0	0
FUNDING TERM:	14 - 15	14 - 15			TOTAL
FUNDING USES					
Salaries & Employee Benefits:	71,980	31,838			103,818
Operating Expenses:	50,932	1,644			52,576
Capital Expenses (greater than \$5,000):	0				0
Subtotal Direct Expenses:	122,912	33,482			156,394
Indirect Expenses:	14,749	4,018			18,767
TOTAL FUNDING USES:	137,661	37,500			175,161
CBHS MENTAL HEALTH FUNDING SOURCES					
MH STATE - MHSA (WET)	Index Code/Project Detail/CFDA#: HMHMPROP63/ PMHS63-1408	137,661	37,500		175,161
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		137,661	37,500		175,161
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					-
TOTAL DPH FUNDING SOURCES		137,661	37,500		175,161
NON-DPH FUNDING SOURCES					
					0
TOTAL NON-DPH FUNDING SOURCES					0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		137,661	37,500		175,161
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR					
DPH Units of Service:	2,220	1,500			
Unit Type:	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	62.00	25.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	62.00	25.00			
Published Rate (Medi-Cal Providers Only):	N/A	N/A			
Unduplicated Clients (UDC):			4		Total UDC: 4

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3894IN
 Program Name: Peer Specialist MH Certificate & P2P Counseling
 Document Date: 5/7/14

Appendix Page #: B#5, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 Peer Specialist MH Certificate (MHSA-WDET / HHMMPROP63/PMHS63-1408)		Funding Source 2 P2P Counseling (MHSA-WDET / HHMMPROP63/PMHS63-1408)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director/Coordinator	0.68	\$ 41,015			0.68	40,000	0.02	1,015				
Teaching/Program Assistant	0.45	\$ 15,675			0.45	15,675						
Peer Counselor	0.83	\$ 26,740					0.83	26,740				
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
Totals:	1.95	\$82,430			1.11	\$55,675	0.84	\$26,755				

Employee Fringe Benefits:	26%	\$21,388			29%	\$16,305	19%	\$5,083				
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TOTAL SALARIES & BENEFITS		\$103,818			\$71,980		\$31,838					
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FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 3894IN
 Program Name: Peer Specialist MH Certificate & P2P Counseling
 Document Date: 5/7/14

Appendix/Page #: B#5, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 Peer SMH Cert. (MHSA-WDET/HMHMPROP63/P MHS63-1408)	Funding Source 2 P2P Coun. (MHSA-WDET/HMHMPROP63/P MHS63-1408)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____	Term: _____
Occupancy:						
Rent	\$ 1,180		\$ 1,180	\$ -		
Utilities(telephone, electricity, water, gas)	\$ 1,800		\$ 1,800	\$ -		
Building Repair/Maintenance	\$ 1,000		\$ 1,000	\$ -		
Materials & Supplies:						
Office Supplies	\$ 4,039		\$ 3,000	\$ 1,039		
Photocopying	\$ 800		\$ 500	\$ 300		
Printing	\$ 2,182		\$ 2,132	\$ 50		
Program Supplies	\$ 1,200		\$ 1,200			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 500		\$ 500	\$ -		
Insurance	\$ 605		\$ 450	\$ 155		
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 120		\$ 120	\$ -		
Staff Travel:						
Local Travel	\$ 1,300		\$ 1,300	\$ -		
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
Recruitment/Direct Staff Expenses	\$ 600		\$ 500	100		
Tuitions for Clients	\$ 29,250		\$ 29,250			
Guest Lecturers/Instructors	\$ 500		\$ 500			
Student Incentives & Stipends	\$ 7,500		\$ 7,500			
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$52,576

\$50,932

\$1,644

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.				Appendix/Page #: B-#6, Page 1	
Provider Name: RAHS				Document Date: 5/7/2014	
Provider Number: 38B6				Fiscal Year: FY14-15	
Program Name:	i-Ability Vocational IT -- Helpdesk	i-Ability Vocational IT -- Desktop	i-Ability Vocational IT -- Advanced Helpdesk		
Program Code (formerly Reporting Unit):	38B6A2	38B6A2	38B6A2		
Mode/SPC (MH) or Modality (SA)	10/30-39	10/30-39	10/30-39		
Service Description:	Vocational	Vocational	Vocational	0	0
FUNDING TERM:	14 - 15	14 - 15	14 - 15		TOTAL
FUNDING USES					
Salaries & Employee Benefits:	183,390	182,530	89,154		455,074
Operating Expenses:	12,242	12,242	7,049		31,533
Capital Expenses (greater than \$5,000):	0				0
Subtotal Direct Expenses:	195,632	194,772	96,203		486,607
Indirect Expenses:	23,476	23,373	11,544		58,393
TOTAL FUNDING USES:	219,108	218,145	107,747		545,000
CBHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH STATE - MHSA (Tech)	HMHMPROP63/PMHS63-0812	219,108	218,145	107,747	545,000
					0
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		219,108	218,145	107,747	545,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		219,108	218,145	107,747	545,000
NON-DPH FUNDING SOURCES					
					0
TOTAL NON-DPH FUNDING SOURCES		-	-	-	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		219,108	218,145	107,747	545,000
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR					
DPH Units of Service:	522	485	196		
Unit Type:	Client Full Day	Client Full Day	Client Full Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	420.00	450.00	550.00		
Cost Per Unit - Contract Rate (DPH & Non DPH FUNDING SOURCES):	420.00	450.00	550.00		
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC):	28	16	6		Total UDC: 50

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3886A2
 Program Name: Adult Vocational IT
 Document Date: 5/7/14

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 Helpdesk (MHSA-IT / HMHMPROP63/PMHS63-0812)		Funding Source 2 Desktop (MHSA-IT / HMHMPROP63/PMHS63-0812)		Funding Source 3 Advanced Helpdesk (MHSA-IT / HMHMPROP63/PMHS63-0812)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Vocational Services	0.15	\$ 12,600			0.06	5,040	0.06	5,040	0.03	2,520		
Manager of Vocational IT Services	1.00	\$ 55,000			0.45	24,750	0.45	24,750	0.10	5,500		
Vocational Rehab. Counselor/IT Trainer	1.50	\$ 61,400			0.50	20,300	0.50	20,300	0.50	20,800		
IT Trainer	2.50	\$ 112,709			1.00	43,935	1.00	46,274	0.50	22,500		
Helpdesk/Desktop/Advanced helpdesk Trainee	4.82	\$ 103,748			1.98	45,000	1.83	42,000	0.73	16,748		
Admin Coordinator/Assistant	0.11	\$ 4,600			0.05	2,044	0.05	2,044	0.01	512		
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Totals:	9.78	\$350,057			4.02	\$141,069	3.89	\$140,408	1.87	\$68,580		

Employee Fringe Benefits:	30%	\$105,017			30%	\$42,321	30%	\$42,122	30%	\$20,574		
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TOTAL SALARIES & BENEFITS \$455,074 \$183,390 \$182,530 \$89,154

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38B6A2
 Program Name: Ability/Vocational IT
 Document Date: 5/7/14

Appendix/Page #: B#6, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 Helpdesk (MHA-IT/HMHMPROP63/PMH S63-0812)	Funding Source 2 Desktop (MHA-IT/HMHMPROP63/PMHS 63-0812)	Funding Source 3 Advanced Helpdesk (MHA-IT/HMHMPROP63/PMH S63-0812)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	Term: _____
Occupancy:						
Rent	\$ 6,880		\$ 2,752	\$ 2,752	\$ 1,376	
Utilities (telephone, electricity, water, gas)	\$ 4,700		\$ 1,880	\$ 1,880	\$ 940	
Building Repair/Maintenance	\$ 1,250		\$ 500	\$ 500	\$ 250	
Materials & Supplies:						
Office Supplies	\$ 2,753		\$ 1,000	\$ 1,000	\$ 753	
Photocopying	\$ 250		\$ 100	\$ 100	\$ 50	
Printing	\$ 300		\$ 100	\$ 100	\$ 100	
Program Supplies	\$ 4,000		\$ 1,500	\$ 1,500	\$ 1,000	
Computer hardware/software	\$ 3,000		\$ 1,000	\$ 1,000	\$ 1,000	
General Operating:						
Training/Staff Development	\$ 1,250		\$ 500	\$ 500	\$ 250	
Insurance	\$ 2,400		\$ 960	\$ 960	\$ 480	
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 1,750		\$ 750	\$ 750	\$ 250	
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Recruitment/Direct Staff Expenses	\$ 3,000		\$ 1,200	\$ 1,200	\$ 600	
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$31,533		\$12,242	\$12,242	\$7,049	

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MHI)/Contractor Name (SA): Richmond Area Multi-Services, Inc.						Appendix/Page #: B-#7, Page 1	
Provider Name: RAMS						Document Date: 5/7/2014	
Provider Number: 3894						Fiscal Year: FY14-15	
Program Name:		API Health					
Parity Coalition							
Program Code (formerly Reporting Unit):		1 - Budget Summary IH8					
Mode/SFC (MH) or Modality (SA)		45/10-19					
Service Description:		MH Promotion	0	0	0	0	TOTAL
FUNDING TERM:		14 - 15					
FUNDING USES							
Salaries & Employee Benefits:		0					0
Operating Expenses:		45,337					45,337
Capital Expenses (greater than \$5,000):		0					0
Subtotal Direct Expenses:		45,337					45,337
Indirect Expenses:		5,436					5,436
TOTAL FUNDING USES:		50,773					50,773
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH STATE - MHSA (CSS)		HMHMPROP63/PMHS63-1407	50,773				50,773
							0
							0
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			50,773				50,773
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES			50,773				50,773
NON-DPH FUNDING SOURCES							
							0
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			50,773				50,773
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR					
DPH Units of Service:		1					
Unit Type:							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		50,733					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		50,733					
Published Rate (Medi-Cal Providers Only):		N/A					
Unduplicated Clients (UDC):		1					Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#7, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 (MHSA-CSS / HMHMPROP63/PMHS63-1407)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 07/01/14 - 06/30/15		Term:		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS \$0 \$0 \$0 \$0 \$0 \$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#7, Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (MHSA-IT/HMHPROP63/PM HS63-1407)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ -					
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 2,287		\$ 2,287			
Computer hardware/software	\$ 1,000		\$ 1,000			
General Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 50		\$ 50			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Heidi Tuasoni/Natafie Ahsooni-Bartley -- Project Organizer	\$ 15,000		\$ 15,000			
Center for Digital Storytelling -- Mental Health Anti-Sigma Digital Story Creation	\$ 12,000		\$ 12,000			
(add more Consultant lines as necessary)	\$ -					
Other:						
Stipends for Participating Organizations	\$ 15,000		\$ 15,000			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$ 45,337

\$45,337

FY 13-14 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Richmond Area Multi-Services, Inc.		Appendix/Page #: B #8, Page 1				
Provider Name: RAMS		Document Date: 5/7/2014				
Provider Number: 3894		Fiscal Year: FY14-15				
Program Name:	API Mental Health Coalition					
Program Code (formerly Reporting Unit):	TBD					
Mode/SFC (MH) or Modality (SA):	45/10-19					
Service Description:	MH Promotion	0	0	0	0	TOTAL
FUNDING TERM:	14 - 15					
FUNDING USES						
Salaries & Employee Benefits:	48,374					48,374
Operating Expenses:	107,876					107,876
Capital Expenses (greater than \$5,000):	0					0
Subtotal Direct Expenses:	156,250					156,250
Indirect Expenses:	18,750					18,750
TOTAL FUNDING USES:	175,000					175,000
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH STATE - MHSA (PEI)	HMI-IMP63/ PMHS63-1410	175,000				175,000
						0
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		175,000				175,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-				-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-				-
TOTAL DPH FUNDING SOURCES		175,000				175,000
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		175,000				175,000
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR					
DPH Units of Service:	1,804					
Unit Type:						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	97					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	97					
Published Rate (Medi-Cal Providers Only):	N/A					
Unduplicated Clients (UDC):	1					Total UDC:

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#8, Page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 (MHS-PEI / RMHMPROP63/PMHS63-1410)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Peer Services	0.06	\$ 2,471			0.06	2,471						
Project Coordinator	1.00	\$ 34,500			1.00	34,500						
Mental Health Consultant	0.06	\$ 1,728			0.06	1,728						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	1.12	\$ 38,699	0.00	\$ 0	1.12	\$ 38,699	0.00	\$ 0	0.00	\$ 0	0.00	\$ 0
Employee Fringe Benefits:	25%	\$9,675	#DIV/0!		25%	\$9,675	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
TOTAL SALARIES & BENEFITS		\$48,374		\$0		\$48,374		\$0		\$0		\$0

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: TBD
 Program Name: API Mental Health Coalition
 Document Date: 5/7/14

Appendix/Page #: B#8, Page 3

Expenditure Category	TOTAL	General Fund (include all Funding Sources with this Index Code)	Funding Source 1 (MHSA-IT/HMHPROP63/PM HS63-1410)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/14-06/30/15	Term: _____	07/01/14-06/30/15	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 1,800		\$ 1,800			
Utilities(telephone, electricity, water, gas)	\$ 300		\$ 300			
Building Repair/Maintenance	\$ -					
Materials & Supplies:						
Office Supplies	\$ 876		\$ 876			
Photocopying	\$ 100		\$ 100			
Printing	\$ 200		\$ 200			
Program Supplies	\$ 3,000		\$ 3,000			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,000		\$ 1,000			
Insurance	\$ 300		\$ 300			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ 300		\$ 300			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
Cambodian Community Development, Inc.	\$ 10,000		\$ 10,000			
Filipino American Development Foundation	\$ 30,000		\$ 30,000			
Lao Sen Association	\$ 10,000		\$ 10,000			
Samoan Community Development Center	\$ 30,000		\$ 30,000			
Vietnamese Family Services Center	\$ 10,000		\$ 10,000			
Vietnamese Youth Development Center	\$ 10,000		\$ 10,000			
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$ 107,876

\$107,876

FY 13-14 CBHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc.

Document Date: 05/07/14

Fiscal Year: FY14-15

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.33	\$ 55,070
Chief Financial Officer	0.33	\$ 50,880
Deputy Chief	0.32	\$ 37,397
Director of Operations	0.33	\$ 26,158
Director of Information Technologies	0.33	\$ 24,093
Director of Human Resources	0.33	\$ 25,814
Accounting Specialist/Assistant	1.34	\$ 62,176
Program Consultant	0.01	\$ 2,685
HR Specialist	0.67	\$ 28,719
Director of Training	0.28	\$ 22,012
Office Manager/Admin Assistant	0.02	\$ 847
Janitor	0.02	\$ 456
Driver	0.10	\$ 2,369
EMPLOYEE FRINGE BENEFITS	26%	\$ 88,056
TOTAL SALARIES & BENEFITS		\$ 426,732

2. OPERATING COSTS

Expenditure Category	Amount
Occupancy	\$ 34,347
Office Supplies	\$ 16,382
Insurance	\$ 13,783
Audit/Legal/Recruit/Payroll Fees	\$ 17,874
Staff Training/Meeting/Mileage	\$ 10,034
TOTAL OPERATING COSTS	\$ 92,420

TOTAL INDIRECT COSTS **\$ 519,152**
 (Salaries & Benefits + Operating Costs)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2013

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

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


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

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

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

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

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

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

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

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

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

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



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

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

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

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

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

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

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

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

RE: Early Childhood Mental Health Consultation at
 Potrero Hill FRC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 3

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

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

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

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

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

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

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

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



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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name of Person or Organization:

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

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



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OPS0062221	07/01/2013	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

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

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

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

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

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

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

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



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

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

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

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

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

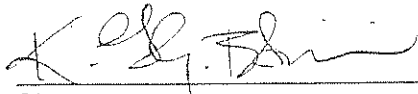
RAMS

AUTOMOBILE LIABILITY COVERAGE WAIVER

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

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

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



Signature

7/6/09

Date



May 19, 2004

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

From: Kavous Ghane Bassiri, LMFT, CGP. ~~Kavous Ghane Bassiri~~
Chief Executive Officer

Re: Waiver for Auto-Liability insurance

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

Waiver granted based on the above information.

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

POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

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

is changed to read:

A Waiver of Subrogation is hereby added to the policy.

See Form WC 04 03 06.

* Item 4. Change To:

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

Total Estimated Annual Premium \$ 109,974

Minimum Premium \$

Deposit Premium \$

All other terms and conditions of this policy remain unchanged.

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

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

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

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

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

Insured: Richmond Area Multi Services, Inc.

DBA:

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

NCCI Carrier Code No. 28746

Countersigned by _____

WC 89 06 00 A

Ed. 7-87

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-- CALIFORNIA

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

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

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

Schedule

Person or Organization

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

Job Description

All Operations of the Named Insured

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

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

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

DBA:

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

Countersigned by _____

