

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

Second Amendment

THIS **SECOND** AMENDMENT (“Amendment”) is made as of **May 01, 2026**, in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, Contractor was competitively selected pursuant to a Request for Qualifications (“RFQ”) entitled Peer-to-Peer Programs - Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program issued on 08/17/2020 through Sourcing Event ID RFQ 27-2020, which resulted in a prequalified pool of suppliers from which Contractor was selected, and a Request for Qualifications (“RFQ”) entitled MENTAL HEALTH SERVICES ACT PEER-TO-PEER BEHAVIORAL HEALTH SERVICES issued on 12/18/2019 through Sourcing Event ID RFQ 43-2019, where the Contractor was selected the highest rank proposer after a solicitation by the Department to the prequalified pool; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code because local preferences are not permitted by grant and state funding sources and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on 3/12/2024 and 2/05/2024 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number DHRPSC0001895 and DHRPSC0005396 which authorizes the award of multiple agreements, the total value of which cannot exceed \$55,874,000 and \$438,051,200 and the individual duration of which cannot exceed 14.5 years and 13 years; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s [Board of Supervisors] under [insert resolution number] approved on [insert date of Commission or Board action] in the amount of [insert Dollar Amount] for the period commencing [Insert Start Date] and ending [Insert End Date]; and

Now, **THEREFORE**, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated July 01, 2021 between Contractor and City, as amended by the:

First Amendment, dated December 1, 2022.

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

1.3 **San Francisco Labor and Employment Code.** As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U, it shall be construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

1.4 **Open For Business Legislative Changes.** In October 2025, San Francisco enacted legislation that reduced obligations City places on contractors. These changes went into effect January 1, 2026. Articles 141 and 142 were repealed, to the extent those conditions appear in this Agreement, they should be treated as nullified. The dollar value threshold for application for Administrative Code Chapters 12F, 12N, 12L, 12Y, and 101 and Labor and Employment Code Article 151 were increased. If the Agreement is valued at less than \$230,000, 12N, 12Y and 101 are not in effect. If the Agreement is valued at \$230,000 or less, 12F and 151 are not in effect. If the Agreement is valued at less than \$1,000,000, Chapter 12L is not in effect. Any clause in the Agreement concerning a condition referenced above that is not in effect shall be treated as nullified.

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 **Term of the Agreement.** Article 2 Term of the Agreement of the Amendment # 1 currently reads as follows:

2.1 **Term.** The term of this Agreement shall commence on July 1, 2021 and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.

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

2.2 **Term.** The term of this Agreement shall commence on July 1, 2021 and expire on June 30, 2029, unless earlier terminated as otherwise provided herein.

2.2 **Financial Matters.** Section 3.3.1 Payment of the Amendment # 1 currently reads as follows:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Forty Eight Million Two Hundred Eleven Thousand Five Eleven Hundred Dollars (\$48,211,511)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Appendix A, A-1, A-3, A-4 and A-8.** Appendix A, A-1, A-3, A-4 and A-8 is hereby replaced in its entirety by Appendix A, A-1, A-3, A-4 and A-8, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A, A-1, A-3, A-4 and A-8 in any place, the true meaning shall be Appendix A, A-1, A-3, A-4 and A-8, which is a correct and updated version.

2.4 **Appendix B, B-1, B-3, B-4 and B-8.** Appendix B, B-1, B-3, B-4 and B-8 is hereby replaced in its entirety by Appendix B, B-1, B-3, B-4 and B-8, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B, B-1, B-3, B-4 and B-8 in any place, the true meaning shall be Appendix B, B-1, B-3, B-4 and B-8, which is a correct and updated version.

2.5 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement

refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version.

2.6 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E, attached to this Amendment and incorporated within the Agreement.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 **Article 1 Definitions.** *Article 1 of the Agreement is replaced in its entirety to read as follows:*

Article 1 Definitions

1.1 **“Agreement”** means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 **“Appendices”** means the appendices listed in Article 14 (“Appendices”) herein.

1.3 **“Artificial Intelligence” or “Artificial Intelligence Model”** means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

1.4 **“Artificial Intelligence System”** means a machine-based system that is designed to operate with varying levels of autonomy and that may exhibit adaptiveness after deployment, and that, for explicit or implicit objectives, infers, from the input it receives, how to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments.

1.5 **“Business Associate”** or “BAA” has the meaning given to such term under HIPAA and its implementing regulations, including 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103, as may be amended from time to time.

1.6 **“City”** means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and the Department of Public Health.

1.7 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.8 **“CMD”** means the Contract Monitoring Division of the City.

1.9 **“Confidential Information”** means confidential City information including, but not limited to, personal identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is

subject to local, state or federal laws restricting the use and disclosure of such information. Confidential Information includes, without limitation, City Data.

1.10 **“Contractor”** means **Richmond Area Multi-Services, Inc. 4355 Geary Blvd, San Francisco, CA 94118.**

1.11 **“Deliverable Data”** means any data that is required to be delivered to City as a Deliverable, or as a part of a Deliverable, under this Agreement.

1.12 **“Deliverables”** means Contractor’s or its subcontractors’ work product, including any partially completed work product and related materials, resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.13 **“Generative Artificial Intelligence”** means Artificial Intelligence that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the Artificial Intelligence’s training data.

1.14 **“Health Care Component”** has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.15 **“Hybrid Entity”** has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.16 **“Mandatory City Requirements”** means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.17 **“Party” and “Parties”** means City and Contractor either individually or collectively.

1.18 **“Personal Identifiable Information (PII)”** means information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular individual or household. Personal information includes, but is not limited to, the following if it identifies, relates to, describes, is reasonably capable of being associated with, or could be reasonably linked, directly or indirectly, with a particular individual or household as further defined in the California Consumer Privacy Act.

1.19 **“Services”** means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

3.2 **Section 3.3.4 Invoices.** Section 3.3.4 of the Agreement is replaced in its entirety to read as follows:

3.3.4 Invoicing. Contractor shall invoice the City for the Services provided under this Agreement on a timely basis, and in no event later than 30 days after delivery of the Services as specified in Appendix B, Calculation of Charges, except for the last invoice of the fiscal year which must be submitted within [15] days before the end of July. Invoices submitted by

Contractor must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.7, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of Services performed, sales/use tax (if applicable), contract payment terms and contract price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

3.3 **Section 3.3.6 Getting paid by City for Services.** Section 3.3.6 of the agreement is hereby deleted in its entirety to read as follows:

3.3.6 Reserved

3.4 **Section 3.7 Contract Amendments; Budgeting Revisions.** Section 3.7 of the agreement is hereby deleted in its entirety to read as follows:

3.7 Reserved

3.5 **Section 4.2 Qualified Personnel.** Section 4.2 of the Agreement is replaced in its entirety to read as follows:

4.2 Qualified Personnel. Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.6 **Section 4.5 Assignment.** Section 4.5 of the Agreement is replaced in its entirety to read as follows:

4.5 Assignment. Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

3.7 **Section 4.6 Warranty.** Section 4.6 of the agreement is hereby deleted in its entirety to read as follows:

4.6 Reserved

3.8 **Section 5.1 Insurance.** *Section 5.1 of the agreement is hereby replaced in its entirety to read as follows:*

5.1 Insurance.

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

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

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

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

(d) Professional Liability Insurance, applicable to Contractor’s profession, with limits not less than **\$3,000,000** for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) **Technology Errors and Omissions Liability Insurance.**

(Reserved)

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

(g) **Pollution Liability Insurance. (Reserved)**

5.1.2 Additional Insured.

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

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

(c) **Pollution Additional Insured Endorsement. (Reserved)**

5.1.3 Waiver of Subrogation. The Workers’ Compensation Liability Insurance policy(ies) shall include a waiver of subrogation in favor of City for all work performed by the Contractor, and its employees, agents and subcontractors.

5.1.4 Primary Insurance.

(a) The Commercial General Liability Insurance policy shall provide

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

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

(c) **Pollution Liability Insurance as Primary Insurance. (Reserved)**

5.1.5 Other Insurance Requirements.

(a) Thirty (30) days' advance written notice shall be provided to City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsrms410@sfdph.org.

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, be maintained for a period of three (3) years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

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

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

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

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

3.9 Section 6.1 Liability of City. *Section 6.1 of the agreement is hereby replaced in its entirety to read as follows:*

6.1 Liability of City. CITY'S TOTAL LIABILITY UNDER THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ITS PAYMENT OBLIGATIONS UNDER THIS AGREEMENT, SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "CALCULATION OF CHARGES AND CONTRACT NOT TO EXCEED AMOUNT" OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

3.10 Article 10 Additional Requirements Incorporated by Reference. *Article 10 of the Agreement is replaced in its entirety to read as follows:*

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/%20.

10.2 Governmental-Conduct Related Contractual Obligations.

10.2.1 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.); or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify City if it becomes aware of any such fact during the term of this Agreement.

10.2.2 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.2.3 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves; (ii) a candidate for that City elective office; or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve (12) months after the date City approves the contract. The prohibition on contributions applies to each prospective

party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than ten percent (10%) in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract and has provided the names of the persons required to be informed to the City department with whom it is contracting.

10.3 Employment-Related Contractual Obligations.

10.3.1 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of San Francisco Administrative Code Chapter 14B ("LBE Ordinance").

10.3.2 Minimum Compensation Ordinance. San Francisco Labor and Employment Code Article 111 applies to this Agreement. Contractor shall pay covered employees no less than the minimum compensation required by Article 111, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Article 111. Information about and the text of Article 111 is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of Article 111, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Article 111.

10.3.3 Health Care Accountability Ordinance. San Francisco Labor and Employment Code Article 121 applies to this Agreement. Contractor shall comply with the requirements of Article 121. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 121.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of Article 121, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Article 121. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

10.3.4 First Source Hiring Program. Contractor must comply with all of the applicable provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement; and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.3.5 Working with Minors. Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall

comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95.

10.3.6 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq.

10.3.7 Nondiscrimination in Contracts. Contractor shall comply with the provisions of San Francisco Labor and Employment Code Articles 131 and 132. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 131.2(a), 131.2(c)-(k), and 132.3 of the San Francisco Labor and Employment Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Articles 131 and 132.

10.3.8 Nondiscrimination in the Provision of Employee Benefits. San Francisco Labor and Employment Code Article 131.2 applies to this Agreement. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in Article 131.2.

10.4 Environmental-Related Contractual Obligations.

10.4.1 Packaged Water Prohibition. The scope of Services includes the sale, provision, or distribution of water to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

10.4.2 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.4.3 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.4.4 Sugar-Sweetened Beverage Prohibition. The scope of Services in this Agreement includes the sale, provision, or distribution of beverages to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.5 Slavery Era Disclosure. (Reserved)

10.6 Nonprofit Contractor Obligations.

10.6.1 Good Standing. If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General’s Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City’s request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General’s Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

10.6.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization, provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries), and receives a cumulative total per year of at least \$1,000,000 in City or City-administered funds, Contractor must comply with the City’s Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

3.11 Section 11.2 Compliance with Laws Requiring Access for People with Disabilities.

The following section is hereby replaced in its entirety to read as follows:

11.2 Compliance with Laws Requiring Access for People with Disabilities.

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

11.2.2 Contractor shall provide technical assistance to City when responding to reasonable accommodation requests from City employees respecting their use of the information content and technology (“ICT”) and/or Services provided under this Agreement.

11.2.3 Web and Mobile Content Accessibility. Contractor shall adhere to the requirements of the Americans with Disabilities Act of 1990, as amended (42 U.S.C. Sec. 1201 et seq.), including the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, as specified in the Department of Justice’s Title II Rule on the accessibility of web content and mobile applications Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and the applicable Revised Section 508 Standards published by the U.S. Access Board (<https://www.access-board.gov/ict/>), as amended from time to time]. Contractor shall ensure that all ICT provided under this Agreement fully conforms to the Department of Justice’s Title II rules and, *if applicable*, the applicable Revised 508 Standard, prior to delivery and before the City’s final acceptance of the Services and/or Deliverables.

3.12 Section 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. *The following section is hereby deleted and replaced in its entirety to read as follows:*

11.6.3 Reserved

3.13 Section 11.15 No Third-Party Beneficiaries. *The following section is hereby added and incorporated in Article 11 of the Agreement:*

11.15 No Third-Party Beneficiaries. The representations, warranties and other terms contained herein are for the sole benefit of the Parties hereto and their respective successors and permitted assigns, and they shall not be construed as conferring any rights on any other person.

3.14 Section 12.6 Prevention of Fraud, Waste and Abuse. *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.6 Prevention of Fraud, Waste and Abuse. Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

3.15 Section 12.7 City Revisions to Program Budgets *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.7 Contract Amendments; Budgeting Revisions.

12.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

12.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to (1) purchase additional Services within the Statement of Richmond Area Multi-Services, INC.

Work or (2) reallocate funding among the Services within the Statement of Work. Any change made under this Subsection 12.7.2 must not involve an increase in the Maximum Cost or Amount Not to Exceed or a change to the Term of this Agreement, and must be approved in writing by both Parties, by a person with legal authority to bind their respective Party to its terms. Contractor shall not proceed with any work contemplated in any revision to program budget until Contractor receives written notification from City to commence such work. All revisions to program budget will become part of this Agreement, after written execution by the Parties, which will then form the new baseline upon which future changes will be measured.

3.16 Section 12.8 Health and Human Service Contract Dispute Resolution Procedure.

The following section is hereby added and incorporated in Article 12 of the Agreement:

12.8 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix [G] incorporated herein by this reference.

3.17 Article 13 Data and Security. *Article 13 is hereby replaced in its entirety to read as follows:*

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Protection of Private Information. If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 City Data; Confidential Information. In the performance of Services, Contractor may have access to, or collect on City’s behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 Payment Card Industry (“PCI”) Requirements. (Reserved)

13.3 Business Associate Agreement. The Parties acknowledge that City is designated as a Hybrid Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and all Health Care Components of the City, including a City department involved in this Agreement, are required to comply with the HIPAA rules governing the access, use, disclosure, transmission, storage, and security of protected health information (PHI).

For purposes of this Agreement, Parties agree that if Contractor is performing a service or function for or on behalf of a City department that is a Health Care Component, where such service or function makes Contractor a Business Associate of City, Contractor must comply with the obligations and conditions contained in the Business Associate Agreement (“BAA”) that shall be attached to this Agreement as Appendix E, and incorporated as though fully set forth herein. Parties agree that if Contractor is not performing a service or function that makes Contractor a Business Associate of City, a BAA is not required and will not be attached to this Agreement. Appendix E will be reserved if a BAA is not required. Contractor, however, must still comply with any data privacy and security laws that apply to Contractor, including, but not limited to, HIPAA, CMIA (Cal. Civ. Code Sec. 56 et.seq.), Cal. Welf. & Inst. Code Sec. 5328, and 42 CFR Part 2.

13.4 Management of City Data.

13.4.1 Use of City Data. Contractor agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Contractor shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Contractor or its authorized subcontractors using, or sharing or storage of, City Data outside the United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. Contractor is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use, provided, however, that no City Data may be used by Contractor to train, modify or improve any Artificial Intelligence Systems or Models without City’s prior written consent, which may be withheld or withdrawn at City’s sole discretion. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data and/or machine learning from the data, stored or transmitted by the service, for unrelated commercial purposes, advertising or advertising-related purposes, or for any purpose that is not explicitly authorized other than security or service delivery analysis.

13.4.2 Use of Generative Artificial Intelligence in Deliverables. Contractor is prohibited from using Generative Artificial Intelligence in the development of Deliverables without City’s prior written consent. Contractor represents and warrants to City that Deliverables will not be developed in a manner that conflicts with the City’s rights in and to the Deliverables under Article 9, “Rights in Deliverables,” or the City Data confidentiality and security requirements under Article 13, “Data and Security,” of this Agreement.

13.4.3 Disposition of City Data. Except as otherwise provided for in this Agreement, upon City’s request, termination or expiration of this Agreement, or the expiration of any required document retention period or litigation hold, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that the City Data has been successfully transferred to City, Contractor shall within ten (10) business days, securely dispose, clear, purge, and/or physically destroy, all copies of all City Data from its servers, files, hosted environments

used in performance of this Agreement (including subcontractors' environments), work stations used to process or produce the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such secure disposal occurred within five (5) business days of the disposal. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

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

13.6 Loss or Unauthorized Access to City's Data; Security Breach Notification. Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

13.7 Cybersecurity Risk Assessment. If a Cybersecurity Risk Assessment ("CRA") was required before entering the Agreement, Contractor must complete an annual CRA to demonstrate that it has maintained the data privacy and information security program required for City contractors. If Contractor does not satisfactorily complete an annual CRA, the City shall have the right, without further obligation or liability to Contractor, to terminate this Agreement or exercise any of its other remedies hereunder. Any failure by Contractor to comply with this Section shall be a material breach of this Agreement.

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY
Recommended by:

Daniel Tsai
Director of Health
San Francisco Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney – Arnulfo Medina

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

CONTRACTOR
Richmond Area Multi-Services INC.

Angela Tang
Executive Director
4355 Geary Street
San Francisco, CA, 94103

City Supplier number: 0000012195

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Elizabeth Davis**, Program Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third-Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

- 1) Staff evaluations completed on an annual basis.

- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

The detailed description of services is listed below and are attached hereto:

Appendix A-1 & 1a – RAMS Peer to Peer Services (B-1a is Discontinued)

Appendix A-2 – Peer to Peer Services CMHC (Discontinued)

Appendix A-3 – Peer Specialist Mental Health Certificate

Appendix A-4 – RAMS Peer to Peer Services

Appendix A-5 & 5a – ICM Transition Support to Outpatient (Discontinued)

Appendix A-6 – Wellness in the Streets (WITS) (Discontinued)

Appendix A-7 & 7a– RAMS Peer to Peer Services (Discontinued)

Appendix A-8 – Outpatient Peer Counseling Services

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

1. Identifiers:

Program Name: RAMS Peer to Peer Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

Original

Contract Amendment

Request for Program Budget (RPB)

3. Goal Statement

To implement a cohesive, empowering and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

4. Target Population

Population for Peers: RAMS welcomes all populations and ethnicities, with Adult Peers defined as individuals with personal lived experience and are living in recovery from being unhoused and/or addiction challenges and/or mental health conditions. Peers may be former consumers of behavioral health services, or family members or significant others of consumers.

Population for clients: RAMS welcomes all populations and ethnicities, with clients defined as those who are 18+ years of age (or those below 18+ years of age in specific programs serving TAY) and who are accessing or interested in accessing peer support services for individual and group peer counseling, connection to community resources, and system of care navigation for behavioral health needs and related basic needs services, including shelter/housing resources, primary care linkage, and benefits linkage.

5. Modality(ies)/Interventions

See Appendix B CRDC pages.

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates BHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the BHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

This Appendix A (narrative) includes the following components:

- Peer to Peer Services (corresponding with Appendix B-1):
These services include employment and paid internships of peers throughout the system of care providing direct client services through peer support activities that may include peer wellness groups & activities, linkage, appointment accompaniment, system navigation, training and program support at 30+ DPH and DPH-funded sites throughout San Francisco.

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

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 approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person and virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for the RAMS Peer Counseling Certificate and Peer Counseling Internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. In addition to this, RAMS promotes many of these opportunities including open workforce positions on their website and through our virtual job fairs.

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

Clients may be referred by direct service providers at various BHS clinics, while indicating the service or assistance needed. The program then introduces services to the referred client, and may discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address needs; service plan, as appropriate. Clients also have the option of self-enrolling by coming to the program location itself as a walk-in or scheduling an intake meeting for Peer Wellness Center services, or to complete and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website.

C. Service delivery model

• Peer to Peer Services (corresponding with Appendix B-1):

This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted SFDPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters & navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and support clients to maintaining overall wellness. Currently, RAMS provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in Dual Recovery Support groups.

As part of Peer to Peer Services, RAMS maintains a Peer Wellness Center. This is the low-barrier drop-in Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive

linkages to a variety of behavioral health and primary health resources and services; and 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; 4) A milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities. Clients of the Peer Wellness Center or any client visitors receiving services through Behavioral Health Services are welcome to participate in any of the groups offered. The Peer Wellness Center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Wellness/Drop-In Center activities may include, but are not limited to: Individual Peer Counseling, Peer-to-Peer Support Groups such as Dual Recovery Support Groups, Women's & Men's groups, and LGBT groups, Creative Arts activities, Mindfulness groups, Music appreciation, Cultural events, Outdoor walking groups and field trips and Resource/Service Linkage. The Peer Wellness Center is centrally located in the Mid-Market/Civic Center neighborhood and is easily accessible to public transportation and SFDPH-BHS headquarters. The hours and days of operation are Monday, Wednesday & Friday from 9 a.m. - 5 p.m.; Tuesdays and Thursdays from 9 a.m. – 6:30 p.m.; and Saturdays from 10 a.m. - 3 p.m. The program operates in a hybrid capacity, and clients may choose to access group services virtually.

Another component within Peer to Peer Services is the Peer Internship Program, an entry-level peer training program working directly with behavioral health consumers. The internship is a 9-month, 20-hour/week cohort, enrolling at least nine interns per cohort (one cohort per fiscal year) and is geared toward peers seeking experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Each intern is assigned at least one site placement with the option of additional rotations and are placed in a variety of SFDPH-funded programs and given the opportunity to provide direct and administrative support services to people in the community. Interns work in a variety of roles, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, front-line of customer service with current or new consumers of Behavioral Health Services, administrative and outreach support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

At the start of the internship, there is a two-week orientation which includes pre-rotation trainings on topics such as professional communication, privacy/HIPAA, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. Peer Interns receive weekly supervision with a Peer Supervisor/Coordinator, ongoing individual supervision from a site supervisor, and attends at least two formal trainings per month provided by RAMS. Each month, they attend the RAMS Peer Certificate, Leadership Academy, a monthly training series for current and aspiring peer providers. The Division management meets with each intern and their site supervisor, at least monthly. The Peer Internship Coordinator and the site supervisors provide a formal mid-year and final evaluation to give feedback about the intern's performance and provide ongoing opportunity for professional learning and growth.

D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See Appendix B Salaries and Benefits page.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS Division of Peer-Based Services has a management/supervisory team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community & Workforce Empowerment and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of

action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

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

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

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 weekly group supervision. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division 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 Division Director and executive management. 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.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

1. Identifiers:

Program Name: Peer Specialist MH Certificate
Program Address: 1282 Market Street
City, State, Zip: San Francisco, CA 94102
Telephone: (415) 579-3021 Fax: (415) 941-7313
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative:
Richard Zevin, Director, Division of Peer-Based Services
Patty Rodriguez, Chief Operating Officer
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

Program Code: Not Applicable

2. Nature of Document (check one)

Original Contract Amendment Request for Program Budget (RPB)

3. Goal Statement

To prepare peers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level peer provider employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning.

4. Target Population

Underserved and underrepresented San Francisco mental health consumers, peers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training. The target population will also include individuals of diverse backgrounds, from all ethnicities and cultural backgrounds including individuals representing the LGBTQI communities, individuals interested in serving different population groups including the elderly, immigrants, and disenfranchised communities. In addition to this, RAMS is a certified vendor through CalMHSA to train students who qualify for the Medi-Cal state certification test for peer providers.

5. Modality(ies)/Interventions

See Appendix B CRDC

The RAMS Peer Specialist Mental Health Certificate has three components:

- 1) Entry Level Certificate: 12-week course 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. This component is operated in collaboration with San Francisco State University, Department of

Counseling. Students who complete this course will be eligible to apply for the CalMHSA Medi-Cal Peer Support Specialist certification exam.

- 2) Advanced Level Certificate: 8-week course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing (or have recently provided) peer services and/or community advocacy. This component is operated in collaboration with San Francisco State University, Department of Counseling.
- 3) Leadership Academy: Offers monthly trainings to further support and educate peers working in the behavioral health field

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

Workforce Development

- 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide 190 program hours and the Advanced Level Certificate will provide 96 program activity hours; in addition, there are post-program engagement activities (i.e. reunion). The program directly engages with adults 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 develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce.
- The hours of operation of the Peer Specialist Mental Health Certificate program
 - Entry Course: 4 hours/day; 2 days/week; 12 weeks total
 - Advanced Course: 3 hours/day; 2 days/week; 8 weeks total
- The Leadership Academy will provide 24 hours of seminar hours.

Wellness Promotion

- Coordinate and hold two 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 inter-dependence; promote responsibility and accountability for one's wellness; increase problem solving capacity; or develop or strengthen networks that community members trust.

Outreach and Engagement

- Participate and/or hold two career and/or 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).

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology

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

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 16,000 adults, children, youth and families offering over 30 programs (integrated into 13 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

This Peer Certificate program is integrated within the larger RAMS Division of Peer-Based Services, which employs 100+ peer providers within the SFDPH system of care. It is through these close partnerships with BHS and 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 Community Advisory Boards, all of which actively engage in the Certificate Program. 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. Lastly, since the inception of the program in 2010, RAMS has maintained strong relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, Curry Senior Center, Hospitality House, PRC, SF First, Larkin Street Youth, Mental Health Association 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 and community trainings. 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. Program enrollment and registration also becomes available on the RAMS blog and other social media outlets. Additionally, RAMS conducts presentations and table events about the program when relevant opportunities are available.

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

To be eligible for the Certificate 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
- A high school graduate/GED (only required for Entry and Advanced Level components)

To apply for the Entry and Advanced Level Certificate components, 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
- Two personal or professional references
- Personal Statement

All qualified applications are reviewed by the program's admissions committee who is generally 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, the committee members come together to share their results from phase 1. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

To participate in the Leadership Academy, those interested must only register and admission is based on a first come, first served basis.

C. Service delivery model

Entry Level & Advanced Certificate Components:

The Entry Level component is a 12-week course, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, in-person, generally on Tuesdays and Thursdays, from 10:00 a.m. - 2:00p.m. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, in person, generally on Tuesdays and Thursdays, from 9:30am. – 12:30p.m. Course activities 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. The Advanced Level component also includes topics related to best practices when working with individuals with acute needs or who are challenging to engage with, leadership and supervisory areas, mentorship of other peers, and how to prepare for the civil service testing process for city employment.
- 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 (Entry Level only): 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 minute presentation.
- Written Report (Entry Level only): 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.
- Capstone Project (Advanced Level only): Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course. 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). Appointments are offered for students to work with the Peer Intern mentor as needed.
- 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 at least \$600 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).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2 hour course, in specific topics and offer courses frequently throughout the year (usually monthly) at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component teaches peers and consumers basic education in the areas of, but not limited to, peer counseling best practices, self-care and burnout prevention, boundaries & ethics, de-escalation techniques, wellness and recovery, trauma-informed training, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component provides unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses helps peers and consumers develop skills to feel better equipped when participating in activities that request consumer input.

D. Discharge planning and exit criteria and process

For the Entry and Advanced Level Certificate components, exit criteria include successful completion of all coursework related to the course as well as maintaining regular attendance. The Course Syllabus further details to students the grading structure; all students must achieve a grade of 75% in order to receive a Certificate of Completion. In addition, participants must have a 90% attendance rate or higher for Entry Level and 85% for the Advanced Level in order to graduate from the program.

For the Leadership Academy, participants may be eligible to receive a verification of training for having participated in the full session.

E. Program staffing

See Appendix B Salaries and Benefits page.

F. Mental Health Services Act Programs

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

Program Evaluation: The program engages participants in planning, implementation, and evaluation by conducting an evaluation session at the conclusion of each Entry and Advanced Level Certificate 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 Program Manager/Course Instructor is not involved in this evaluation process to support open and objective feedback from the participants. For the Leadership Academy, written evaluations are administered for training sessions.

Results of these evaluations are presented to the program Advisory Committee during its regular 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 holds two meetings per year—consisting of former program participants (graduates) and other community stakeholders in the workforce development and peer counseling systems—in an effort to inform the community of program updates and to invite feedback related to training needs for peer providers to remain at the forefront of innovative behavioral health service delivery. Topics may include updates related to the California Medi-Cal Peer Specialist Certification, upcoming and proposed changes to the Peer Certificate curriculum, identified needs for training and workforce development in the behavioral health system of care, and other related topics. The program sends out quarterly updates to the Peer Certificate listerv via email to inform stakeholders of key activities happening during that time period in the program.

Peer Mentor Position: This position may be held by a program graduate currently enrolled in the RAMS Peer Counseling Internship or employed by RAMS (both funded through a different contract) when qualified Peer Mentors are available. The intent of this position is to further engage past participants in the program and to facilitate student success. The peer mentor, as part of a peer-to-peer model, provides academic support to students and administrative assistance to the Program Manager. The peer mentor meets with participants regularly on a one-on-one basis as well as conducts review sessions outside of formal class time.

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

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

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

Additionally, the curriculum content is based on Wellness and Recovery principles. In fact, for the Entry Level Certificate component, the very first lecture of the program is an overview of the Wellness and Recovery Model. Throughout the rest of the course, 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.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. Staff are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Division Director reports progress/status towards each contract objective in the monthly report to executive management. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an ongoing basis, with its methodology depending on the type of information. In addition, the Division Director monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons (graduation, etc.).

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

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Division Director throughout the program cohort duration; based on these reviews, determinations/recommendations are provided relating to any needed adjustments to match to the cohorts' progress & workforce development needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

C. Measurement of cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS holds agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division 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 Director and the CEO meets with each program to solicit feedback for this purpose. The agency may administer a staff satisfaction and/or climate survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program conducts a written participant satisfaction survey. Collected data is tabulated and summarized. The Division Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS quality management. The Program Director also collaborates with staff, RAMS Executive Management, and quality improvement/evaluation staff to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

E. Measurement, analysis, and use of ANSA data

Contractor: Richmond Area Multi-Services, Inc.
Program Name: Peer Specialist MH Certificate
CID#: 1000020708

Appendix A-3
Funding Term: 07/01/25 through 06/30/26
Funding Source (non-BHS only):

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

1. Identifiers:

Program Name: RAMS Peer

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

Original

Contract Amendment

Request for Program Budget (RPB)

3. Goal Statement

To implement a cohesive, empowering and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

4. Target Population

Population for Peers: RAMS welcomes all populations and ethnicities, with Adult Peers defined as individuals with personal lived experience and are living in recovery from being unhoused and/or addiction challenges and/or mental health conditions. Peers may be former consumers of behavioral health services, or family members or significant others of consumers.

Population for clients: RAMS welcomes all populations and ethnicities, with clients defined as those who are 18+ years of age (or those below 18+ years of age in specific programs serving TAY) and who are accessing or interested in accessing peer support services for individual and group peer counseling, connection to community resources, and system of care navigation for behavioral health needs and related basic needs services, including shelter/housing resources, primary care linkage, and benefits linkage.

5. Modality(ies)/Interventions

See Appendix B CRDC pages.

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates BHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the BHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. In addition, RAMS involves behavioral health consumers, former consumers, or family members of consumers in areas of policy design, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

This Appendix A (narrative) includes the following components:

- Peer to Peer Linkage (corresponding with Appendix B-4):
This program employs peers (Empowerment Service Coordinators) to work with clients from up to six civil service clinics which include Chinatown North Beach Outpatient Clinic, South of Market Mental Health Clinic, Mission Mental Health Clinic, Ocean-Merced-Ingleside Family Center, Southeast Mission Geriatric Services Clinic, Sunset Mental Health Clinic. Peers in this program provide client accompaniment to appointments, linkage services, peer support and clinic peer activity group services.

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling-related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

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 approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person and virtual presentations at BHS clinics, service providers, residential programs and other peer community networks. The Division also distributes, through regular email correspondence, program information on upcoming recruitment for the RAMS Peer Counseling Certificate and Peer Counseling Internship opportunities, employment opportunities for peer positions, membership information, and applications for the Peer Wellness Center including monthly activity calendar and flyers. Peer Counselors are also scheduled to distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community. In addition to this, RAMS promotes many of these opportunities including open workforce positions on their website and through our virtual job fairs.

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

The Peer to Peer Linkage program provides Peer Service Coordinators who work with clients who access services designated BHS clinics/program, providing support to clinicians and their clients to identify community resources and provide assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers’ referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate.

C. Service delivery model

• Peer-to-Peer Linkage (corresponding with Appendix B-4):

The RAMS Peer to Peer Linkage component enhances treatment services by providing supportive case management and resource linkage to clients at contracted SFDPH behavioral health clinics. Services, delivered by Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. The Service Coordinators work at — or in collaboration with — designated BHS clinics/program and provide support to clinicians and their clients on identifying community resources, and provide assistance on successfully accessing, utilizing and maximizing these resources. Clients are referred by direct service providers at various BHS clinics, who indicate the service or assistance needed. The Service Coordinator then meets with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers’ referral, assess any additional service needs, and provide assistance to address needs; treatment plan of care may be adjusted, as appropriate. The Service Coordinator works with the client to support them in the access and utilization of available resources, including advocating for clients’ needs in the provision of services and resources. Assistance and services may include but are not limited to:

- Transportation and Mobility
- Affordable Housing
- Assistive Technology
- Language Interpretation
- Government Services & Programs
- Cultural Adjustment
- Immigration Services
- Food Assistance

- Women’s Services
- Medical Assistance
- Mental Health Services
- Training & Education Programs
- Independent Living Skills
- Vocational Service

D. Discharge planning and exit criteria and process

Each program will have varying exit criteria. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary. For the Peer Internship program, exit criteria also includes completion or incompleteness of the program based on graduation requirements.

E. Program staffing

See Appendix B Salaries and Benefits page.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS Division of Peer-Based Services has a management/supervisory team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Director of Community &

Workforce Empowerment and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an on-going basis, with its methodology depending on the type of information. In addition, the Division management monitors service delivery progress (engagement, level of accomplishing service goals/objectives), and termination reasons.

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

RAMS utilizes various mechanisms to review documentation quality. Case/chart reviews are conducted by Division management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

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 weekly group supervision. Furthermore, RAMS holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division 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 Division Director and executive management. 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.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

d. Satisfaction with services

RAMS conducts an annual client satisfaction surveys to solicit program feedback. The Program Director compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS quality improvement staff. The Program Director also collaborates with RAMS Executive Management, RAMS quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Measurement, analysis, and use of ANSA data

ANSA data not applicable; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

N/A

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

1. Identifiers:

Program Name: Outpatient Peer Counseling Services

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

Name of Person Completing this Narrative:

Richard Zevin, Director, Division of Peer-Based Services

Patty Rodriguez, Chief Operating Officer

Telephone: (415) 800-0699

Email Address: richardzevin@ramsinc.org, pattyrodriguez@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To: (1) 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 Adult Outpatient Clinic from a Wellness and Recovery approach.

4. Target Population:

Adults/older adults from all ethnicities from the RAMS' Outpatient Services Program which is: all adult and older adult residents of San Francisco 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. The clinic has a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.

5. Modality(s)/Intervention(s)

See Appendix B CRDC.

The Outpatient Peer Counseling Program will provide individual counseling and support to the clients of the RAMS Adult Outpatient Clinic. This includes, but are not limited to: face-to-face counseling, case management, resource linkage, etc.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

The above components are integrated into the RAMS Division of Peer-Based Services, which maintains additional & separate peer counseling related contracts with SFDPH. As a whole Division, this streamlines and strengthens the system of care of peer providers in San Francisco.

6. Methodology:

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

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Outpatient Program services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 16,000 adults, children, youth & families at over 130 sites, citywide.

RAMS 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 direct services providers (e.g. peer counselors, psychologists, social workers, marriage & family therapists, etc.) with varying activities, topic foci, and location. RAMS also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. 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.

To engage the RAMS outpatient clients in participating in the Outpatient Peer Counseling Services program, the following takes place:

- Peer Counselors attend monthly RAMS Adult Outpatient Program staff meeting to disseminate program information to direct service providers
- Supervisors of the RAMS Outpatient Clinic meet with peer counselors for individual supervision to discuss referral information, program services, events, etc. In addition, Peer Counselors receive support from Supervisors from the Division of Peer-Based Services as needed.
- Peer Counselors offer promotional flyers about Peer Counseling activities on-site and in the community, and display them in the program wait areas as well as disseminate them to all Outpatient Clinic direct services providers
- Peer Counselors collaborate with Outpatient Clinic direct service providers in working with clients to ensure a team-based treatment approach. This allows Peer Counselors to develop

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.

- Peer counseling activities may be provided virtually or in-person, either on-site at the RAMS Adult Outpatient clinic or in the community.

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

RAMS clients can be admitted into the Peer Counseling Program should they express interest in participating in the services and events provided by the program. Clients can be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.) or by Clinic Director.

C. Service delivery model

The Outpatient Peer Counseling Services is integrated into the RAMS Adult/Older Adult Outpatient Services Program. To further support accessibility of services, the RAMS Adult/Older Adult 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 to Thursday (9:00 am to 7:00 pm); Friday (9:00 am to 5:00 pm).

The RAMS programs’ design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, peer 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 and wellness recovery groups/workshops.

Specifically, the Outpatient Peer Counseling Services offers peer-based support Mon-Fri., 9am-5pm, that includes, but is not limited to:

- Individual Face-to-Face Counseling (virtual telehealth as an option)
- Case Management
- Resource Linkage

D. Discharge Planning and exit criteria and process

Participation in the Peer Counseling Program is voluntary. Clients may utilize services as long as they continue to be a client of the RAMS Outpatient Clinic. Clients may also voluntarily terminate services with the program, at any time, should they feel that their needs for peer counseling services have been met and/or if the program no longer meets their needs.

E. Program staffing

See Appendix B Salaries and Benefits page.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

RAMS Outpatient Peer Counseling Services include a full-time peer counselor (40 hrs./week) and a part-time peer counselor (10 hrs./week) to meet the needs of the diverse clients at Outpatient Clinic. Peer Counselors may be graduates of RAMS Peer Specialist Mental Health Certificate and/or graduates from other Community Mental Health or Peer Certificate Programs, with experience working with the adult populations RAMS Outpatient Clinic serve.

Not funded by MHSA – supervisor and program director who supervise the Peer Counselors and manage the program at the RAMS Adult Outpatient Clinic are part of the RAMS Adult/Older Adult Outpatient Services and are funded by SFDPH-BHS.

F. Mental Health Services Act Programs (Outpatient Peer Counseling Program)

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

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

In addition to peers being service providers, the Outpatient Peer Counseling Program engages clients to participate in the development, implementation, and evaluation of the program in several different ways. Client satisfaction 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 management, presented to staff and RAMS management. The Program Director and RAMS management work together to assess and integrate client feedback into programming.

- 2) HSA Vision: The concepts of recovery and resilience are widely understood and evident in the programs and service delivery

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is collected on an ongoing basis, with its methodology depending on the type of information; for instance, the RAMS Quality Management dept. may use electronic health records to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors services progress (level of engagement after intake, level of accomplishing service/treatment goals), discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by program management; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & service needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of care topics are integrated throughout staff meetings and other clinical discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. course progress, caseload with regard to intervention strategies and service plans & progress), documentation, productivity, etc.

C. 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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

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 may hold agency-wide cultural competency trainings. 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 objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction).
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and executive

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Funding Term: 07/01/25 – 06/30/26
	Funding Source:

management. The agency may disseminate staff climate and/or satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency’s strategic plan.

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

D. Satisfaction with services

The Outpatient Peer Counseling Services Program gathers feedback through various methods. An annual client satisfaction survey is facilitated by RAMS administrators in spring annually; collected data is tabulated and summarized. Results of all client surveys are shared at staff meetings and reported to executive management. Furthermore, the Program Director has conducted focus groups with the current clients to collect feedback. Adjustment to program is implemented, after Director and staff review, and as appropriate, according to feedback, to better serve the community. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management.

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

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

9. Required Language:

N/A

Appendix B Calculation of Charges

1. Method of Payment

A. 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. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For contracted services reimbursable by 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) For contracted services reimbursable by 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) For contracted services reimbursable by 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) For contracted services reimbursable by 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. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

D. Upon the effective date of this Agreement, and 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 Mental Health Service Act (Prop 63) portions 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:

- Appendix B-1 & 1a – RAMS Peer to Peer Services (B-1a is Discontinued)
- Appendix B-2 – Peer to Peer Services CMHC (Discontinued)
- Appendix B-3 – Peer Specialist Mental Health Certificate
- Appendix B-4 – RAMS Peer to Peer Services
- Appendix B-5 & 5a – ICM Transition Support to Outpatient (Discontinued)
- Appendix B-6 – Wellness in the Streets (WITS) (Discontinued)
- Appendix B-7 & 7a– RAMS Peer to Peer Services (Discontinued)
- Appendix B-8 – Outpatient Peer Counseling Services

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$2,773,071** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 12.7 Contract Amendments; Budgeting Revisions. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

C. 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.

D. The amount for each fiscal year, 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

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.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation 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 Section 3.7 section of this Agreement.

(1). Estimated Funding Allocations

Contract Term	Estimated Funding Allocation
July 1, 2021 to June 30, 2022	\$4,708,649
July 1, 2022 to June 30, 2023	\$5,847,839
July 1, 2023 to June 30, 2024	\$6,036,279
July 1, 2024 to June 30, 2025	\$5,736,748
July 1, 2025 to June 30, 2026	\$5,789,439
July 1, 2026 to June 30, 2027	\$5,780,491
July 1, 2027 to June 30, 2028	\$5,772,778
July 1, 2028 to June 30, 2029	\$5,766,217
Subtotal	\$45,438,440
Contingency @ 12%	\$2,773,071
Total Revised Not-to-Exceed Amount	\$48,211,511

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number 00343						Appendix B, Page 1	
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.						Fiscal Year 2025-2026	
Contract ID Number 1000020708						Funding Notification Date 09/08/25	
Appendix Number	B-1	B-3	B-4	B-8	B-#	B-#	
Provider Number	3894	3894	3894	3894			
Program Name	Peer-to-Peer Services	Peer Specialist MH Certificate	Peer to Peer Linkage	Outpatient Peer Counseling			
Program Code	TBD	TBD	TBD	TBD			
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26			
FUNDING USES							TOTAL
Salaries	\$ 2,637,990	\$ 220,107	\$ 267,463	\$ 90,449			\$ 3,216,009
Employee Benefits	\$ 738,642	\$ 61,630	\$ 96,287	\$ 31,658			\$ 928,217
Subtotal Salaries & Employee Benefits	\$ 3,376,632	\$ 281,737	\$ 363,750	\$ 122,107	\$ -	\$ -	\$ 4,144,226
Operating Expenses	\$ 661,000	\$ 212,902	\$ 56,028	\$ 4,304			\$ 934,234
Capital Expenses	\$ -						\$ -
Subtotal Direct Expenses	\$ 4,037,632	\$ 494,639	\$ 419,778	\$ 126,411	\$ -	\$ -	\$ 5,078,460
Indirect Expenses	\$ 565,265	\$ 69,250	\$ 58,767	\$ 17,697			\$ 710,979
Indirect %	14.0%	14.0%	14.0%	14.0%	0.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
						Employee Benefits Rate	28.4%
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult County General Fund	\$ 392,593			\$ 85,938			\$ 478,531
MH Adult State 1991 MH Realignment	\$ 221,871						\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000						\$ 20,000
MH MHA (Adult)	\$ 3,500,786		\$ 478,545	\$ 58,170			\$ 4,037,501
MH Grant SAMSHA Adult SOC, CFDA 93.958	\$ 317,381						\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266						\$ 150,266
MH MHA (WET)		\$ 563,889					\$ 563,889
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 4,602,897	\$ 563,889	\$ 478,545	\$ 144,108	\$ -	\$ -	\$ 5,789,439
Prepared By	Eduard Agajanian	Phone Number	408-394-8778				

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

DHCS Legal Entity Number 00343						Appendix Number B-1	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>						Page Number 2	
Provider Number 3894						Fiscal Year 2025-2026	
Contract ID Number 1000020708						Funding Notification Date 09/08/25	
Program Name	Peer-to-Peer Services						
Program Code (RU) OR EPIC Bill Area	TBD	TBD	TBD	TBD	TBD	TBD	
Mode (MH) or Modality (SUD)	10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15	
Service Description	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	Outpatient Services	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	
FUNDING USES							TOTAL
Salaries & Employee Benefits	\$ 47,379	\$ 2,497,355	\$ 49,993	\$ 176,423	\$ 107,196	\$ 498,286	\$ 3,376,632
Operating Expenses	\$ 10,881	\$ 573,512	\$ 11,482	\$ 40,507	\$ 24,618		\$ 661,000
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 58,260	\$ 3,070,867	\$ 61,475	\$ 216,930	\$ 131,814	\$ 498,286	\$ 4,037,632
Indirect Expenses	\$ 8,157	\$ 429,919	\$ 8,605	\$ 30,371	\$ 18,452	\$ 69,761	\$ 565,265
Indirect %	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
TOTAL FUNDING USES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult County General Fund	\$ 66,417					\$ 326,176	\$ 392,593
MH Adult State 1991 MH Realignment						\$ 221,871	\$ 221,871
MH Adult Fed SDMC FFP (50%)						\$ 20,000	\$ 20,000
MH MHSA (Adult)		\$ 3,500,786					\$ 3,500,786
MH Grant SAMHSA Adult SOC, CFDA 93.958			\$ 70,080	\$ 247,301			\$ 317,381
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958					\$ 150,266		\$ 150,266
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 66,417	\$ 3,500,786	\$ 70,080	\$ 247,301	\$ 150,266	\$ 568,047	\$ 4,602,897
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	66,417	3,500,786	70,080	247,301	150,266	568,047	4,602,897
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Unduplicated Clients (UDC)	N/A	N/A	N/A	N/A	N/A	N/A	
DPH Units of Service	488	24,561	503	1,722	1,034	4,306	
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 136.10	\$ 142.53	\$ 139.32	\$ 143.61	\$ 145.32	\$ 131.92	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 136.10	\$ 142.53	\$ 139.32	\$ 143.61	\$ 145.32	\$ 131.92	N/A

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services
 Program Code TBD

Appendix Number B-1
 Page Number 3
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0119		251984-10001-10041864-0001		251984-10001-10041864-0001		251984-10001-10041864-0003		251984-10000-10001792-0001	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.55	\$ 87,962	0.01	\$ 1,448	0.48	\$ 76,319	0.01	\$ 1,528	0.03	\$ 5,391	0.02	\$ 3,276		
Associate Program Director	Non Billing Staffing	0.65	\$ 83,957	0.01	\$ 1,382	0.56	\$ 72,844	0.01	\$ 1,458	0.04	\$ 5,146	0.03	\$ 3,127		
Operations Manager	Non Billing Staffing	1.00	\$ 108,488	0.02	\$ 1,786	0.87	\$ 94,128	0.02	\$ 1,884	0.06	\$ 6,649	0.03	\$ 4,041		
Peer Wellness Center Manager	Non Billing Staffing	1.00	\$ 107,640	0.02	\$ 1,772	0.87	\$ 93,392	0.02	\$ 1,870	0.06	\$ 6,597	0.03	\$ 4,009		
BHSA Peer Coordinator	Non Billing Staffing	1.00	\$ 84,203	0.02	\$ 1,386	0.87	\$ 73,057	0.02	\$ 1,462	0.06	\$ 5,161	0.03	\$ 3,137		
BHSA Peer Training Coordinator	Non Billing Staffing	1.00	\$ 74,933	0.02	\$ 1,233	0.87	\$ 65,014	0.02	\$ 1,301	0.06	\$ 4,593	0.03	\$ 2,792		
Activities Coordinator	Non Billing Staffing	0.50	\$ 35,125	0.01	\$ 578	0.43	\$ 30,474	0.01	\$ 610	0.03	\$ 2,155	0.02	\$ 1,308		
Peer Supervisor	Non Billing Staffing	1.50	\$ 127,849	0.02	\$ 2,104	1.30	\$ 110,926	0.03	\$ 2,221	0.09	\$ 7,836	0.06	\$ 4,762		
Program/Operations Coordinator	Non Billing Staffing	4.60	\$ 419,301	0.08	\$ 6,902	3.99	\$ 363,800	0.08	\$ 7,283	0.28	\$ 25,700	0.17	\$ 15,616		
Program/Operations Assistant	Non Billing Staffing	6.00	\$ 339,902	0.10	\$ 5,595	5.21	\$ 294,910	0.10	\$ 5,904	0.37	\$ 20,835	0.22	\$ 12,658		
Senior Peer Counselor	Non Billing Staffing	1.75	\$ 132,477	0.03	\$ 2,181	1.52	\$ 114,945	0.03	\$ 2,301	0.11	\$ 8,120	0.06	\$ 4,930		
Peer Counselor I	Non Billing Staffing	13.73	\$ 819,854	0.12	\$ 7,088	6.27	\$ 373,576	0.13	\$ 7,478	0.44	\$ 26,390	0.27	\$ 16,036	6.50	\$ 389,286
Peer Counselor II	Non Billing Staffing	3.00	\$ 216,301	0.05	\$ 3,560	2.60	\$ 187,670	0.05	\$ 3,757	0.18	\$ 13,258	0.12	\$ 8,056		
Totals:		36.28	\$ 2,637,990	0.51	\$ 37,015	25.83	\$ 1,951,055	0.53	\$ 39,057	1.81	\$ 137,831	1.09	\$ 83,746	6.50	\$ 389,286
Employee Benefits:		28.00%	\$ 738,642	28.00%	\$ 10,364	28.00%	\$ 546,300	28.00%	\$ 10,936	28.00%	\$ 38,592	28.00%	\$ 23,450	28.00%	\$ 109,000
TOTAL SALARIES & BENEFITS			\$ 3,376,632		\$ 47,379		\$ 2,497,355		\$ 49,993		\$ 176,423		\$ 107,196		\$ 498,286

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer-to-Peer Services
 Program Code TBD

Appendix Number B-1
 Page Number 4
 Fiscal Year 2025-2026
 09/08/25

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0119	251984-10001-10041864-0001	251984-10001-10041864-0001	251984-10001-10041864-0003	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ 255,001	\$ 3,761	\$ 198,254	\$ 3,969	\$ 40,507	\$ 8,510	
Utilities (telephone, electricity, water, gas)	\$ 48,000	\$ 842	\$ 44,366	\$ 888	\$ -	\$ 1,904	
Building Repair/Maintenance	\$ 57,888	\$ 1,015	\$ 53,505	\$ 1,071	\$ -	\$ 2,297	
Occupancy Total:	\$ 360,889	\$ 5,618	\$ 296,125	\$ 5,928	\$ 40,507	\$ 12,711	\$ -
Office Supplies	\$ 16,622	\$ 291	\$ 15,364	\$ 308	\$ -	\$ 659	
Photocopying	\$ 500	\$ 9	\$ 462	\$ 9	\$ -	\$ 20	
Computer Hardware/Software	\$ 7,200	\$ 126	\$ 6,655	\$ 133	\$ -	\$ 286	
Program Supplies	\$ 3,600	\$ 63	\$ 3,327	\$ 67	\$ -	\$ 143	
Materials & Supplies Total:	\$ 27,922	\$ 489	\$ 25,808	\$ 517	\$ -	\$ 1,108	\$ -
Training/Staff Development	\$ 30,696	\$ 538	\$ 28,372	\$ 568	\$ -	\$ 1,218	
Insurance	\$ 30,960	\$ 543	\$ 28,616	\$ 573	\$ -	\$ 1,228	
Professional License	\$ 750	\$ 13	\$ 693	\$ 14	\$ -	\$ 30	
Software Subscription	\$ 10,201	\$ 179	\$ 9,428	\$ 189	\$ -	\$ 405	
Permits							
Equipment Lease & Maintenance	\$ 15,601	\$ 274	\$ 14,419	\$ 289	\$ -	\$ 619	
General Operating Total:	\$ 88,208	\$ 1,547	\$ 81,528	\$ 1,633	\$ -	\$ 3,500	\$ -
Local Travel	\$ 10,500	\$ 184	\$ 9,705	\$ 194	\$ -	\$ 417	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 10,500	\$ 184	\$ 9,705	\$ 194	\$ -	\$ 417	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate, Amounts, and Practitioner Type if Billable Provider)							
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):		\$ -	\$ -	\$ -	\$ -	\$ -	
Recruitment (Job Postings, etc.)	\$ 3,001	\$ 53	\$ 2,773	\$ 56	\$ -	\$ 119	
Client Stipends for 10 clients working approx. 16 hrs/week for 32 weeks at the rate of \$22.75/hr.	\$ 116,480	\$ 2,043	\$ 107,661	\$ 2,155	\$ -	\$ 4,621	
Client Related Expenses (food/snacks are estimated at \$3.5K/mo.; clothes, hygiene products estimated at \$1K/mo.)	\$ 54,000	\$ 947	\$ 49,912	\$ 999	\$ -	\$ 2,142	
Other Total:	\$ 173,481	\$ 3,043	\$ 160,346	\$ 3,210	\$ -	\$ 6,882	\$ -
TOTAL OPERATING EXPENSE	\$ 661,000	\$ 10,881	\$ 573,512	\$ 11,482	\$ 40,507	\$ 24,618	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 5	
Provider Number 3894		Fiscal Year 2025-2026	
Contract ID Number 1000020708		Funding Notification Date	
Program Name	Peer Specialist MH Certificate		
Program Code (RU) OR EPIC Bill Area	TBD		
Mode (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 281,737		\$ 281,737
Operating Expenses	\$ 212,902		\$ 212,902
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 494,639	\$ -	\$ 494,639
Indirect Expenses	\$ 69,250	\$ -	\$ 69,250
Indirect %	14.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 563,889	\$ -	\$ 563,889
BHS MENTAL HEALTH FUNDING SOURCES			
MH MSA (WET)	\$ 563,889		\$ 563,889
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 563,889	\$ -	\$ 563,889
BHS SUD FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 563,889	\$ -	\$ 563,889
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	563,889	-	563,889
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)	162		
DPH Units of Service	2,743		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 205.57		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 205.57		162.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer Specialist MH Certificate
 Program Code TBD

Appendix Number B-3
 Page Number 6
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Position Title <small>(List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)</small>	Practitioner Type <small>(Select Non Billing provider if the position is not expected to bill this period)</small>	TOTAL		251984-17156-10031199-0122		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy)	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.06	\$ 9,593	0.06	\$ 9,593				
Associate Director	Non Billing Staffing	0.80	\$ 106,514	0.80	\$ 106,514				
Program Coordinator	Non Billing Staffing	1.00	\$ 104,000	1.00	\$ 104,000				
Totals:		1.86	\$ 220,107	1.86	\$ 220,107	0.00	\$ -	0.00	\$ -
Employee Benefits:		28.00%	\$ 61,630	28.00%	\$ 61,630	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 281,737		\$ 281,737		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer Specialist MH Certificate
 Program Code TBD

Appendix Number B-3
 Page Number 7
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0122	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 28,767	\$ 28,767		
Utilities (telephone, electricity, water, gas)	\$ 7,980	\$ 7,980		
Building Repair/Maintenance	\$ 7,200	\$ 7,200		
Occupancy Total:	\$ 43,947	\$ 43,947	\$ -	\$ -
Office Supplies	\$ 1,800	\$ 1,800		
IT Supplies	\$ 1,500	\$ 1,500		
Photocopying	\$ -			
Program Supplies	\$ 3,900	\$ 3,900		
	\$ -			
Materials & Supplies Total:	\$ 7,200	\$ 7,200	\$ -	\$ -
Training/Staff Development	\$ 5,110	\$ 5,110		
Insurance	\$ 2,820	\$ 2,820		
Professional License	\$ -			
Software Subscription	\$ 4,100	\$ 4,100		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 1,500	\$ 1,500		
General Operating Total:	\$ 13,530	\$ 13,530	\$ -	\$ -
Local Travel	\$ 1,200	\$ 1,200		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,200	\$ 1,200	\$ -	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 24,000	\$ 24,000		
Recruitment (Job Postings, etc.)	\$ 500	\$ 500		
Client Tuitions for 65 clients at \$975/ea.	\$ 63,375	\$ 63,375		
Client Stipends for 65 total clients at \$750 each	\$ 48,750	\$ 48,750		
Client Related Expenses	\$ 10,400	\$ 10,400		
Other Total:	\$ 147,025	\$ 147,025	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 212,902	\$ 212,902	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 8	
Provider Number 3894		Fiscal Year 2025-2026	
Contract ID Number 1000020708		Funding Notification Date	
Program Name	Peer to Peer Linkage		
Program Code (RU) OR EPIC Bill Area	TBD		
Mode (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 363,750		\$ 363,750
Operating Expenses	\$ 56,028		\$ 56,028
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 419,778	\$ -	\$ 419,778
Indirect Expenses	\$ 58,767	\$ -	\$ 58,767
Indirect %	14.0%	0.0%	14.0%
TOTAL FUNDING USES	\$ 478,545	\$ -	\$ 478,545
BHS MENTAL HEALTH FUNDING SOURCES			
MH MHSA (Adult)	\$ 478,545		\$ 478,545
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 478,545	\$ -	\$ 478,545
BHS SUD FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 478,545	\$ -	\$ 478,545
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	478,545	-	478,545
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)	150		
DPH Units of Service	4,008		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 119.39		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 119.39		200

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 9
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Position Title <small>(List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)</small>	Practioner Type <small>(Select Non Billing provider if the position is not expected to bill this period)</small>	TOTAL		251984-17156-10031199-0119		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy)	
Position Title	Practioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.07	\$ 11,195	0.07	\$ 11,195				
Associate Director	Non Billing Staffing	0.10	\$ 12,916	0.10	\$ 12,916				
Service Coordinator	Non Billing Staffing	2.63	\$ 159,352	2.63	\$ 159,352				
Peer Supervisor	Non Billing Staffing	1.00	\$ 84,000	1.00	\$ 84,000				
Totals:		3.80	\$ 267,463	3.80	\$ 267,463	0.00	\$ -	0.00	\$ -
Employee Benefits:		36.00%	\$ 96,287	36.00%	\$ 96,287	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 363,750		\$ 363,750		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-4
 Page Number 10
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0119	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 14,400	\$ 14,400		
Utilities (telephone, electricity, water, gas)	\$ 4,628	\$ 4,628		
Building Repair/Maintenance	\$ 2,950	\$ 2,950		
Occupancy Total:	\$ 21,978	\$ 21,978	\$ -	\$ -
Office Supplies	\$ 1,190	\$ 1,190		
Program Supplies	\$ 180	\$ 180		
IT Supplies	\$ 3,600	\$ 3,600		
Materials & Supplies Total:	\$ 4,970	\$ 4,970	\$ -	\$ -
Training/Staff Development	\$ 10,450	\$ 10,450		
Insurance	\$ 3,300	\$ 3,300		
Professional License	\$ -			
Permits	\$ -			
Software Subscription	\$ 1,850	\$ 1,850		
Equipment Lease & Maintenance	\$ 1,200	\$ 1,200		
General Operating Total:	\$ 16,800	\$ 16,800	\$ -	\$ -
Local Travel	\$ 4,800	\$ 4,800		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 4,800	\$ 4,800	\$ -	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 580	\$ 580		
Client Related Expenses	\$ 6,900	\$ 6,900		
	\$ -			
Other Total:	\$ 7,480	\$ 7,480	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 56,028	\$ 56,028	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-8	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number 11	
Provider Number 3894		Fiscal Year 2025-2026	
Contract ID Number 1000020708		Funding Notification Date 09/08/25	
Program Name	Outpatient Peer Counseling		
Program Code (RU) OR EPIC Bill Area	TBD	TBD	
Mode (MH) or Modality (SUD)	10/30-39	10/30-39	
Service Description	DS-Vocational	DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/25-06/30/26	07/01/25-06/30/26	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 72,818	\$ 49,289	\$ 122,107
Operating Expenses	\$ 2,567	\$ 1,737	\$ 4,304
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 75,385	\$ 51,026	\$ -
Indirect Expenses	\$ 10,553	\$ 7,144	\$ 17,697
Indirect %	14.0%	14.0%	0.0%
TOTAL FUNDING USES	\$ 85,938	\$ 58,170	\$ -
BHS MENTAL HEALTH FUNDING SOURCES			
MH Adult County General Fund	\$ 85,938		\$ 85,938
MH MHA (Adult)		\$ 58,170	\$ 58,170
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 85,938	\$ 58,170	\$ -
BHS SUD FUNDING SOURCES			
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 85,938	\$ 58,170	\$ -
NON-DPH FUNDING SOURCES			
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	85,938	58,170	-
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Unduplicated Clients (UDC)	45	30	
DPH Units of Service	1,135	770	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 75.72	\$ 75.55	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 75.72	\$ 75.55	75.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Outpatient Peer Counseling
 Program Code TBD

Appendix Number B-4
 Page Number 12
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

0.00% 0.00% Funding Notification Date

Position Title <i>(List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)</i>	Practitioner Type <i>(Select Non Billing provider if the position is not expected to bill this period)</i>	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0119		Dept-Auth-Proj-Activity	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term		07/01/25-06/30/26		07/01/25-06/30/26		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	Non Billing Staffing	0.010	\$ 1,599	0.006	\$ 954	0.004	\$ 645		
Peer Counselor	Non Billing Staffing	1.250	\$ 88,850	0.745	\$ 52,985	0.505	\$ 35,865		
Totals:		1.260	\$ 90,449	0.751	\$ 53,939	0.509	\$ 36,510	0.00	\$ -
Employee Benefits:		35.00%	\$ 31,658	35.00%	\$ 18,879	35.00%	\$ 12,779	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 122,107		\$ 72,818		\$ 49,289		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name Outpatient Peer Counseling
 Program Code TBD

Appendix Number B-8
 Page Number 13
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0119	Dept-Auth-Proj-Activity
Funding Term	07/01/25-06/30/26	07/01/25-06/30/26	07/01/25-06/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 75	\$ 44	\$ 31	
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 75	\$ 44	\$ 31	\$ -
Office Supplies	\$ 75	\$ 44	\$ 31	
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 75	\$ 44	\$ 31	\$ -
Training/Staff Development	\$ 750	\$ 447	\$ 303	
Insurance	\$ 600	\$ 357	\$ 243	
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 1,350	\$ 804	\$ 546	\$ -
Local Travel	\$ 524	315	209	
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 524	\$ 315	\$ 209	\$ -
Consultant/Subcontractor (Provide				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ -			
Client-Related Expenses	\$ 2,280	\$ 1,360	\$ 920	
Other Total:	\$ 2,280	\$ 1,360	\$ 920	\$ -
TOTAL OPERATING EXPENSE	\$ 4,304	\$ 2,567	\$ 1,737	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc.
 Contract ID Number 1000020708

Page Number 14
 Fiscal Year 2025-2026
 Funding Notification Date 09/08/25

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.161	38,474
Chief Financial Officer	0.161	35,121
Deputy Chief	0.161	27,011
COO / Dir. Of Ops	0.161	26,382
Director of Community & Workforce Empowerment	0.259	39,147
Director of Community & Government Affairs	0.161	25,476
Director of Human Resources	0.161	24,340
Director of Training	0.289	36,276
Accounting Staff	0.642	55,905
HR Staff	0.642	59,674
Communication Manager	0.039	5,299
Grants Manager	0.120	10,012
QI Manager	0.161	17,745
IT Manager/Support	0.385	35,646
Executive/Admin Assistant	0.161	14,446
Janitor/Lead Facilities Tech	0.088	6,674
Subtotal:	3.752	\$ 457,628
Employee Benefits:	25.00%	114,407
Total Salaries and Employee Benefits:		\$ 572,035

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	4,275
Depreciation	5,447
Rental	849
Utilities	3,506
Building Repair/Maintenance	2,921
Office Supplies	11,366
Training/Staff Development	1,963
Insurance	16,134
Equipment Rental	2,055
Local Travel	850
Audit Fees	9,420
Payroll Fees	32,045
Recruitment	27,350
Meetings and Conferences	786
Professional Fees	18,092
Bank Fees	1,885

Total Operating Costs \$ 138,944

Total Indirect Costs \$ 710,979

Total Indirect from DPH 1: \$ 710,979

Variance \$ -

Appendix D
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

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Attachment 1 to SAA - System Specific Requirements

TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** All users must be issued a unique username for accessing City Data. Third Party must maintain a password policy based on information security best practices as required by 45 CFR § 164.308 and described in NIST Special Publication 800-63B.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department’s standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department’s standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User’s access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT’S RIGHTS

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party’s access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User’s access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

**A. Attachment 1 to SAA
System Specific Requirements**

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

A. Department Care Link Requirements:

1. Connectivity.

- a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

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

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

B. Department Epic Hyperspace:

1. Connectivity.

- a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>

b. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf

c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

I. For Access to Department Epic through OutReach

A. Department OutReach Requirements:

1. Connectivity.

d) Third Party Responsibility: The Third Party is required to obtain and maintain an active internet connection and necessary equipment in compliance with the specifications provided by both Epic and the Department.

d) Technical Equipment Changes: The specifications for accessing OutReach may be updated over time. Third Party must ensure their equipment and software align with these specifications and bear any related costs.

d) Equipment Ownership: Access to the system by Third Party Data Users must occur exclusively through equipment owned, leased, and maintained by the Third Party.

d) Equipment Purchase: Compatible equipment required for use with OutReach is the responsibility of the Third Party.

2. Compliance with Epic Terms and Conditions

a) Obligations: The Third Party will access and use the system strictly according to Epic's Terms and Conditions. Data Users must electronically accept these terms during their initial login to OutReach.

3. Epic-Provided Terms and Conditions

a) Usage Rules: Basic rules are provided by Epic that apply when using the Epic OutReach account. These include:

- a. Purpose of Use: Access to Epic OutReach is intended to facilitate care for shared patients, manage referral data, or further legitimate business interests with respect to data from an Epic customer's system.
- b. Restrictions: Users are prohibited from using Epic OutReach to develop similar software to EpicCare Link. Additionally, account information must not be shared with individuals outside the organization.

City and County of San Francisco
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the Agreement by and between the City and County of San Francisco, a Hybrid Entity designated under HIPAA, referred herein as the Covered Entity (“CE”), and Richmond Area Multi-Service, INC. (“Contractor”), the Business Associate (“BA”), dated May 01, 2026 (the “Agreement”).

RECITALS

A. CE, by and through the Department of Public Health (“DPH”), wishes to disclose, allow access to, or allow collection of certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement and this BAA, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA are committed to complying with all federal and state laws governing the confidentiality, privacy, and security of health information disclosed to BA pursuant to the Agreement, including, but not limited to the Standards for PHI under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws with respect to health information, mental health information, and substance use treatment information, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”), and 42 CFR Part 2.

D. CE is required to enter into an agreement containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“CFR”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose to BA, or allow BA to create, collect, use, access, maintain, or transmit for or on CE’s behalf, certain identifiable health information. The parties desire to enter into this BAA to permit BA to disclose, create, collect, use, access, maintain, or transmit such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding regulations.

1. Definitions. For purposes of this BAA, the Parties agree that each term below and any capitalized term used in this BAA, but not otherwise defined, has the meaning given to that term in the HIPAA Rules (as defined below), and as each may be amended from time to time.

- a. **Breach** means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI, as defined in 45 CFR §164.402.
- b. **Breach Notification Rule** means the portion of HIPAA set forth in Subpart D of 45 CFR Part 164.
- c. **Business Associate** means a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, as defined in 45 CFR §160.103.
- d. **Covered Entity** has the meaning given to such term under the Privacy Rule and the Security Rule, including 45 CFR §160.103.
- e. **Data Aggregation** means the combining of PHI by the BA with the PHI received by the BA in its capacity as a BA of one or more other covered entity, to permit data analyses that relate

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to the Health Care Operations of the respective covered entities, and the meaning given to such term in 45 CFR §164.501.

- f. **Designated Record Set** has the meaning given to such term under the Privacy Rule, including 45 C.F.R. Section 164.501.
- g. **Electronic PHI or ePHI** means any PHI maintained or transmitted by electronic media as defined in 45 CFR §160.103.
- h. **Health Care** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- i. **Health Care Component** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- j. **Health Care Operations** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.501.
- k. **HIPAA Rules** means the Privacy, Security, Breach Notification, and Enforcement Rules set forth in 45 CFR Part 160 and Part 164.
- l. **Hybrid Entity** has the meaning given to such term under the Privacy Rule, including 45 CFR §164.103.
- m. **Privacy Rule** means that portion of HIPAA set forth in 45 CFR Part 160 and Part 164, Subparts A and E.
- n. **Protected Health Information or PHI** has the meaning given to such term under the Privacy Rule, including 45 CFR §§160.103 and 164.501, limited to the information created, maintained, stored, transmitted, or received by BA from or on behalf of CE, or another BA of CE.
- o. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and as defined in the Security Rule, including 45 CFR §164.304.
- p. **Security Rule** means the Security Standards for the Protection of Electronic Health Information provided in 45 CFR Part 160 & Part 164, Subparts A and C.
- q. **Unsecured PHI** has the meaning given to such term under 42 U.S.C. §17932(h) and 45 CFR §164.402.

2. Obligations of Business Associate.

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

b. Permitted Uses and Disclosures. BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA may use, access, and/or disclose PHI as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE (see 45 CFR §§164.502, 164.504(e)(2), and 164.504(e)(4)(i)). If BA discloses PHI to a third party, if the disclosure is required by law, or otherwise BA must obtain, prior to making such disclosure, (i) reasonable written assurances from such third party that such PHI will be held confidential as provided under this BAA and used or further disclosed only as required by law or for the purpose for which it was disclosed to this third party and (ii) an agreement from this third party to notify BA

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immediately of any breaches of the confidentiality of the PHI, to the extent it has knowledge of the breach.

c. Prohibited Uses and Disclosures. BA will not use, access, or disclose PHI other than as permitted or required by the Agreement, this BAA, and under the Privacy Rule, or as required by law. BA shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of CE and as permitted under 42 U.S.C. §17935(d)(2), and, 45 CFR §164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided under the Agreement.

d. Appropriate Safeguards. BA will use appropriate safeguards to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards under the Security Rule, including, but not limited to, 45 CFR §§164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA will comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 CFR §164.316, and 42 U.S.C. §17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. §17934(c).

e. Agreements with Subcontractors and Agents. BA will ensure that any of its agents and subcontractors that have access to, or which create, receive, maintain or transmit PHI for or on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.c. above (see 45 CFR §§164.504(e)(2) through (e)(5), and 164.308(b)). BA must mitigate the effects of any such violation.

f. Accounting of Disclosures. BA will document any disclosures of PHI made by it to account for such disclosures as required by 45 CFR §164.528(a). BA will also make available information related to such disclosures as would be required for CE to respond to a request for an accounting of disclosures in accordance with 45 CFR §164.528. At a minimum, BA will furnish CE the following with respect to any covered disclosures by BA: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI, and, if known, the address of such entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure which includes the basis for such disclosure.

i. BA will furnish to CE information collected in accordance with this Section 2(e), within ten business days after written request by CE, to permit CE to make an accounting of disclosures as required by 45 CFR §164.528, or in the event that CE elects to provide an individual with a list of its business associates, BA will provide an accounting of its disclosures of PHI upon request of the individual, if and to the extent that such accounting is required under the HITECH Act or under HHS regulations adopted in connection with the HITECH Act.

ii. In the event an individual delivers the initial request for an accounting directly to BA, BA will forward such request to Covered Entity within ten (10) business days of receipt.

g. Access to PHI by Individuals. Upon request, BA agrees to provide CE copies of the PHI maintained by BA in a Designated Record Set in the time and manner designated by CE to enable CE to respond to an individual's request for access to PHI under 45 CFR §164.524. In the event any individual or personal representative requests access to the individual's PHI directly from BA, BA will forward that request to CE within ten (10) business days. Any disclosure of, or decision not to disclose, the PHI requested by an individual or a personal representative and compliance with the requirements applicable to an individual's right to obtain access to PHI shall be the sole responsibility of CE.

h. Amendment of PHI. Upon request and instruction from CE, BA will amend PHI or a record about an individual in a Designated Record Set that is maintained by, or otherwise within the

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possession of, BA as directed by CE in accordance with procedures established by 45 CFR §164.526. Any request by CE to amend such information will be completed by BA within fifteen (15) business days of CE's request. If an individual request an amendment of PHI directly from BA or its agents or subcontractors, BA must forward any such request to CE within ten (10) business days. Any amendment of, or decision not to amend, the PHI or record as requested by an individual and compliance with the requirements applicable to an individual's right to request an amendment of PHI will be the sole responsibility of CE.

i. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining CE's or BA's compliance with HIPAA and this BAA.

j. Minimum Necessary. BA, its agents and subcontractors shall request, use, access, and disclose only the minimum amount of PHI necessary to accomplish the intended purpose of such use, access, or disclosure, or request. (see 42 U.S.C. Section 17935(b) and 45 CFR §164.514(d)).

k. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information provided by CE to BA or created, received, maintained or transmitted by BA or BA's agents or subcontractors under the Agreement, including any and all forms thereof.

l. Notification of Suspected or Actual Breach. BA shall notify CE within five (5) calendar days of any breach of PHI; any use or disclosure of PHI not permitted by the Agreement or this BAA; any Security Incident (except as otherwise provided below) related to PHI, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take prompt corrective action to cure any deficiencies and any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

i. Unsuccessful Security Incident Attempts: The Parties acknowledge and agree that this Section constitutes notification by BA to CE of the ongoing existence and occurrence of attempted Security Incidents that do not result in and/or that BA does not anticipate will result in unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system (including, for example, pings on BA's firewall, port scans, attempts to log onto a system or enter a database with an invalid password or username, denial-of-service attacks that do not result in the system being taken off-line, or malware such as worms or viruses). Unless requested by CE, no further notification of unsuccessful Security Incident attempts is required.

ii. Successful Security Incident Attempts: BA must notify the City within five (5) calendar days of any Security Incident attempt that results in, or that BA anticipates may result in, unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system (such as continuous and/or persistent Security Incident attempts or a suspicious pattern of Security Incident attempts).

iii. Written Request for Security Incident Report: Upon CE's request, BA must provide CE a written Security Incident Report that: (a) identifies the categories of Security Incident

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attempts; (b) indicates whether BA believes its current defensive security measures are adequate to address Security Incidents, given the scope and nature of such attempts; and (c) if the security measures are not adequate, the measures BA will implement to address security inadequacies.

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

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

n. Audits, Inspection and Enforcement. Within ten (10) calendar days of a request by CE, BA will provide CE with a copy of its most recent independent HIPAA compliance report (AT-C 315), HITRUST certification or other similar mutually agreed upon independent standards-based third-party audit report. CE agrees not to re-disclose BA's audit report. If BA does not have such a report, BA will allow CE or its agents or subcontractors to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this BAA for the purpose of determining whether BA has complied with this BAA or maintains adequate security safeguards. BA shall notify CE within five (5) business days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights or other state or federal data privacy or security-enforcement government entity.

3. Termination.

a. Material Breach. A breach by BA, or BA's agent or subcontractor, of any obligations under this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the Agreement to the contrary notwithstanding. (45 CFR §164.504(e)(2)(iii).)

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all PHI that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such PHI. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible (45 C.F.R. §164.504(e)(2)(ii)(J)). If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

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d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of PHI in accordance with the HIPAA Regulations and the HITECH Act including, 42 U.S.C. §17934(c).

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

4. Amendment to Comply with Law.

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

5. Litigation or Administrative Proceedings.

BA shall notify CE within forty-eight (48) hours of any litigation or administrative proceedings commenced against BA or its agents or subcontractors. In addition, BA shall make itself, and any subcontractors, employees and agents assisting BA in the performance of its obligations under the Agreement or this BAA, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the HIPAA regulations, or other state or federal laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

6. No Third-Party Beneficiaries.

Nothing express or implied in the Agreement or this BAA is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

7. Interpretation.

The provisions of this BAA shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provision in this BAA. This BAA and the Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy of health information. The parties agree that any ambiguity in the terms of this BAA shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the HIPAA regulations, and other state and federal laws related to security and privacy of health information.