

File No. 221119

Committee Item No. 4

Board Item No. 12

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date November 30, 2022

Board of Supervisors Meeting Date December 6, 2022

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Original Agreement 7/1/2021</u>
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Completed by: Brent Jalipa Date November 22, 2022

Completed by: Brent Jalipa Date December 1, 2022

1 [Contract Amendment - Richmond Area Multi Services, Inc. - Behavioral Health Peer Services
2 - Not to Exceed \$29,116,181]

3 **Resolution approving Amendment No. 1 to the agreement between Richmond Area**
4 **Multi Services, Inc. and the Department of Public Health (DPH), to provide behavioral**
5 **health peer services, to increase the agreement by \$19,253,431 for an amount not to**
6 **exceed \$29,116,181; to extend the term by three and one-half years from December 30,**
7 **2022, for a total agreement term of July 1, 2021, through June 30, 2026; and to**
8 **authorize DPH to enter into amendments or modifications to the contract prior to its**
9 **final execution by all parties that do not materially increase the obligations or liabilities**
10 **to the City and are necessary to effectuate the purposes of the contract or this**
11 **Resolution.**

12
13 WHEREAS, There is a continued need to provide behavioral health peer support
14 services, peer counseling, peer wellness services, and peer training; and

15 WHEREAS, DPH selected Richmond Area Multi-Services, Inc. (RAMS) to provide Peer
16 to Peer Services and a Peer Specialist Mental Health Certificate program through Request for
17 Qualifications (RFQ) 27-2020, issued on August 17, 2020, and Peer to Peer Linkage
18 programming through RFQ 43-2019, issued on December 18, 2019, and Wellness in the
19 Streets through Request for Proposals (RFP) 49-2018, issued on December 20, 2018, and an
20 Intensive Case Management Transition Support to Outpatient program through
21 RFQ 22-2018, issued on July 6, 2018; and

22 WHEREAS, DPH entered into an original agreement on July 1, 2021, following
23 RFQ 27-2020, to provide these behavioral health peer services for eighteen months, with the
24 term of July 1, 2021, through December 31, 2022, in an amount not to exceed \$9,862,750;
25 and

1 WHEREAS, DPH wishes to amend the agreement to continue providing behavioral
2 health peer services, peer training and related services by extending the term by three and
3 one-half years, from December 30, 2022, through June 30, 2026, increasing the contract by
4 \$19,253,431 to reflect annual funding for each additional year, for a total contract amount not
5 to exceed \$29,116,181 and for a total agreement term of July 1, 2021, through June 30, 2026;
6 and

7 WHEREAS, Section 9.118 of the Charter requires approval of the Board of Supervisors
8 for contracts requiring anticipated expenditures exceeding \$10 million; now, therefore, be it

9 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public
10 Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the
11 City and County of San Francisco, to execute Amendment No. 1 to the agreement with RAMS
12 to provide behavioral health peer services, peer training and service delivery evaluation, to
13 extend the term by three and one-half years, from December 30, 2022, through June 30,
14 2026, increasing the contract by \$19,253,431, for a total contract amount not to exceed
15 \$29,116,181, and for a total agreement term of July 1, 2021, through June 30, 2026; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of
17 Public Health to enter into any amendments or modifications to the contract, prior to its final
18 execution by all parties, that the Department determines, in consultation with the City
19 Attorney, are in the best interests of the City, do not otherwise materially increase the
20 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of
21 the contract, and are in compliance with all applicable laws; and, be it

22 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed
23 by all parties, the Director of Health and/or the Director of the Office of Contract
24 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion
25 into the official File No. 221119.

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RECOMMENDED

/s/

Dr. Grant Colfax
Director of Health

Item 4 File 22-1119	Department: Department of Public Health (DPH)
EXECUTIVE SUMMARY	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> The proposed resolution would approve Amendment No. 1 to the behavioral health services contract between the Department of Public Health (DPH) and Richmond Area Multi Services, Inc. (RAMS), extending the term by three years and six months through June 2026, and increasing the not-to-exceed amount by \$19,253,431, for a total not to exceed \$29,116,181, and authorize DPH to enter into immaterial amendments to the contract. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> From July 2018 through August 2020, DPH issued four competitive solicitations for behavioral health services. RAMS was deemed the highest scoring responsive and responsible proposer for each solicitation. In July 2021, DPH executed a contract with RAMS for a term of 18 months from July 2021 through December 2022 and an amount not to exceed \$9,862,750. Under the contract, RAMS provides the following services: (1) Peer to Peer Counseling and Outreach Services; (2) Peer to Peer Services Community Mental Health Center (CMHC); (3) Grant Peer Specialist MH Certificate; (4) Peer to Peer Linkage; (5) Intensive Case Management (ICM) Transition to Outpatient; (6) Wellness in the Streets; (7) Whole Person Care – Shelter Care Coordination Service; and (8) Outpatient Peer Counseling. Between the eight programs, DPH estimates that RAMS annually serves approximately 1,172 unduplicated clients. Although not scored, the FY 2020-21 program monitoring for the previous RAMS contract with these services indicated that each program generally met its performance objectives and contracted units of service, and no corrective action plans were identified. Fiscal monitoring of the programs in FY 2020-21 had no findings. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> The proposed Amendment No. 1 would increase the not-to-exceed amount of the contract by \$19,253,431, for a total not to exceed \$29,116,181. A 12 percent contingency is included to account for escalation, new programs, and/or expansions of existing programs. The contract is funded approximately 74 percent by state sources, 16 percent by federal sources, and 10 percent by the City’s General Fund. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> Approve the proposed resolution. 	

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

From July 2018 through August 2020, the Department of Public Health (DPH) issued the following competitive solicitations for behavioral health services: (1) a Request for Qualifications (RFQ) for Intensive Case Management (ICM) Transition Support to Outpatient Program in December 2018; (2) a Request for Proposals (RFP) for Wellness in the Streets in December 2019; (3) an RFQ for Peer to Peer Linkage Programming in December 2019; and (4) an RFQ for Peer to Peer Services and a Peer Specialist Mental Health Certificate program in August 2020. Evaluation panels reviewed the proposals for each RFQ/RFP and scored them, as shown in Exhibit 1 below.¹

Exhibit 1: Proposals and Scores from RFQs and RFP

Proposer	Score
<i>RFQ 22-2018 (ICM Transition Support to Outpatient Program)</i>	<i>100 Maximum Points</i>
Richmond Area Multi Services (RAMS)	94.20
Family Service Agency/Felton Institute	89.60
YMCA Urban Services of San Francisco	76.20
HealthRIGHT 360	48.40
The Latino Commission	46.20
<i>RFP 49-2018 (Wellness in the Streets)</i>	<i>300 Maximum Points</i>
RAMS	297.00
Curry Senior Center (CATS)	228.17
Mental Health Association of SF	216.83
Felton Institute (FSA)	213.17
SF Community Health Center (API)	204.33
<i>RFQ 43-2019 (Peer to Peer Services)</i>	<i>100 Maximum Points</i>
RAMS	89.33
Nami of SF	88.33
Mental Health Association of SF	83.50

¹ The evaluation panels consisted of (1) for RFQ 22-2018: an Assistant Director of Clinical Services from the Progress Foundation, a Director from Mission Mental Health, a District Operation Service Manager from the California Department of Rehabilitation, an Assistant Director of Supported Employment from UCSF Citywide, and an Employment Specialist from Positive Resource Center; (2) for RFP 49-2018: a Manager from DPH, two Peer Counselors from San Francisco Study Center, a community activist, an Outreach Worker from Glide, and an Outreach Worker from UCSF; (3) for RFQ 43-2019: a Hepatitis C Wellness Manager from San Francisco AIDS Foundation, a peer Counselor from UCSF, two Peer Counselors from San Francisco Study Center, a community activist, and a Mental Health/Substance Abuse Program Manager from DPH; and (4) for RFQ 27-2020: two Peer Specialists, a Clinical Research Coordinator from UCSF, a Mental Health/Substance Abuse Program Manager from DPH, and a Peer Specialist from San Francisco Study Center.

<i>RFQ 27-2020 (Peer to Peer Employment Program)</i>	<i>100 Maximum Points</i>
RAMS	98.8
HealthRIGHT 360	87.0
<i>RFQ 27-2020 (Peer Specialist Mental Health Certificate Program)</i>	<i>100 Maximum Points</i>
RAMS	99.4
Professional Research Consultants	96.0
Mental Health Association of SF	95.4

Source: DPH

RAMS was deemed the highest scoring responsive and responsible proposer for each solicitation. In July 2021, DPH executed a contract with RAMS for a term of 18 months from July 2021 through December 2022 and an amount not to exceed \$9,862,750 that included the services noted above. The Whole Person Care scope of services (discussed below) was added to contract under Administrative Code Section 21.42, which allows the Health Commission to sole source health and behavioral health contracts where such services are (1) unique to the Department of Public Health, (2) consistent with the its mission and goals, and (3) require specialized knowledge, training, personnel, facilities or other resources that are known to be provided by a limited number of non-profit contractors.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve Amendment No. 1 to the behavioral health services contract between DPH and RAMS, extending the term by three years and six months through June 2026, and increasing the not-to-exceed amount by \$19,253,431, for a total not to exceed \$29,116,181, and authorize DPH to enter into immaterial amendments to the contract.

Under the contract, RAMS provides the following services:

1. Peer to Peer Counseling and Outreach Services: outreach and case management services at DPH funded programs provided by “peers,” who are people with lived experience that have used or are close to someone who has used DPH Behavioral Health Services mental health treatment programs.
2. Peer to Peer Services Community Mental Health Center (CMHC): a federally funded team of peers that works directly with the DPH Office of Coordinated Care to provide follow-up outreach to individuals who have had contact with the DPH Street Crisis Response Team, with the goal to reduce the frequency of crisis related calls and secure appropriate long-term care for seriously ill individuals.
3. Grant Peer Specialist MH Certificate: a certification program to prepare peers, family members, or former consumers of behavioral health services with skills and knowledge for peer provider employment in the behavioral health system and academic/career planning that supports their success in institutions of higher learning.
4. Peer to Peer Linkage: a program that utilizes peers to perform as Service Coordinators who conduct outreach and recruitment activities to link peers to job openings and workforce development programs, such as to the Peer Specialist Mental Health Certificate or other training programs.

5. ICM Transition to Outpatient: a peer linkage team providing wraparound services to increase client engagement in behavioral health outpatient services among those stepping down from Intensive Case Management, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.
6. Wellness in the Streets: a peer outreach team to engage people at shelters, navigation centers, RV sites, and mental health sub-acute facilities.
7. Whole Person Care – Shelter Care Coordination Service: RAMS peers working alongside DPH staff to assess the needs and outreach of homeless individuals in shelters or in the streets and providing assistance to medical and non-medical appointments.
8. Outpatient Peer Counseling: a peer outreach team stationed within the RAMS Outpatient Clinic at 1282 Market Street. The purpose of the team is to diversify the behavioral health workforce by increasing consumer and family member representation and identify underrepresented groups, and to provide additional services and support to RAMS outpatient clients.

Between the eight programs, DPH estimates that RAMS annually serves approximately 1,172 unduplicated clients.² The contract funds approximately 54 full-time equivalent (FTE) employees, including indirect administrative positions.

Fiscal & Performance Monitoring

DPH suspended scoring of contractors' performance due to the COVID-19 pandemic. Although not scored, the FY 2020-21 program monitoring for the previous RAMS contract indicated that each program generally met its performance objectives and contracted units of service, and no corrective action plans were identified. The Whole Person Care Shelter Coordination Services and Peer to Peer CHMC programs were not part of the contract scope in FY 2020-21. According to Michelle Ruggels, DPH Business Office Director, monitoring reports for FY 2021-22 are in progress but have not yet been completed.

The Department of Children, Youth, and their Families (DCYF) reviewed RAMS' financial documents as part of the FY 2021-22 Citywide Fiscal and Compliance Monitoring process and identified no findings.

FISCAL IMPACT

The proposed Amendment No. 1 would increase the not-to-exceed amount of the contract by \$19,253,431, for a total not to exceed \$29,116,181. The estimated annual sources and uses of funds by program are shown in Exhibit 2 below.

² RAMS provides estimated unduplicated client counts for each program. However, some clients may utilize multiple programs, so the total number of unduplicated clients served by RAMS is unknown and may be lower.

Exhibit 2: Estimated Annual Sources and Uses of Funds

Sources	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	Total
General Fund	\$798,166	\$639,075	\$426,975	\$440,171	\$453,772	\$2,758,159
State Sources	4,143,630	4,314,923	4,321,745	3,625,153	3,306,670	19,712,120
Federal Sources	766,041	865,131	865,754	866,391	867,048	4,230,366
Subtotal	\$5,707,837	\$5,819,129	\$5,614,474	\$4,931,715	\$4,627,490	\$26,700,645
Contingency (12%)						2,519,137
Adjustment						(103,601)
Total Sources	\$5,707,837	\$5,819,129	\$5,614,474	\$4,931,715	\$4,627,490	\$29,116,181

Uses ³	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	Total
Peer to Peer Services	\$3,414,160	\$3,478,197	\$3,503,426	\$3,523,861	\$3,544,765	\$17,464,409
Peer to Peer Services CMHC	93,783	192,873	192,873	192,873	192,873	865,275
Grant Peer Specialist MH Certificate	359,213	369,989	369,989	369,989	369,989	1,839,169
Peer to Peer Linkage	428,437	441,290	441,290	441,290	441,290	2,193,597
ICM Transition to Outpatient	632,565	651,542	651,452	325,771	-	2,261,330
Wellness in the Streets	366,973	377,982	377,982	-	-	1,122,937
Whole Person Care	412,706	225,000	-	-	-	637,706
Outpatient Peer Counseling	-	57,027	57,027	57,027	57,027	228,108
Subtotal	\$5,707,837	\$5,819,129	\$5,614,474	\$4,931,715	\$4,627,490	\$26,700,645
Contingency (12%)						2,519,137
Adjustment						(103,601)
Total Sources	\$5,707,837	\$5,819,129	\$5,614,474	\$4,931,715	\$4,627,490	\$29,116,181

Source: DPH

A 12 percent (of projected expenditures from FY 2022-23 through FY 2025-26) contingency is included to account for escalation, new programs, and/or expansions of existing programs. There is also an adjustment of \$103,601 due to grant funding that was encumbered and charged to the purchase order of the previous contract but spent in the period of July 1 through August 15, 2021. According to Director Ruggels, FY 2021-22 actual expenditures are not fully known yet, as DPH has not completed its cost report settlement with the state.

The contract is funded approximately 74 percent by state sources, 16 percent by federal sources, and 10 percent by the City's General Fund.

The ICM Transition to Outpatient, Wellness in the Streets, and Whole Person Care programs are not funded for the full contract term because the RFP authorities used to award these programs expire before FY 2025-26. According to Director Ruggels, a new solicitation will be issued for

³ The FY 2022-23 amounts shown in Exhibit 2 are \$6,300 more than the budgeted amounts for each program in Appendix B of the proposed contract. According to Director Ruggels, this is due to a funding notification letter from June 2022 that was used to develop Appendix B but was reissued in October 2022 with different amounts, as shown here in Exhibit 2.

these programs, and, if RAMS is selected, the funding would be added to a new and separate contract.

RECOMMENDATION

Approve the proposed resolution.

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of **December 1, 2022** in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** (“Contractor”) and the **City and County of San Francisco**, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals (“RFP”) and Request for Qualifications (“RFQ”), **RFQ 27-2020**, dated August 17, 2020; **RFQ 43-2019**, dated December 18, 2019; **RFP 49-2018**, dated December 20, 2018; **RFQ 22-2018**, dated July 6, 2018 and as per Administrative Code Section 21.42 through Sole Source granted on April 29, 2021 and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained from the Civil Service Commission under PSC number **46266-14/15 (M-2)** on November 2, 2020 in the amount of \$55,874,000 for the period of 7/1/2015-6/30/2026; and **40587-17/18 (M-1)** on July 15, 2019 in the amount of \$292,051,200 for the period of 1/1/2018-12/31/2027; **49279-17/18 (M-2)** on July 19, 2021 in the amount of \$53,642,000 for the period of 7/1/2018-12/31/2027; and

WHEREAS, approval for the Agreement was obtained when the Board of Supervisors approved Resolution Number _____ on _____; and

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Agreement dated July 1, 2021, (Contract ID# 1000020708) between Contractor and City as amended by this First Amendment.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2021; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2021; or (ii) the Effective Date and expire on June 30, 2026, unless earlier terminated as otherwise provided herein.

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

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Sixty-Two Thousand Seven Hundred Fifty Dollars (\$9,862,750)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty-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. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

5.1 Insurance.

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

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

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

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

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

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

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

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

(h) Reserved. (Pollution Liability Insurance).

5.1.2 Additional Insured Endorsements

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

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

5.1.3 Waiver of Subrogation Endorsements

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

5.1.4 Primary Insurance Endorsements

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

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

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

5.1.5 Other Insurance Requirements

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

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

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

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

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

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

The Appendices listed below are Amended as follows:

2.4 Appendices A, A-1 through A-8 dated 7/1/2022 (i.e., July 1, 2022) are hereby added for FY 2022-23.

2.5 Appendices B, B-1 through B-8 dated 7/1/2022 (i.e., July 1, 2022) are hereby added for FY 2022-23.

2.6 Delete Appendix D-Data Access and Sharing Terms dated 7/2021 and replace in its entirety with Appendix D-Data Access and Sharing Terms dated 7/2021(Revision) to Agreement as amended.

2.7 Delete Appendix E-HIPAA Business Associate Agreement dated 4/12/2018 and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 8/2/2022 to Agreement as amended.

2.8 Appendix F: Invoices Templates corresponding with this FY 2022-23 First Amendment are hereby added for Fiscal Year 2022-23.

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Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi Services, Inc.

Grant Colfax, MD
Director of Health
Department of Public Health

Date



Angela Tang, LCSW
Director of Operations

Date

City vendor number: 12195

Approved as to Form:
David Chiu
City Attorney

By: _____
Henry Lifton
Deputy City Attorney

Date

Approved:

Sailaja Kurella
Director, Office of Contract Administration, and
Purchaser

Date

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

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1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

7/1/2022

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632

unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	Peer to Peer Services
Appendix A-2	Peer to Peer Services CMHC
Appendix A-3	Grant Peer Specialist MH Certificate
Appendix A-4	Peer to Peer Linkage
Appendix A-5	ICM Transition to Outpatient
Appendix A-6	Wellness in the Streets
Appendix A-7	Whole Person Care - Shelter Care Coord Service
Appendix A-8	Outpatient Peer Counseling

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: 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: Angela Tang, RAMS Director of Operations;
Hasian Sinaga, Director, RAMS Director of Community & Workforce Empowerment

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 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.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Wellness Center, Peer Internship*; and Peer Specialist Mental Health Certificate and Street-based crisis services (funded by separate SFDPH-BHS contracts). Within this large contract we continue to provide a hybrid model of support to clients accessing our Peer Wellness Center services. This program is 100% peer staffed offering a variety of wellness groups and individual engagement opportunities with the overall goal of providing a safe space for individuals accessing behavioral health services to participate in peer-to-peer support in increasing wellness (A-3). We also work alongside with SFDPH Transitions Division and Street Medicine teams, assessing needs and outreach of homeless individuals in shelters or/and living in the streets and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care (A-5) model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care. In the last four years, RAMS Division of Peer-Based Services continues to operate two MHSA *Innovation* funded contracts: (1) ICM to OP Peer Transition Support team services, where peers will be supporting the transition of clients exiting Intensive Case Management Services and stepping down to appointment based services, such as Outpatient Behavioral Health Services, and (2) WITS-Wellness In The Streets, an innovative program designed for peers to

engage with unhoused individuals living on the streets and to foster trust and bridge engagement to systems such as medical care, behavioral health and housing.

In addition to the existing services, and in response to the COVID-19 pandemic, RAMS Division of Peer-Based Services has met the moment in pivoting some focus of the work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services. This service was anticipated to end in December 2020, however, given the persistence of the pandemic, the services continue until further notice. This year would also mark the first complete year as part of the response to police reform in which RAMS Division of Peer-Based Services has successfully fully integrated and staffed six teams of first responder peers into the overall safety network of San Francisco. The service operations are 7 days per week, 24 hours, 365 days per year continuously and hires about 30 peers. This co-responder model called *Street Crisis Response Team* is part of Mental Health SF reform initiative in finding solutions to the increasing homelessness in San Francisco. The Street Crisis Response Team(s) is an alternative to law enforcement response to non-violent, behavioral health crisis in public settings.

During FY 21-22, in response to the emergency initiative for the Tenderloin in December 2021 and in an effort to combat the increasing drug use and homelessness in that neighborhood, RAMS Division of Peer-Based Services opened up a program within the Tenderloin Linkages Center (TLC) called The Living Room. The purpose of the program is to offer a space where individuals served at the TLC who are exploring sober relationships, can engage with peer counselors through wellness activities.

This fiscal year, RAMS Division of Peer-Based Services will embark on additional services which will involve case management support provided by peers in coordination with the newly created BHS Office of Coordinated Care (A-7). This small team of peers will work directly with the Case Managers of the Office of Coordinated Care to provide follow up outreach to individuals who have had contact or had received services through the Street Crisis Response Team (s). The goal is to provide sustainable support to individuals to reduce the frequency of crisis related calls for these individuals as well as to secure appropriate long-term care for seriously ill individuals.

In addition to this service, RAMS Division of Peer-Based Services will officially integrate into the Street Overdose Response Team (SORT), where peers will be working with DPH Street Medicine, Harm Reduction Therapy Center and San Francisco Fire Department (SFFD) Community paramedics in providing initial crisis response and post overdose response engagement to homeless individuals who are at highest risk of a fatal opioid overdoses. The goal of this service is to help prevent and reduce fatal opioid overdoses by engaging with clients at different points of their recovery from an opioid overdose and to support them in considering treatment and/or buprenorphine use as soon as possible. Peers will support clients in their recovery with minimal barriers to timelines of support.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes the following primary components:

- Peer Counseling & Outreach Services
- Peer-to-Peer Linkage
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)
- Long-term pilot projects:
 - Whole Person Care
 - Intensive Case Management to Outpatient Services Peer Transition Support Team
 - Wellness In The Streets
 - CMHC
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through

outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person or more recently, 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 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.

Specifically for Peer to Peer Linkage, the program promotes open positions ("Service Coordinators") within the system of care by outreach and recruitment activities through linkages to workforce development programs (e.g. RAMS Peer Specialist Mental Health Certificate; City College of SF Mental Health Certificate).

Each Service Coordinator is assigned to a specific SFDPH BHS clinic; they work closely with BHS staff and attend staff meetings at their clinics to maintain visibility of the program.

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 application for the Peer Wellness Center services of to fill out and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website as well. Due to the impact of the COVID-19 pandemic, all new intakes are done mostly virtually.

The Peer-to-Peer Linkage program provides Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The RAMS Division of Peer-Based Services, under this contract, specifically includes the following three (out of four) components:

Peer Counseling & Outreach Services

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 DRA groups (Dual Recovery Anonymous). Additional peer positions also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services. In FY 2021-22 we continue operating two MHSA Innovation funded pilot projects that were awarded to RAMS two years ago. This includes services to support clients exiting Intensive Case Management Services to less intensive appointment-based services through peer support. Peers will provide linkages to community resources that will help them become less dependent on Intensive Case Management Services, provide some emotional support and understanding during the transition as well as acclimate the client to their new outpatient service site and milieu. The second innovation pilot project is the Wellness In The Streets program that continue to support real-time engagement with homeless folks living on the streets or temporarily housed in Shelter-In-Place hotels.

Peer-to-Peer Linkage Program

RAMS Peer to Peer Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH 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.

During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities. Please note that due to clinic closure and limited in-person services during the COVID-19 pandemic the contract objectives are different from previous years:

- Provide at least 300 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 100 unduplicated individuals

This program provides for Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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 and Programs*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*

Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program, which runs two consecutive cohorts per fiscal year, offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Providers throughout the program. Throughout the course of the program, each intern is assigned at least two rotations and are placed in a variety of SFDPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer Interns receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision from a Peer Supervisor/Coordinator, as well as ongoing individual supervision from a site supervisor.

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals

within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, 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, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The program structure includes a one week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. The interns are assigned to different sites located across the city and meet weekly for group supervision and training. Each month, the peer interns attend the Leadership Academy series, which is also managed by the Division of Peer-Based Services. The Division Clinical Manager and Peer Internship Coordinator meet with each intern and their site supervisors at their sites at least monthly. After each rotation (at least two within a cohort cycle), the sites provide a formal evaluation feedback about the intern's performance.

Peer Wellness Center

This component is the membership 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. During the COVID-19 pandemic in FY 21-22, the Peer Wellness Center in-person drop-in model has been pivoted to a hybrid model of group and individual engagement. 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.

This 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 Groups (DRA), Women's & Men's groups, and LGBT group, 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. - 7 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.

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 BHS Appendix B.

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 has a leadership 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 FY 2022-2023

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information. 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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 Mental Health 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: Angela Tang, RAMS Director of Operations; Hasian Sinaga, Director of Community and Workforce Empowerment

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 has applied to be a vendor through CalMHSA to prepare students who qualify for the Medi-cal state certification test for peer providers.

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

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*; *Peer Wellness Center*, *The Living Room at the Tenderloin Linkages Center*, *Shelter-In-Place peer outreach – in response to the COVID-19 pandemic*, *Street Crisis Response Team (funded by a separate SFDPH-BHS contract)*, *Street Overdose Response Team (funded by a separate SFDPH-BHS contract)*

The RAMS Peer Specialist Mental Health Certificate offers 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.

- 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
- 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

- At least 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; Due to the COVID-19 pandemic, all classes have been hosted 100% online with some reduction to actual virtual face-to-face classroom teaching. For this fiscal year, depending on health orders, we may start having in-person classes again.
- 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion

- Coordinate and hold at least 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 at least 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).

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 17,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. 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 developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, 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 Facebook. 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. The admissions committee 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 of the program, the committee members come together to share their results from phase 1 of the process. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

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, generally on Tuesdays and Thursdays, from 10:00 a.m. - 12 p.m. With the course operating 100% online and virtually, classroom face-to-face virtually is reduced and hours of support/teaching increases through individual support and mentoring, homework and classroom projects. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10 am. – 1 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of 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 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 up to \$250 per student.
- *Educational Materials Scholarship*: All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- *Accessibility*: SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly 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 CBHS Appendix B.

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 written evaluation is generally followed by a focus group format discussion led by RAMS administrators. The Program Manager/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions. For this fiscal year, written evaluations are done through online Survey Monkey.

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 maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services & other Peer Providers and employers etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year and the committee meets on a twice annual basis. The program will send out quarterly updates via email or/and newsletter to inform the advisory members of key activities happening during that time period in the program.

Peer Mentor Position: This position may be held by a program graduate. 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. MHSA 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 FY 2022-2023.

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. 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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service 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 Program 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 and focus group. The surveys and focus groups are facilitated by RAMS administrators; 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

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.
Program Name: ICM Transition to Support to Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/2023
Funding Source: (non-BHS only): N/A

1. Identifiers:

Program Name: ICM Transition Support to Outpatient
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: Angela Tang, RAMS Director of Operations; Hasian Sinaga, RAMS Director of Community & Workforce Empowerment
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 mobilizing a peer linkage team providing both wraparound services and a warm hand off, in an effort to increase client engagement in behavioral health outpatient services among those stepping down from ICM/FSP services, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes the (below) primary components:

- Peer Counseling & Outreach Services

- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Whole Person Care
- Wellness in the Streets
- ICM to Outpatient Services Peer Transition Support
- Response to COVID-19 Pandemic; Shelter-In-Place (SIP) Peer Outreach and linkage services
- Street Crisis Response Team
- Street Overdose Response Team

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also 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. Method of promotion of engagement and services are primarily done through telehealth, virtual and phone call mtgs and support groups. All in adaptation to the COVID-19 pandemic health and safety practices of limiting in-person services.

For the Peer ICM Transition Support team, additional outreach and promotion activities may be further developed, while focusing on ICM/FSP programs.

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

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process is triggered through the completed referral form from the ICM provider to RAMS PTT Coordinator. The client and provider is contacted by the PTT Coordinator to schedule an intake meeting within 30 days. Eligibility will include enrollment in an ICM and a degree

of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.

Activities may include, but are not limited to the following:

- Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- As part of training and orientation, the peers will do a "rotation" at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- Peers will participate in client case conferences and present at program staff meetings
- The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- Regular peer cohort meetings/trainings with all peer transition team members
- Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

D. Discharge planning and exit criteria and process

RAMS will collaboratively work with BHS to determine the exit and completion date. 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.

E. Program staffing

See BHS Appendix B.

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 support to behavioral health consumers in the community. RAMS has a leadership 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. 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 FY 2022-2023.

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the 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 then 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:

- 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.
- 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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);
- To ensure accountability at all levels, the RAMS CEO reports out monthly 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 RAMS quality improvement. 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.

Program Name: Wellness in the Streets (WITS)

Appendix A-6

Contract Term: 07/01/2022 – 06/30/2023

Funding Source (non-BHS only):N/A

1. Identifiers:

Program Name: Wellness in the Streets (WITS)

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: Angela Tang, RAMS Director of Operations;

Hasian Sinaga, RAMS Director of Community and Workforce Empowerment

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

2. Nature of Document:

☐ Original

☒ Contract Amendment

☐ Request for Program Budget (RPB)

3. Goal Statement:

To test new ways of service delivery and engaging with unhoused San Francisco residents and ultimately to help participants transition along the stages of change until they are able to engage in services. While WITS staff will certainly do their best to refer and/or link participants to any and all available housing opportunities, housing linkage is not the main goal. The WITS team continues to serve clients at SIP sites throughout the system of care as part of the behavioral health response to COVID-19. SIP sites now include SIP hotels, congregate sites such as shelters and navigation centers, RV sites, and Hummingbird Place mental health sub-acute facilities

Priority Population:

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the client(s) being served.

Population Served by Peers: This includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

4. Modality(s)/Intervention(s):

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes major components:

- Peer Counseling & Outreach Services
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Pilot projects: Whole Person Care, *Wellness in the Streets*, ICM to Outpatient Services
Peer Transition Support
- Shelter-in-Place peer phone call engagement and linkage
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

5. Methodology:

A. Outreach, recruitment, promotion, and advertisement

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at, and email correspondence with: BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also 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.

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

The project will involve a roving support team of peer counselors (ideally who have experienced homelessness) who will engage in peer counseling activities directly on the streets of San Francisco in areas where individuals are unhoused. Teams of 2-3 peers would go out to the various neighborhoods of San Francisco in search of or to follow-up with unhoused residents who are at-risk or currently in need of peer-based mental health services.

C. Service delivery model

WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.

During this time of the pandemic, the work has pivoted primarily to support efforts of engagement with homeless individuals temporarily housed in assigned hotels. WITS peer specialist work in coordination with Shelter-In-Place partners and teams to follow up with specific needs of clients housed in these hotels. Activities include appointment accompaniment, linkage to services such as primary care, permanent housing services, benefits applications.

The peer staff will engage unhoused residents and gather real-time information from the unhoused residents about what intervention strategies may be more effective in achieving one or more of the program goals, such as increasing knowledge of community resources, and increasing both motivation and willingness to engage in the available community-based social services. Based on feedback from the participants, RAMS would adjust the program, as appropriate and able.

Peers will provide brief peer counseling activities including behavioral health education activities, wellness planning, crisis planning and other activities. Peer specialists may also distribute a one-page resource sheet to educate unhoused individuals regarding behavioral health services, housing resources and alternate peer counseling programs.

D. Discharge Planning and exit criteria and process

As services may range from one-time to ongoing support, the exit criteria may be further determined in collaboration with SFDPH. 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.

E. Program staffing

See BHS Appendix B.

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 has a leadership 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.

F. MHSA Vision

1. Consumer Participation/Engagement

RAMS Division of Peer-Based Services regards consumer participation/engagement at all levels of service delivery to be a key cornerstone to effective and inclusive services. The program demonstrates this by several ways: 90% of staff positions require minimum qualifications to include individuals with behavioral health lived experiences; peers are represented within department advisory committees such as in our Peer Certificate Quarterly Advisory Committee meetings, Peer Division Community Advisory Board Meetings and Peer Wellness Center Client Community Monthly meetings. We also include peers in the process of interviewing for management/supervisory positions as well as feedback from clients through annual surveys and focus groups. Peer staff have regular supervision and staff meetings that are spaces to offer feedback and to participate in the operations/development of the division business and services.

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

RAMS Division of Peer-Based Services demonstrates this at many levels which starts in outreaching and recruiting peer providers from diverse communities, to reflect the client communities that we serve. We currently have peer providers who represent LGBTQ, Black/African American, Native American, AAPI, Latin X and Russian Communities. We have many staff who are bi-lingual and bi-cultured which include spoken languages such as Tagalog, Cantonese, Toisanese, Mandarin, Russian, Spanish and Portuguese.

We also have a number of staff that are more veteran level and meet the older adult communities, as well as younger individuals who are able to meet the TAY community. In addition to this, another important component of the peer provider work, we have staff that have a variety of

lived experiences that are vital to being able to show empathy and be effectively resourceful. Many of our staff have struggled with many of the issues our client base struggle with which include experiences with homelessness, poverty, addiction and mental health issues and navigating the many different systems within the city resources network.

With many of peer providers graduating from our Peer Certificate Program or City College Community Mental Health Worker Certificate Program, our peer providers have the tools to be able to utilize their lived experiences in a professional manner and provide culturally responsive peer provider support. We also value the Wellness & Recovery model in which we perform our work within a strength-based model approach, finding ways to create a sustainable, healthy and balanced workforce.

6. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled “MHSA Performance Objectives – FY 2022-23.

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

b. Quality of documentation, including a description of the frequency and scope of internal chart 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/depending on type of services, and then 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:

- 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.
- 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);
- 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, quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)

Appendix A-6
Contract Term: 07/01/2022 – 06/30/2023
Funding Source (non-BHS only):N/A

- e. Timely completion and use of outcome data

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	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

1. Identifiers:

Program Name: Outpatient Peer Counseling Services

Program Address: 3626 Balboa Street

City, State, ZIP: San Francisco, CA 94121

Telephone/FAX: 415-668-5955

Website Address: 415-668-0246

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, ZIP: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Fax: (415) 751-7336

Email Address: angelatang@ramsinc.org

Program Code(s) (if applicable): NA

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (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 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. There is 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)

Individual Services

- Peer Counseling Program will provide individual counseling and support to at least 120 clients of the RAMS Outpatient Clinic.

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	Funding Source: MHSA (Adult)

- Peer Counseling Program will provide at least 200 hours of services, which may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.

See Appendix B CRDC.

6. Methodology:

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

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 17,000 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 meets with peer counselors for individual supervision to discuss referral information, program services, events, etc. In addition to this,

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Peer Counselors receive additional support from Supervisors from the Division of Peer-Based Services as needed.

- Peer Counselors develop promotional flyers about Peer Counseling activities and display them in the program wait areas as well as disseminates 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 close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.
- Due to the on-going Covid-19 pandemic, the peer counseling activities also includes services provided via telehealth, virtual individual services.

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 simply contact one of the Peer Counselors and schedule to meet with them or sign-up to participate in a group or event. Clients can also be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.).

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

The 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 (two days/week) that includes, but is not limited to:

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

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Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

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

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

RAMS Outpatient Peer Counseling Services include part-time (20 plus hours per week) Peer Counselors, with special cultural and language capacities, e.g. English, Chinese, Russian, to meet the need of the diverse clients at Outpatient Clinic. Peer Counselors are 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, are part of RAMS Adult/Older Adult Outpatient Services 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 (consumer of behavioral 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. Peer Counselors also facilitate social/recreational activities and events for the clinic that are driven and organized by client participants.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

- 2) MHSA 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.

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 FY 22-2023.

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 (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and 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 holds 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.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1	Peer to Peer Services
Appendix B-2	Peer to Peer Services CMHC
Appendix B-3	Grant Peer Specialist MH Certificate
Appendix B-4	Peer to Peer Linkage
Appendix B-5	ICM Transition to Outpatient
Appendix B-6	Wellness in the Streets
Appendix B-7	Whole Person Care - Shelter Care Coord Service
Appendix B-8	Outpatient Peer Counseling

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181) for the period of July 1, 2021 through June 30, 2026.**

CONTRACTOR understands that, of this maximum dollar obligation **\$2,519,137** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment

of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller.

CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2021 - June 30, 2022	5,707,837
July 1, 2022 - June 30, 2023	5,819,129
July 1, 2023 - June 30, 2024	5,614,474
July 1, 2024 - June 30, 2025	4,931,715
July 1, 2025 - June 30, 2026	<u>4,627,490</u>
Sub. Total July 1, 2021 through June 30, 2026	26,700,645
Contingency	\$2,519,137
Less: Encum CID#3052 7/1/21-8/15/21)	<u>(\$103,601)</u>
Total July 1, 2021 through June 30, 2026	29,116,181

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

(4) CONTRACTOR further understands that, **\$103,601** of grant funding for the Promoting Recovery & Services for the Prevention of Recidivism program of the period from July 1, 2021 through August 15, 2021 in the Contract Number 1000003052 is included with this Agreement. Reasons for payments overlap due to Contract Number 1000003052 ending on June 30, 2021, but the grant funding for this program ending on August 15, 2021.

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.

DHCS Legal Entity Number 00343									Appendix B, Page 1
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.									Fiscal Year 2022-2023
Contract ID Number 1000020708									Funding Notification Date 06/06/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Provider Number	3894	3894	3894	3894	3894	3894	3894	3894	
RAMS Dept. Code	34	34	27	240	105	107	055	033	
Program Name	Peer-to-Peer Services	Peer-to-Peer Services CMHC Grant	Peer Specialist MH Certificate	Peer to Peer Linkage	ICM Transition to Outpatient	Wellness in the Streets	Whole Person Care-Shelter Care Coord Services	Outpatient Peer Counseling	
Program Code	TBD	N/A	TBD	TBD	TBD	TBD	TBD	TBD	
Funding Term	07/01/22-06/30/23	09/30/22-09/29/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-12/31/22	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries	\$ 1,957,804	\$ 103,435	\$ 159,925	\$ 276,258	\$ 370,875	\$ 223,955	\$ 130,287	\$ 54,851	\$ 3,277,390
Employee Benefits	\$ 509,029	\$ 31,030	\$ 47,978	\$ 77,352	\$ 103,575	\$ 55,989	\$ 39,086	\$ 16,455	\$ 880,494
Subtotal Salaries & Employee Benefits	\$ 2,466,833	\$ 134,465	\$ 207,903	\$ 353,610	\$ 474,450	\$ 279,944	\$ 169,373	\$ 71,306	\$ 4,157,884
Operating Expenses	\$ 552,696	\$ 33,587	\$ 119,900	\$ 30,890	\$ 93,244	\$ 49,393	\$ 26,671	\$ 490	\$ 906,871
Capital Expenses									\$ -
Subtotal Direct Expenses	\$ 3,019,529	\$ 168,052	\$ 327,803	\$ 384,500	\$ 567,694	\$ 329,337	\$ 196,044	\$ 71,796	\$ 5,064,755
Indirect Expenses	\$ 445,987	\$ 24,821	\$ 48,417	\$ 56,790	\$ 83,848	\$ 48,645	\$ 28,956	\$ 10,603	\$ 748,067
Indirect %	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%
TOTAL FUNDING USES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
							Employee Benefits Rate		27%
BHS MENTAL HEALTH FUNDING SOURCES									
MH Adult County General Fund	\$ 372,779		\$ 6,231					\$ 28,758	\$ 407,768
MH Adult State 1991 MH Realignment	\$ 221,871								\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000								\$ 20,000
MH MHSA (Adult)	\$ 2,198,608			\$ 441,290				\$ 53,641	\$ 2,693,539
MH MHSA (WET)			\$ 369,989						\$ 369,989
MH MHSA (INN)					\$ 651,542	\$ 377,982			\$ 1,029,524
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 501,992								\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266								\$ 150,266
MH Grant SAMSHA CMHC, CFDA 93.958		\$ 192,873							\$ 192,873
MH MHSA (TAY) MCO									\$ -
MH Adult GF MCO	\$ -								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ -	\$ 82,399	\$ 5,587,822
BHS SUD FUNDING SOURCES									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES									
NHS WPIC Operation							\$ 225,000	\$ -	\$ 225,000
									\$ -
									\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
TOTAL DPH FUNDING SOURCES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
NON-DPH FUNDING SOURCES									
									\$ -
									\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
Prepared By Eduard Agajanian					Phone: 415-800-0699				

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

DHCS Legal Entity Number 00343								Appendix Number	B-1
Provider Name Richmond Area Multi-Services, Inc.								Page Number	1
Provider Number 3894								Fiscal Year	2022-2023
Contract ID Number 1000020708								Funding Notification Date	06/06/22
Program Name		Peer-to-Peer Services							
Program Code		TBD	TBD	TBD	TBD	TBD	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15/10-57, 59	15/01-09	
Service Description		DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	OP-MH Svcs	OP-Case Mgt Brokerage	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries & Employee Benefits		\$ 11,345	\$ 1,541,025	\$ 181,320	\$ 184,720	\$ 106,979	\$ 110,361	\$ 331,083	\$ 2,466,833
Operating Expenses		\$ 82,760	\$ 374,639	#REF!	\$ 30,754	\$ 23,949			#REF!
Capital Expenses									\$ -
Subtotal Direct Expenses		\$ 94,105	\$ 1,915,664	#REF!	\$ 215,474	\$ 130,928	\$ 110,361	\$ 331,083	#REF!
Indirect Expenses		\$ 13,900	\$ 282,944	\$ 32,777	\$ 31,827	\$ 19,338	\$ 16,300	\$ 48,901	\$ 445,987
Indirect %		14.77%	14.77%	#REF!	14.77%	14.77%	14.77%	14.77%	#REF!
TOTAL FUNDING USES		\$ 108,005	\$ 2,198,608	#REF!	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ -
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity							
MH Adult County General Fund	251984-10000-10001792-0001	\$ 108,005					\$ 121,661	\$ 143,113	\$ 372,779
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001							\$ 221,871	\$ 221,871
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001						\$ 5,000	\$ 15,000	\$ 20,000
MH MHSA (Adult)	251984-17156-10031199-0071		\$ 2,198,608						\$ 2,198,608
MH Grant SAMHSA Adult SOC, CFDA 93.958	251984-10001-10038132-0001			\$ 254,691	\$ 247,301				\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	251984-10001-10038132-0003					\$ 150,266			\$ 150,266
MH Adult GF MCO	251984-10000-10001792-0001	\$ -							\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 108,005	\$ 2,198,608	\$ 254,691	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
									\$ -
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 108,005	\$ 2,198,608	\$ 254,691	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ -
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)		108,005	2,198,608	254,691	247,301	150,266	126,661	379,984	-
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)	Cost Reimbursement (CR)	
DPH Units of Service		210	4,273	495	481	292	18,985	73,300	
Unit Type		Client Full Day	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Published Rate (Medi-Cal Providers Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Unduplicated Clients (UDC)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

B-1
2
2022-2023
06/06/22

			M16		M17		M35		M35		M36		M16			
	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.55	\$ 74,250			0.47	64,406	0.05	\$ 6,191			0.03	\$ 3,653				
Associate Program Director	0.50	\$ 52,500			0.44	46,289	0.04	\$ 3,906			0.02	\$ 2,305				
Program Operations Manager (David)*	1.00	\$ 97,000			0.89	85,886	0.07	\$ 6,990			0.04	\$ 4,124				
Peer Wellness Manager	1.00	\$ 85,000			0.89	75,571	0.07	\$ 5,930			0.04	\$ 3,499				
Peer Supervisor	3.23	\$ 226,100			2.75	192,466	0.30	\$ 21,153			0.18	\$ 12,481				
Program/Operations Assistant	3.20	\$ 191,000			2.94	175,189	0.16	\$ 9,944			0.10	\$ 5,867				
Senior Peer Counselor	1.63	\$ 105,950			1.19	77,551			0.44	\$ 28,399						
Peer Counselor (to reconcile)	15.90	\$ 984,882	0.15	\$ 9,004	7.39	487,656	1.48	\$ 86,712			0.88	\$ 51,158	6.00	\$ 350,352		
Service Coordinator	2.00	\$ 118,204							2.00	\$ 118,204						
Janitor	0.50	\$ 22,918			0.38	18,022	0.07	\$ 3,079			0.04	\$ 1,817				
	0.00	\$ -														
Totals:	29.51	\$ 1,957,804	0.15	\$ 9,004	17.34	\$ 1,223,036	2.24	\$ 143,905	2.44	\$ 146,603	1.33	\$ 84,904	6.00	\$ 350,352	0.00	\$ -
Employee Benefits:	26.00%	\$ 509,029	26.00%	\$ 2,341	26.00%	\$ 317,989	26.00%	\$ 37,415	26.00%	\$ 38,117	26.00%	\$ 22,075	26.00%	\$ 91,092	0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,466,833		\$ 11,345		\$ 1,541,025		\$ 181,320		\$ 184,720		\$ 106,979		\$ 441,444		\$ -

Appendix B - DPH 4: Operating Expenses Detail

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

B-1
 3
 2022-2023
 06/06/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000-10001792-0001)	MHSA-Adult (251984-17156-10031199-0071)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ 265,252	\$ 46,321	\$ 167,082	\$ 19,425	\$ 20,975	\$ 11,449	
Utilities (telephone, electricity, water, gas)	\$ 41,483	\$ 6,275	\$ 31,023	\$ 2,632	\$ -	\$ 1,553	
Building Repair/Maintenance	\$ 11,401	\$ 1,835	\$ 8,343	\$ 769	\$ -	\$ 454	
Occupancy Total:	\$ 318,136	\$ 54,431	\$ 206,448	\$ 22,826	\$ 20,975	\$ 13,456	\$ -
Office Supplies	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	
Photocopying	\$ -						
Program Supplies	\$ -						
	\$ -						
Materials & Supplies Total:	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	\$ -
Training/Staff Development	\$ 10,000	\$ 1,067	\$ 8,221	\$ 447	\$ -	\$ 265	
Insurance	\$ 24,992	\$ 3,966	\$ 16,186	\$ 1,663	\$ 2,196	\$ 981	
Professional License	\$ 10,000	\$ 90	\$ 9,850	\$ 38		\$ 22	
Permits	\$ -						
Equipment Lease & Maintenance	\$ 7,704	\$ 1,324	\$ 5,496	\$ 556		\$ 328	
General Operating Total:	\$ 52,696	\$ 6,447	\$ 39,753	\$ 2,704	\$ 2,196	\$ 1,596	
Local Travel	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other (provide detail):	\$ -						
Recruitment (Job Postings, etc.)	\$ 5,000	\$ 178	\$ 1,512	\$ 1,328	\$ 1,215	\$ 767	
Client Stipends for 10 clients working approx. 15 hrs/week for 38 weeks at the rate of \$18.00/hr.	\$ 102,600	\$ 17,582	\$ 73,296	\$ 7,372		\$ 4,350	
Client-Related Food	\$ 4,702	\$ 836	\$ 3,308	\$ 351		\$ 207	
Client-Related Other Activities	\$ 7,555	\$ 1,483	\$ 5,058	\$ 622		\$ 392	
	\$ -						
Other Total:	\$ 119,857	\$ 20,079	\$ 83,174	\$ 9,673	\$ 1,215	\$ 5,716	\$ -
	\$ -						
TOTAL OPERATING EXPENSE	\$ 552,696	\$ 82,760	\$ 374,639		\$ 30,754	\$ 23,949	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	

	Peer-to-Peer Services CMHC Grant		
Program Name			
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		09/30/22-09/29/23	

FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 134,465		\$ 134,465
Operating Expenses	\$ 33,587		\$ 33,587
Capital Expenses		\$ -	\$ -
Subtotal Direct Expenses	\$ 168,052	\$ -	\$ 168,052
Indirect Expenses	\$ 24,821		\$ 24,821
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 192,873	\$ -	\$ 192,873

BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity		
MH Grant SAMSHA CMHC, CFDA 93.958	251984-10001-10038058-0002	\$ 192,873		\$ 192,873
				\$ -
		\$ -		\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 192,873	\$ -	\$ 192,873

BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity		
				\$ -
				\$ -
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -

OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity		
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -

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)		192,873	-	192,873
--	--	----------------	----------	----------------

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)		
DPH Units of Service	365			
Unit Type	Client Full Day	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 528.42	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 528.42	\$ -		
Published Rate (Medi-Cal Providers Only)				Total UDC
Unduplicated Clients (UDC)	n/a	n/a		n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-2
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH Grant SAMSHA CMHC, CFDA 93.958 (251984-10001- 10038058-0002)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	09/30/21-09/29/22		09/30/21-09/29/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Operations Manager	0.10	\$ 9,700	0.10	\$ 9,700				
Peer Counselor	1.60	\$ 93,735	1.60	\$ 93,735				
Totals:	1.70	\$ 103,435	1.70	\$ 103,435	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 31,030	30.00%	\$ 31,030	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 134,465		\$ 134,465		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-2
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH Grant SAMSHA CMHC, CFDA 93.958 (251984- 10001-10038058- 0002)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	09/30/21-09/29/22	09/30/21-09/29/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 17,919	\$ 17,919		
Utilities (telephone, electricity, water, gas)	\$ 1,725	\$ 1,725		
Building Repair/Maintenance	\$ 435	\$ 435		
Occupancy Total:	\$ 20,079	\$ 20,079	\$ -	\$ -
Office Supplies	\$ 6,000	\$ 6,000		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -	\$ -		
Materials & Supplies Total:	\$ 6,000	\$ 6,000	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,305	\$ 1,305		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 378	\$ 378		
General Operating Total:	\$ 2,183	\$ 2,183		
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 325	\$ 325		
Client Stipends	\$ -			
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 2,500	\$ 2,500		
Other Total:	\$ 4,825	\$ 4,825	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 33,587	\$ 33,587	\$ -	

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Peer Specialist MH Certificate	Peer Specialist MH Certificate	
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	
Service Description	DS-Vocational	DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	07/01/22-06/30/23
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 202,475	\$ 5,428	\$ 207,903
Operating Expenses	\$ 119,900		\$ 119,900
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 322,375	\$ 5,428	\$ 327,803
Indirect Expenses	\$ 47,614	\$ 803	\$ 48,417
Indirect %	14.77%	14.79%	14.77%
TOTAL FUNDING USES	\$ 369,989	\$ 6,231	\$ 376,220
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (WET)	251984-17156-10031199-0074	\$ 369,989	\$ 369,989
MH Adult County General Fund	251984-10000-10001792-0001		\$ 6,231
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 369,989	\$ 6,231
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 369,989	\$ 6,231
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)		369,989	6,231
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)	
DPH Units of Service	383	7	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 967.29	\$ 958.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 967.29	\$ 958.62	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	160	2	162

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 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MHSA-WET (251984-17156-10031199-0074)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.06	\$ 7,425	0.06	\$ 7,425				
Program Manager	1.00	\$ 115,000	0.96	\$ 110,825	0.04	\$ 4,175		
Program Coordinator	0.50	\$ 37,500	0.50	\$ 37,500				
Totals:	1.56	\$ 159,925	1.52	\$ 155,750	0.04	\$ 4,175	0.00	\$ -
Employee Benefits:	30.00%	\$ 47,978	30.00%	\$ 46,725	30.01%	\$ 1,253	0.00%	
TOTAL SALARIES & BENEFITS	\$ 207,903		\$ 202,475		\$ 5,428		\$ -	

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0074)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 35,205	\$ 35,205		
Utilities (telephone, electricity, water, gas)	\$ 6,350	\$ 6,350		
Building Repair/Maintenance	\$ 1,400	\$ 1,400		
Occupancy Total:	\$ 42,955	\$ 42,955	\$ -	\$ -
Office Supplies	\$ 18,475	\$ 18,475		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 18,475	\$ 18,475	\$ -	\$ -
Training/Staff Development	\$ 3,500	\$ 3,500		
Insurance	\$ 1,950	\$ 1,950		
Professional License	\$ 2,500	\$ 2,500		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 925	\$ 925		
General Operating Total:	\$ 8,875	\$ 8,875	\$ -	\$ -
Local Travel	\$ 880	\$ 880		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 12,000	\$ 12,000		
Recruitment (Job Postings, etc.)	\$ 1,200	\$ 1,200		
Client Tuitions	\$ 12,065	\$ 12,065		
Client-Stipends for 46 total clients at \$400 each	\$ 18,400	\$ 18,400		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 3,050	\$ 3,050		
Other Total:	\$ 48,715	\$ 48,715	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 119,900	\$ 119,900	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Peer to Peer Linkage		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 353,610		\$ 353,610
Operating Expenses	\$ 30,890		\$ 30,890
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 384,500	\$ -	\$ 384,500
Indirect Expenses	\$ 56,790		\$ 56,790
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 441,290	\$ -	\$ 441,290
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (Adult)	251984-17156-10031199-0071	\$ 441,290	\$ 441,290
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 441,290	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 441,290	\$ -
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)	441,290	-	441,290
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)		
DPH Units of Service	725	n/a	
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 608.68	n/a	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 608.68	n/a	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	200		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 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.07	\$ 9,113	0.07	\$ 9,113				
Associate Director	0.30	\$ 31,500	0.30	\$ 31,500				
Program Manager	0.05	\$ 4,845	0.05	\$ 4,845				
Peer Counselor Lead	1.00	\$ 65,000	1.00	\$ 65,000				
Peer Counselor	2.68	\$ 165,800	2.68	\$ 165,800				
Totals:	4.10	\$ 276,258	4.10	\$ 276,258	0.00	\$ -	0.00	\$ -
Employee Benefits:	28%	\$ 77,352	28%	\$ 77,352	0%		0%	
TOTAL SALARIES & BENEFITS		\$ 353,610		\$ 353,610		\$ -		\$ -

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 13,365	\$ 13,365		
Utilities (telephone, electricity, water, gas)	\$ 4,600	\$ 4,600		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 19,165	\$ 19,165	\$ -	\$ -
Office Supplies	\$ 1,950	\$ 1,950		
Materials & Supplies Total:	\$ 1,950	\$ 1,950	\$ -	\$ -
Training/Staff Development	\$ 2,250	\$ 2,250		
Insurance	\$ 2,850	\$ 2,850		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 425	\$ 425		
General Operating Total:	\$ 5,525	\$ 5,525	\$ -	\$ -
Local Travel	\$ 1,500	\$ 1,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Expenses	\$ 2,500	\$ 2,500		
	\$ -			
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 30,890	\$ 30,890	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-5	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	ICM Transition to Outpatient		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 474,450		\$ 474,450
Operating Expenses	\$ 93,244		\$ 93,244
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 567,694	\$ -	\$ 567,694
Indirect Expenses	\$ 83,848		\$ 83,848
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 651,542	\$ -	\$ 651,542
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 651,542	\$ 651,542
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 651,542	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 651,542	\$ -
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)		651,542	-
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)		
DPH Units of Service	7,534		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 86.48	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 86.48	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	25		25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-5
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH MHSA (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.10	\$ 13,500	0.10	\$ 13,500				
Associate Director	0.10	\$ 10,500	0.10	\$ 10,500				
Program Manager	1.50	\$ 148,125	1.50	\$ 148,125				
Program Coordinator	0.25	\$ 18,750	0.25	\$ 18,750				
Senior Peer Counselor	1.00	\$ 65,000	1.00	\$ 65,000				
Peer Counselor	2.00	\$ 115,000	2.00	\$ 115,000				
Totals:	4.95	\$ 370,875	4.95	\$ 370,875	0.00	\$ -	0.00	\$ -
Employee Benefits:	28%	\$ 103,575	28%	\$ 103,575	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 474,450		\$ 474,450		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
 Program Name ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-5
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 24,184	\$ 24,184		
Utilities (telephone, electricity, water, gas)	\$ 6,510	\$ 6,510		
Building Repair/Maintenance	\$ 1,250	\$ 1,250		
Occupancy Total:	\$ 31,944	\$ 31,944	\$ -	\$ -
Office Supplies	\$ 5,500	\$ 5,500		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 5,500	\$ 5,500	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 2,825	\$ 2,825		
Professional License	\$ 3,500	\$ 3,500		
Permits	\$ -			
Equipment Depr. & Maintenance	\$ 15,000	\$ 15,000		
General Operating Total:	\$ 23,825	\$ 23,825	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 1,225	\$ 1,225		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 10,000	\$ 10,000		
Client-Related Other Activities	\$ 20,000	\$ 20,000		
Other Total:	\$ 31,225	\$ 31,225	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 93,244	\$ 93,244	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Wellness in the Streets		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 279,944		\$ 279,944
Operating Expenses	\$ 49,393		\$ 49,393
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 329,337	\$ -	\$ 329,337
Indirect Expenses	\$ 48,645		\$ 48,645
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 377,982	\$ -	\$ 377,982
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 377,982	\$ 377,982
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 377,982	\$ - \$ 377,982
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ - \$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ - \$ -
		\$ 377,982	\$ - \$ 377,982
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)		377,982	- 377,982
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)		
DPH Units of Service	1,620		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 233.32	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 233.32	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	50		50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Wellness in the Streets
 Program Code TBD

Appendix Number B-6
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH MHSa (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		mm/dd/yy-mm/dd/yy		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.06	8,100	0.06	8,100				
Associate Director	0.10	10,500	0.10	10,500				
Program Manager	0.15	13,605	0.15	13,605				
Program Coordinator	0.25	18,750	0.25	18,750				
Peer Counselor Lead	1.00	65,000	1.00	65,000				
Peer Counselor	1.80	108,000	1.80	108,000				
Totals:	3.36	\$ 223,955	3.36	\$ 223,955	0.00	\$ -	0.00	\$ -
Employee Benefits:	25%	55,989	25%	\$ 55,989	0%		0%	
TOTAL SALARIES & BENEFITS	\$ 279,944		\$ 279,944		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
Program Name Wellness in the Streets
Program Code TBD

Appendix Number B-6
Page Number 3
Fiscal Year 2022-2023
Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH MSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 34,500	\$ 34,500		
Utilities (telephone, electricity, water, gas)	\$ 3,500	\$ 3,500		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 39,200	\$ 39,200	\$ -	\$ -
Office Supplies	\$ 2,500	\$ 2,500		
Photocopying	\$ -			
	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 2,500	\$ 2,500	\$ -	\$ -
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 2,843	\$ 2,843		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 850	\$ 850		
General Operating Total:	\$ 4,693	\$ 4,693	\$ -	\$ -
Local Travel	\$ 1,750	\$ 1,750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,750	\$ 1,750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client-Related Food	\$ 500	\$ 500		
Client-Related Other Activities	\$ 500	\$ 500		
Other Total:	\$ 1,250	\$ 1,250	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 49,393	\$ 49,393	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-7	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name Whole Person Care-Shelter Care Coord Services			
Program Code TBD			
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/22-12/31/22			
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 169,373		\$ 169,373
Operating Expenses	\$ 26,671		\$ 26,671
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 196,044	\$ -	\$ 196,044
Indirect Expenses	\$ 28,956		\$ 28,956
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 225,000	\$ -	\$ 225,000
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
HNS WPIC Operation	210705-10000-10037283-0001	\$ 225,000	\$ 225,000
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 225,000	\$ -
		\$ 225,000	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		225,000	-
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)		
DPH Units of Service	1,475		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 152.54	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 152.54	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	75		

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

	TOTAL		HNS WPIC Operation (210705-10000-10037283-0001)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-12/31/22		07/01/22-12/31/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.03	\$ 2,025	0.03	\$ 2,025				
Program Coordinator	0.57	\$ 22,800	0.57	\$ 22,800				
Peer Counselor	3.50	\$ 105,462	3.50	\$ 105,462				
Totals:	4.10	\$ 130,287	4.10	\$ 130,287	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 39,086	30.00%	\$ 39,086	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 169,373		\$ 169,373		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 3

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	HNS WPIC Operation (210705- 10000-10037283- 0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-12/31/22	07/01/22-12/31/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 9,100	\$ 9,100		
Utilities (telephone, electricity, water, gas)	\$ 3,960	\$ 3,960		
Building Repair/Maintenance	\$ 635	\$ 635		
Occupancy Total:	\$ 13,695	\$ 13,695	\$ -	\$ -
Office Supplies	\$ 4,856	\$ 4,856		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 4,856	\$ 4,856	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,850	\$ 1,850		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 520	\$ 520		
General Operating Total:	\$ 4,870	\$ 4,870	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 1,000	\$ 1,000		
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 26,671	\$ 26,671	\$ -	\$ -

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 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Outpatient Peer Counseling		
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	
Service Description	DS-Vocational	DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 24,944	\$ 46,362	\$ 71,306
Operating Expenses	\$ 114	\$ 376	\$ 490
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 25,058	\$ 46,738	\$ 71,796
Indirect Expenses	\$ 3,700	\$ 6,903	\$ 10,603
Indirect %	14.77%	14.77%	14.77%
TOTAL FUNDING USES	\$ 28,758	\$ 53,641	\$ 82,399
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Adult County General Fund	251984-10000-10001792-0001	\$ 28,758	\$ 28,758
MH MHSA (Adult)	251984-17156-10031199-0071	\$ 53,641	\$ 53,641
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 28,758	\$ 53,641	\$ 82,399
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
	\$ 28,758	\$ 53,641	\$ 82,399
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)	28,758	53,641	82,399
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)	
DPH Units of Service	70	130	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 410.83	\$ 412.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 410.83	\$ 412.62	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	44	76	120

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

FORMULA: DPH UNITS

0	0	0
410.83	412.62	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Outpatient Peer Counseling

Program Code TBD

Appendix Number B-8

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.01	\$ 1,351	0.00	\$ 311	0.01	\$ 1,040		
Peer Counselor	0.85	\$ 53,500	0.30	\$ 18,877	0.55	\$ 34,623		
Totals:	0.86	\$ 54,851	0.30	\$ 19,188	0.56	\$ 35,663	0.00	\$ -
Employee Benefits:	30.00%	\$ 16,455	30.00%	\$ 5,756	30%	\$ 10,699	0.00%	
TOTAL SALARIES & BENEFITS		\$ 71,306		\$ 24,944		\$ 46,362		\$ -

6,572

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000- 10001792-0001)	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 50	\$ 12	\$ 38	
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 50	\$ 12	\$ 38	\$ -
Office Supplies	\$ 50	\$ 12	\$ 38	
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 50	\$ 12	\$ 38	\$ -
Training/Staff Development	\$ -			
Insurance	\$ 390	\$ 90	\$ 300	
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 390	\$ 90	\$ 300	\$ -
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ -			
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Food	\$ -			
Client-Related Other Activities	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 490	\$ 114	\$ 376	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc. Page Number _____
 Contract ID Number 1000003052 Fiscal Year 2022-2023
 Funding Notification Date 6/6/22

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.166	\$ 40,601
Chief Financial Officer	0.166	\$ 37,063
Deputy Chief	0.166	\$ 28,504
COO / Dir. Of Ops	0.166	\$ 27,841
Director of Community & Workforce Empowerment	0.267	\$ 41,312
Director of Community & Government Affairs	0.166	\$ 26,884
Director of Human Resources	0.166	\$ 25,687
Director of Training	0.298	\$ 38,281
Accounting Staff	0.663	\$ 58,996
HR Staff	0.663	\$ 62,974
Communication Manager	0.041	\$ 5,593
Grants Manager	0.124	\$ 10,565
QI Manager	0.166	\$ 18,726
IT Manager/Support	0.398	\$ 37,618
Executive/Admin Assistant	0.166	\$ 15,246
Janitor/Lead Facilities Tech	0.091	\$ 7,043

Subtotal: **3.873 \$ 482,934**

Employee Benefits: **25.00% \$ 120,733**

Total Salaries and Employee Benefits: **\$ 603,667**

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	6,329
Depreciation	7,774
Rental	895
Utilities	3,701
Building Repair/Maintenance	3,082
Office Supplies	11,995
Training/Staff Development	2,072
Insurance	17,025
Equipment Rental	2,168
Local Travel	895
Audit Fees	9,943
Payroll Fees	29,865
Recruitment	26,747
Meetings and Conferences	829
Professional Fees	19,091
Bank Fees	1,989

Total Operating Costs **144,400**

Total Indirect Costs \$ **748,067**

Total Indirect from DPH 1: \$ **748,067**

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

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

1.2 Primary and Alternate Agency Site Administrator.

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

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

1.2.2 Communicating with the SFDPH IT Service Desk;

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

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

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

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

1.3 SFDPH IT Service Desk.

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

1.4 Deprovisioning Schedule.

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

1.5 Active Directory.

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

1.6 Role Based Access.

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

1.7 Training Requirements.

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

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

1.8 Agency Data User Confidentiality Agreement.

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

1.9 Corrective Action.

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

1.10 User ID and Password.

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

1.11 Notification of Compromised Password.

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

1.12 Multi Factor Authentication.

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

1.13 Qualified Personnel.

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

1.14 Workstation/Laptop encryption.

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

1.15 Server Security.

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

1.16 Removable media devices.

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

1.17 Antivirus software.

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

1.18 Patch Management.

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

1.19 System Timeout.

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

1.20 Warning Banners.

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

1.21 Transmission encryption.

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

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

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

1.24 Security of PHI.

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

1.25 Data Security and City Data

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

1.26 Data Privacy and Information Security Program.

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

1.27 Disaster Recovery.

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

1.28 Supervision of Data.

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

1.29 As Is Access.

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

1.30 No Technical or Administrative Support.

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

1.31 City Audit of Agency and Agency Data Users.

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

1.32 Minimum Necessary.

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

1.33 No Re-Disclosure or Reporting.

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

1.34 Health Information Exchange.

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

1.35 Subcontracting.

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

breach in the same manner in which Agency would be so obligated, (2) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

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

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

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

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

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

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

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

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

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

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

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

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

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

3.3 Media Communications

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

Attachment 1 to Appendix D
System Specific Requirements

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

A. SFDPH Care Link Requirements:

1. Connectivity.

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

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

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

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

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

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

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

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

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

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

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000020708**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated 7/1/2022 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title: _____

Date: _____

Appendix E

HIPAA Business Associate Agreement



San Francisco Department of Public Health

Business Associate Agreement

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

RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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



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Business Associate Agreement

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

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

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

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

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

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

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

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

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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



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

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

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

2. Obligations of Business Associate.

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

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

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

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the



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Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

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

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to



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

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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

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

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



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what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

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

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

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

3. Termination.

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

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



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

a. 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 Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its



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subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

(Invoice)

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|---|---|
| A. Contract Administrator | N. Patients' Rights |
| B. Reports | O. Under-Utilization Reports |
| C. Evaluation | P. Quality Improvement |
| D. Possession of Licenses/Permits | Q. Working Trial Balance with Year-End Cost Report |
| E. Adequate Resources | R. Harm Reduction |
| F. Admission Policy | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only | T. Fire Clearance |
| H. Grievance Procedure | U. Clinics to Remain Open |
| I. Infection Control, Health and Safety | V. Compliance with Grant Award Notices |
| J. Aerosol Transmissible Disease Program, Health and Safety | |
| K. Acknowledgement of Funding | 2. Description of Services |
| L. Client Fees and Third Party Revenue | 3. Services Provided by Attorneys |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | |

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632

unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	Peer to Peer Services
Appendix A-2	Peer to Peer Services CMHC
Appendix A-3	Grant Peer Specialist MH Certificate
Appendix A-4	Peer to Peer Linkage
Appendix A-5	ICM Transition to Outpatient
Appendix A-6	Wellness in the Streets
Appendix A-7	Whole Person Care - Shelter Care Coord Service
Appendix A-8	Outpatient Peer Counseling

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: 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: Angela Tang, RAMS Director of Operations;
Hasian Sinaga, Director, RAMS Director of Community & Workforce Empowerment

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 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.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Wellness Center, Peer Internship*; and Peer Specialist Mental Health Certificate and Street-based crisis services (funded by separate SFDPH-BHS contracts). Within this large contract we continue to provide a hybrid model of support to clients accessing our Peer Wellness Center services. This program is 100% peer staffed offering a variety of wellness groups and individual engagement opportunities with the overall goal of providing a safe space for individuals accessing behavioral health services to participate in peer-to-peer support in increasing wellness (A-3). We also work alongside with SFDPH Transitions Division and Street Medicine teams, assessing needs and outreach of homeless individuals in shelters or/and living in the streets and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care (A-5) model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care. In the last four years, RAMS Division of Peer-Based Services continues to operate two MHSA *Innovation* funded contracts: (1) ICM to OP Peer Transition Support team services, where peers will be supporting the transition of clients exiting Intensive Case Management Services and stepping down to appointment based services, such as Outpatient Behavioral Health Services, and (2) WITS-Wellness In The Streets, an innovative program designed for peers to

engage with unhoused individuals living on the streets and to foster trust and bridge engagement to systems such as medical care, behavioral health and housing.

In addition to the existing services, and in response to the COVID-19 pandemic, RAMS Division of Peer-Based Services has met the moment in pivoting some focus of the work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services. This service was anticipated to end in December 2020, however, given the persistence of the pandemic, the services continue until further notice. This year would also mark the first complete year as part of the response to police reform in which RAMS Division of Peer-Based Services has successfully fully integrated and staffed six teams of first responder peers into the overall safety network of San Francisco. The service operations are 7 days per week, 24 hours, 365 days per year continuously and hires about 30 peers. This co-responder model called *Street Crisis Response Team* is part of Mental Health SF reform initiative in finding solutions to the increasing homelessness in San Francisco. The Street Crisis Response Team(s) is an alternative to law enforcement response to non-violent, behavioral health crisis in public settings.

During FY 21-22, in response to the emergency initiative for the Tenderloin in December 2021 and in an effort to combat the increasing drug use and homelessness in that neighborhood, RAMS Division of Peer-Based Services opened up a program within the Tenderloin Linkages Center (TLC) called The Living Room. The purpose of the program is to offer a space where individuals served at the TLC who are exploring sober relationships, can engage with peer counselors through wellness activities.

This fiscal year, RAMS Division of Peer-Based Services will embark on additional services which will involve case management support provided by peers in coordination with the newly created BHS Office of Coordinated Care (A-7). This small team of peers will work directly with the Case Managers of the Office of Coordinated Care to provide follow up outreach to individuals who have had contact or had received services through the Street Crisis Response Team (s). The goal is to provide sustainable support to individuals to reduce the frequency of crisis related calls for these individuals as well as to secure appropriate long-term care for seriously ill individuals.

In addition to this service, RAMS Division of Peer-Based Services will officially integrate into the Street Overdose Response Team (SORT), where peers will be working with DPH Street Medicine, Harm Reduction Therapy Center and San Francisco Fire Department (SFFD) Community paramedics in providing initial crisis response and post overdose response engagement to homeless individuals who are at highest risk of a fatal opioid overdoses. The goal of this service is to help prevent and reduce fatal opioid overdoses by engaging with clients at different points of their recovery from an opioid overdose and to support them in considering treatment and/or buprenorphine use as soon as possible. Peers will support clients in their recovery with minimal barriers to timelines of support.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes the following primary components:

- Peer Counseling & Outreach Services
- Peer-to-Peer Linkage
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)
- Long-term pilot projects:
 - Whole Person Care
 - Intensive Case Management to Outpatient Services Peer Transition Support Team
 - Wellness In The Streets
 - CMHC
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through

outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person or more recently, 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 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.

Specifically for Peer to Peer Linkage, the program promotes open positions ("Service Coordinators") within the system of care by outreach and recruitment activities through linkages to workforce development programs (e.g. RAMS Peer Specialist Mental Health Certificate; City College of SF Mental Health Certificate).

Each Service Coordinator is assigned to a specific SFDPH BHS clinic; they work closely with BHS staff and attend staff meetings at their clinics to maintain visibility of the program.

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 application for the Peer Wellness Center services of to fill out and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website as well. Due to the impact of the COVID-19 pandemic, all new intakes are done mostly virtually.

The Peer-to-Peer Linkage program provides Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The RAMS Division of Peer-Based Services, under this contract, specifically includes the following three (out of four) components:

Peer Counseling & Outreach Services

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 DRA groups (Dual Recovery Anonymous). Additional peer positions also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services. In FY 2021-22 we continue operating two MHSA Innovation funded pilot projects that were awarded to RAMS two years ago. This includes services to support clients exiting Intensive Case Management Services to less intensive appointment-based services through peer support. Peers will provide linkages to community resources that will help them become less dependent on Intensive Case Management Services, provide some emotional support and understanding during the transition as well as acclimate the client to their new outpatient service site and milieu. The second innovation pilot project is the Wellness In The Streets program that continue to support real-time engagement with homeless folks living on the streets or temporarily housed in Shelter-In-Place hotels.

Peer-to-Peer Linkage Program

RAMS Peer to Peer Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH 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.

During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities. Please note that due to clinic closure and limited in-person services during the COVID-19 pandemic the contract objectives are different from previous years:

- Provide at least 300 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 100 unduplicated individuals

This program provides for Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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 and Programs*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*

Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program, which runs two consecutive cohorts per fiscal year, offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Providers throughout the program. Throughout the course of the program, each intern is assigned at least two rotations and are placed in a variety of SFDPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer Interns receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision from a Peer Supervisor/Coordinator, as well as ongoing individual supervision from a site supervisor.

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals

within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, 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, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The program structure includes a one week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. The interns are assigned to different sites located across the city and meet weekly for group supervision and training. Each month, the peer interns attend the Leadership Academy series, which is also managed by the Division of Peer-Based Services. The Division Clinical Manager and Peer Internship Coordinator meet with each intern and their site supervisors at their sites at least monthly. After each rotation (at least two within a cohort cycle), the sites provide a formal evaluation feedback about the intern's performance.

Peer Wellness Center

This component is the membership 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. During the COVID-19 pandemic in FY 21-22, the Peer Wellness Center in-person drop-in model has been pivoted to a hybrid model of group and individual engagement. 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.

This 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 Groups (DRA), Women's & Men's groups, and LGBT group, 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. - 7 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.

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 BHS Appendix B.

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 has a leadership 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 FY 2022-2023

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information. 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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 Mental Health 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: Angela Tang, RAMS Director of Operations; Hasian Sinaga, Director of Community and Workforce Empowerment
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 has applied to be a vendor through CalMHSA to prepare students who qualify for the Medi-cal state certification test for peer providers.

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

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*; *Peer Wellness Center*, *The Living Room at the Tenderloin Linkages Center*, *Shelter-In-Place peer outreach – in response to the COVID-19 pandemic*, *Street Crisis Response Team (funded by a separate SFDPH-BHS contract)*, *Street Overdose Response Team (funded by a separate SFDPH-BHS contract)*

The RAMS Peer Specialist Mental Health Certificate offers 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.

- 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
- 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

- At least 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; Due to the COVID-19 pandemic, all classes have been hosted 100% online with some reduction to actual virtual face-to-face classroom teaching. For this fiscal year, depending on health orders, we may start having in-person classes again.
- 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion

- Coordinate and hold at least 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 at least 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).

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 17,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. 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 developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, 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 Facebook. 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. The admissions committee 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 of the program, the committee members come together to share their results from phase 1 of the process. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

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, generally on Tuesdays and Thursdays, from 10:00 a.m. - 12 p.m. With the course operating 100% online and virtually, classroom face-to-face virtually is reduced and hours of support/teaching increases through individual support and mentoring, homework and classroom projects. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10 am. – 1 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of 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 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 up to \$250 per student.
- *Educational Materials Scholarship*: All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- *Accessibility*: SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly 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 help 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 CBHS Appendix B.

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 written evaluation is generally followed by a focus group format discussion led by RAMS administrators. The Program Manager/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions. For this fiscal year, written evaluations are done through online Survey Monkey.

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 maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services & other Peer Providers and employers etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year and the committee meets on a twice annual basis. The program will send out quarterly updates via email or/and newsletter to inform the advisory members of key activities happening during that time period in the program.

Peer Mentor Position: This position may be held by a program graduate. 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. MHSA 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 FY 2022-2023.

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. 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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director monitors service 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 Program 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 and focus group. The surveys and focus groups are facilitated by RAMS administrators; 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

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.
Program Name: ICM Transition to Support to Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/2023
Funding Source: (non-BHS only): N/A

1. Identifiers:

Program Name: ICM Transition Support to Outpatient
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: Angela Tang, RAMS Director of Operations; Hasian Sinaga, RAMS Director of Community & Workforce Empowerment
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 mobilizing a peer linkage team providing both wraparound services and a warm hand off, in an effort to increase client engagement in behavioral health outpatient services among those stepping down from ICM/FSP services, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes the (below) primary components:

- Peer Counseling & Outreach Services

- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Whole Person Care
- Wellness in the Streets
- ICM to Outpatient Services Peer Transition Support
- Response to COVID-19 Pandemic; Shelter-In-Place (SIP) Peer Outreach and linkage services
- Street Crisis Response Team
- Street Overdose Response Team

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also 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. Method of promotion of engagement and services are primarily done through telehealth, virtual and phone call mtgs and support groups. All in adaptation to the COVID-19 pandemic health and safety practices of limiting in-person services.

For the Peer ICM Transition Support team, additional outreach and promotion activities may be further developed, while focusing on ICM/FSP programs.

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

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process is triggered through the completed referral form from the ICM provider to RAMS PTT Coordinator. The client and provider is contacted by the PTT Coordinator to schedule an intake meeting within 30 days. Eligibility will include enrollment in an ICM and a degree

of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.

Activities may include, but are not limited to the following:

- Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- As part of training and orientation, the peers will do a "rotation" at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- Peers will participate in client case conferences and present at program staff meetings
- The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- Regular peer cohort meetings/trainings with all peer transition team members
- Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

D. Discharge planning and exit criteria and process

RAMS will collaboratively work with BHS to determine the exit and completion date. 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.

E. Program staffing

See BHS Appendix B.

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 support to behavioral health consumers in the community. RAMS has a leadership 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. 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 FY 2022-2023.

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the 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 then 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:

- 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.
- 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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);
- To ensure accountability at all levels, the RAMS CEO reports out monthly 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 RAMS quality improvement. 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.

Program Name: Wellness in the Streets (WITS)

Appendix A-6

Contract Term: 07/01/2022 – 06/30/2023

Funding Source (non-BHS only):N/A

1. Identifiers:

Program Name: Wellness in the Streets (WITS)

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: Angela Tang, RAMS Director of Operations;

Hasian Sinaga, RAMS Director of Community and Workforce Empowerment

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org; hasiansinaga@ramsinc.org

2. Nature of Document:

☐ Original

☒ Contract Amendment

☐ Request for Program Budget (RPB)

3. Goal Statement:

To test new ways of service delivery and engaging with unhoused San Francisco residents and ultimately to help participants transition along the stages of change until they are able to engage in services. While WITS staff will certainly do their best to refer and/or link participants to any and all available housing opportunities, housing linkage is not the main goal. The WITS team continues to serve clients at SIP sites throughout the system of care as part of the behavioral health response to COVID-19. SIP sites now include SIP hotels, congregate sites such as shelters and navigation centers, RV sites, and Hummingbird Place mental health sub-acute facilities

Priority Population:

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the client(s) being served.

Population Served by Peers: This includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

4. Modality(s)/Intervention(s):

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes major components:

- Peer Counseling & Outreach Services
- Peer Internship
- Peer Wellness Center
- Tenderloin Linkages Center—The Living Room
- Peer Specialist Mental Health Certificate
- Pilot projects: Whole Person Care, *Wellness in the Streets*, ICM to Outpatient Services
Peer Transition Support
- Shelter-in-Place peer phone call engagement and linkage
- Street Crisis Response Team(s)
- Street Overdose Response Team(s)

See also BHS Appendix B, CRDC pages.

5. Methodology:

A. Outreach, recruitment, promotion, and advertisement

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at, and email correspondence with: BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also 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.

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

The project will involve a roving support team of peer counselors (ideally who have experienced homelessness) who will engage in peer counseling activities directly on the streets of San Francisco in areas where individuals are unhoused. Teams of 2-3 peers would go out to the various neighborhoods of San Francisco in search of or to follow-up with unhoused residents who are at-risk or currently in need of peer-based mental health services.

C. Service delivery model

WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.

During this time of the pandemic, the work has pivoted primarily to support efforts of engagement with homeless individuals temporarily housed in assigned hotels. WITS peer specialist work in coordination with Shelter-In-Place partners and teams to follow up with specific needs of clients housed in these hotels. Activities include appointment accompaniment, linkage to services such as primary care, permanent housing services, benefits applications.

The peer staff will engage unhoused residents and gather real-time information from the unhoused residents about what intervention strategies may be more effective in achieving one or more of the program goals, such as increasing knowledge of community resources, and increasing both motivation and willingness to engage in the available community-based social services. Based on feedback from the participants, RAMS would adjust the program, as appropriate and able.

Peers will provide brief peer counseling activities including behavioral health education activities, wellness planning, crisis planning and other activities. Peer specialists may also distribute a one-page resource sheet to educate unhoused individuals regarding behavioral health services, housing resources and alternate peer counseling programs.

D. Discharge Planning and exit criteria and process

As services may range from one-time to ongoing support, the exit criteria may be further determined in collaboration with SFDPH. 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.

E. Program staffing

See BHS Appendix B.

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 has a leadership 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.

F. MHSA Vision

1. Consumer Participation/Engagement

RAMS Division of Peer-Based Services regards consumer participation/engagement at all levels of service delivery to be a key cornerstone to effective and inclusive services. The program demonstrates this by several ways: 90% of staff positions require minimum qualifications to include individuals with behavioral health lived experiences; peers are represented within department advisory committees such as in our Peer Certificate Quarterly Advisory Committee meetings, Peer Division Community Advisory Board Meetings and Peer Wellness Center Client Community Monthly meetings. We also include peers in the process of interviewing for management/supervisory positions as well as feedback from clients through annual surveys and focus groups. Peer staff have regular supervision and staff meetings that are spaces to offer feedback and to participate in the operations/development of the division business and services.

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

RAMS Division of Peer-Based Services demonstrates this at many levels which starts in outreaching and recruiting peer providers from diverse communities, to reflect the client communities that we serve. We currently have peer providers who represent LGBTQ, Black/African American, Native American, AAPI, Latin X and Russian Communities. We have many staff who are bi-lingual and bi-cultured which include spoken languages such as Tagalog, Cantonese, Toisanese, Mandarin, Russian, Spanish and Portuguese.

We also have a number of staff that are more veteran level and meet the older adult communities, as well as younger individuals who are able to meet the TAY community. In addition to this, another important component of the peer provider work, we have staff that have a variety of

lived experiences that are vital to being able to show empathy and be effectively resourceful. Many of our staff have struggled with many of the issues our client base struggle with which include experiences with homelessness, poverty, addiction and mental health issues and navigating the many different systems within the city resources network.

With many of peer providers graduating from our Peer Certificate Program or City College Community Mental Health Worker Certificate Program, our peer providers have the tools to be able to utilize their lived experiences in a professional manner and provide culturally responsive peer provider support. We also value the Wellness & Recovery model in which we perform our work within a strength-based model approach, finding ways to create a sustainable, healthy and balanced workforce.

6. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled “MHSA Performance Objectives – FY 2022-23.

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

b. Quality of documentation, including a description of the frequency and scope of internal chart 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/depending on type of services, and then 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:

- 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.
- 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);
- 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, quality improvement, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)

Appendix A-6
Contract Term: 07/01/2022 – 06/30/2023
Funding Source (non-BHS only):N/A

- e. Timely completion and use of outcome data

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	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

1. Identifiers:

Program Name: Outpatient Peer Counseling Services

Program Address: 3626 Balboa Street

City, State, ZIP: San Francisco, CA 94121

Telephone/FAX: 415-668-5955

Website Address: 415-668-0246

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, ZIP: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Fax: (415) 751-7336

Email Address: angelatang@ramsinc.org

Program Code(s) (if applicable): NA

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Request for Program Budget (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 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. There is 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)

Individual Services

- Peer Counseling Program will provide individual counseling and support to at least 120 clients of the RAMS Outpatient Clinic.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

- Peer Counseling Program will provide at least 200 hours of services, which may include but are not limited to: face-to-face counseling, case management, resource linkage, etc.

See Appendix B CRDC.

6. Methodology:

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

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 17,000 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 meets with peer counselors for individual supervision to discuss referral information, program services, events, etc. In addition to this,

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

Peer Counselors receive additional support from Supervisors from the Division of Peer-Based Services as needed.

- Peer Counselors develop promotional flyers about Peer Counseling activities and display them in the program wait areas as well as disseminates 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 close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.
- Due to the on-going Covid-19 pandemic, the peer counseling activities also includes services provided via telehealth, virtual individual services.

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 simply contact one of the Peer Counselors and schedule to meet with them or sign-up to participate in a group or event. Clients can also be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.).

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

The 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 (two days/week) that includes, but is not limited to:

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
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- D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

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

RAMS Outpatient Peer Counseling Services include part-time (20 plus hours per week) Peer Counselors, with special cultural and language capacities, e.g. English, Chinese, Russian, to meet the need of the diverse clients at Outpatient Clinic. Peer Counselors are 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, are part of RAMS Adult/Older Adult Outpatient Services 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 (consumer of behavioral 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. Peer Counselors also facilitate social/recreational activities and events for the clinic that are driven and organized by client participants.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-8
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- 2) MHSA 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.

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 FY 22-2023.

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 (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors 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.

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Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
	Funding Source: MHSA (Adult)

C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and 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 holds 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.

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Program Name: Outpatient Peer Counseling Services	Contract Term: 07/01/22 – 06/30/23
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- 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 the CEO meets with each program to solicit feedback for this purpose. 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. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1	Peer to Peer Services
Appendix B-2	Peer to Peer Services CMHC
Appendix B-3	Grant Peer Specialist MH Certificate
Appendix B-4	Peer to Peer Linkage
Appendix B-5	ICM Transition to Outpatient
Appendix B-6	Wellness in the Streets
Appendix B-7	Whole Person Care - Shelter Care Coord Service
Appendix B-8	Outpatient Peer Counseling

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty-Nine Million One Hundred Sixteen Thousand One Hundred Eighty-One Dollars (\$29,116,181) for the period of July 1, 2021 through June 30, 2026.**

CONTRACTOR understands that, of this maximum dollar obligation **\$2,519,137** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment

of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2021 - June 30, 2022	5,707,837
July 1, 2022 - June 30, 2023	5,819,129
July 1, 2023 - June 30, 2024	5,614,474
July 1, 2024 - June 30, 2025	4,931,715
July 1, 2025 - June 30, 2026	<u>4,627,490</u>
Sub. Total July 1, 2021 through June 30, 2026	26,700,645
Contingency	\$2,519,137
Less: Encum CID#3052 7/1/21-8/15/21)	<u>(\$103,601)</u>
Total July 1, 2021 through June 30, 2026	29,116,181

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

(4) CONTRACTOR further understands that, **\$103,601** of grant funding for the Promoting Recovery & Services for the Prevention of Recidivism program of the period from July 1, 2021 through August 15, 2021 in the Contract Number 1000003052 is included with this Agreement. Reasons for payments overlap due to Contract Number 1000003052 ending on June 30, 2021, but the grant funding for this program ending on August 15, 2021.

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.

DHCS Legal Entity Number 00343									Appendix B, Page 1
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.									Fiscal Year 2022-2023
Contract ID Number 1000020708									Funding Notification Date 06/06/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Provider Number	3894	3894	3894	3894	3894	3894	3894	3894	
RAMS Dept. Code	34	34	27	240	105	107	055	033	
Program Name	Peer-to-Peer Services	Peer-to-Peer Services CMHC Grant	Peer Specialist MH Certificate	Peer to Peer Linkage	ICM Transition to Outpatient	Wellness in the Streets	Whole Person Care-Shelter Care Coord Services	Outpatient Peer Counseling	
Program Code	TBD	N/A	TBD	TBD	TBD	TBD	TBD	TBD	
Funding Term	07/01/22-06/30/23	09/30/22-09/29/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-12/31/22	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries	\$ 1,957,804	\$ 103,435	\$ 159,925	\$ 276,258	\$ 370,875	\$ 223,955	\$ 130,287	\$ 54,851	\$ 3,277,390
Employee Benefits	\$ 509,029	\$ 31,030	\$ 47,978	\$ 77,352	\$ 103,575	\$ 55,989	\$ 39,086	\$ 16,455	\$ 880,494
Subtotal Salaries & Employee Benefits	\$ 2,466,833	\$ 134,465	\$ 207,903	\$ 353,610	\$ 474,450	\$ 279,944	\$ 169,373	\$ 71,306	\$ 4,157,884
Operating Expenses	\$ 552,696	\$ 33,587	\$ 119,900	\$ 30,890	\$ 93,244	\$ 49,393	\$ 26,671	\$ 490	\$ 906,871
Capital Expenses									\$ -
Subtotal Direct Expenses	\$ 3,019,529	\$ 168,052	\$ 327,803	\$ 384,500	\$ 567,694	\$ 329,337	\$ 196,044	\$ 71,796	\$ 5,064,755
Indirect Expenses	\$ 445,987	\$ 24,821	\$ 48,417	\$ 56,790	\$ 83,848	\$ 48,645	\$ 28,956	\$ 10,603	\$ 748,067
Indirect %	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%	14.77%
TOTAL FUNDING USES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
Employee Benefits Rate									27%
BHS MENTAL HEALTH FUNDING SOURCES									
MH Adult County General Fund	\$ 372,779		\$ 6,231					\$ 28,758	\$ 407,768
MH Adult State 1991 MH Realignment	\$ 221,871								\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000								\$ 20,000
MH MHSA (Adult)	\$ 2,198,608			\$ 441,290				\$ 53,641	\$ 2,693,539
MH MHSA (WET)			\$ 369,989						\$ 369,989
MH MHSA (INN)					\$ 651,542	\$ 377,982			\$ 1,029,524
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 501,992								\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266								\$ 150,266
MH Grant SAMSHA CMHC, CFDA 93.958		\$ 192,873							\$ 192,873
MH MHSA (TAY) MCO									\$ -
MH Adult GF MCO	\$ -								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ -	\$ 82,399	\$ 5,587,822
BHS SUD FUNDING SOURCES									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES									
NHS WPIC Operation							\$ 225,000	\$ -	\$ 225,000
									\$ -
									\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
TOTAL DPH FUNDING SOURCES	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
NON-DPH FUNDING SOURCES									
									\$ -
									\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,465,516	\$ 192,873	\$ 376,220	\$ 441,290	\$ 651,542	\$ 377,982	\$ 225,000	\$ 82,399	\$ 5,812,822
Prepared By Eduard Agajanian									Phone: 415-800-0699

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

DHCS Legal Entity Number 00343								Appendix Number	B-1
Provider Name Richmond Area Multi-Services, Inc.								Page Number	1
Provider Number 3894								Fiscal Year	2022-2023
Contract ID Number 1000020708								Funding Notification Date	06/06/22
Program Name		Peer-to-Peer Services							
Program Code		TBD	TBD	TBD	TBD	TBD	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15/10-57, 59	15/01-09	
Service Description		DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	OP-MH Svcs	OP-Case Mgt Brokerage	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES									TOTAL
Salaries & Employee Benefits		\$ 11,345	\$ 1,541,025	\$ 181,320	\$ 184,720	\$ 106,979	\$ 110,361	\$ 331,083	\$ 2,466,833
Operating Expenses		\$ 82,760	\$ 374,639	#REF!	\$ 30,754	\$ 23,949			#REF!
Capital Expenses									\$ -
Subtotal Direct Expenses		\$ 94,105	\$ 1,915,664	#REF!	\$ 215,474	\$ 130,928	\$ 110,361	\$ 331,083	#REF!
Indirect Expenses		\$ 13,900	\$ 282,944	\$ 32,777	\$ 31,827	\$ 19,338	\$ 16,300	\$ 48,901	\$ 445,987
Indirect %		14.77%	14.77%	#REF!	14.77%	14.77%	14.77%	14.77%	#REF!
TOTAL FUNDING USES		\$ 108,005	\$ 2,198,608	#REF!	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ - #REF!
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity							
MH Adult County General Fund	251984-10000-10001792-0001	\$ 108,005					\$ 121,661	\$ 143,113	\$ 372,779
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001							\$ 221,871	\$ 221,871
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001						\$ 5,000	\$ 15,000	\$ 20,000
MH MHSA (Adult)	251984-17156-10031199-0071		\$ 2,198,608						\$ 2,198,608
MH Grant SAMHSA Adult SOC, CFDA 93.958	251984-10001-10038132-0001			\$ 254,691	\$ 247,301				\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	251984-10001-10038132-0003					\$ 150,266			\$ 150,266
MH Adult GF MCO	251984-10000-10001792-0001	\$ -							\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 108,005	\$ 2,198,608	\$ 254,691	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ - 3,465,516
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
									\$ -
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity							
									\$ -
This row left blank for funding sources not in drop-down list									\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		\$ 108,005	\$ 2,198,608	\$ 254,691	\$ 247,301	\$ 150,266	\$ 126,661	\$ 379,984	\$ - 3,465,516
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)		108,005	2,198,608	254,691	247,301	150,266	126,661	379,984	- 3,465,516
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)	Cost Reimbursement (CR)	
DPH Units of Service		210	4,273	495	481	292	18,985	73,300	
Unit Type		Client Full Day	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Published Rate (Medi-Cal Providers Only)		\$ 514.53	\$ 514.53	\$ 514.53	\$ 514.14	\$ 514.61	\$ 6.67	\$ 5.18	
Unduplicated Clients (UDC)		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

B-1
2
2022-2023
06/06/22

			M16		M17		M35		M35		M36		M16			
	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.55	\$ 74,250			0.47	64,406	0.05	\$ 6,191			0.03	\$ 3,653				
Associate Program Director	0.50	\$ 52,500			0.44	46,289	0.04	\$ 3,906			0.02	\$ 2,305				
Program Operations Manager (David)*	1.00	\$ 97,000			0.89	85,886	0.07	\$ 6,990			0.04	\$ 4,124				
Peer Wellness Manager	1.00	\$ 85,000			0.89	75,571	0.07	\$ 5,930			0.04	\$ 3,499				
Peer Supervisor	3.23	\$ 226,100			2.75	192,466	0.30	\$ 21,153			0.18	\$ 12,481				
Program/Operations Assistant	3.20	\$ 191,000			2.94	175,189	0.16	\$ 9,944			0.10	\$ 5,867				
Senior Peer Counselor	1.63	\$ 105,950			1.19	77,551			0.44	\$ 28,399						
Peer Counselor (to reconcile)	15.90	\$ 984,882	0.15	\$ 9,004	7.39	487,656	1.48	\$ 86,712			0.88	\$ 51,158	6.00	\$ 350,352		
Service Coordinator	2.00	\$ 118,204							2.00	\$ 118,204						
Janitor	0.50	\$ 22,918			0.38	18,022	0.07	\$ 3,079			0.04	\$ 1,817				
	0.00	\$ -														
Totals:	29.51	\$ 1,957,804	0.15	\$ 9,004	17.34	\$1,223,036	2.24	\$ 143,905	2.44	\$ 146,603	1.33	\$ 84,904	6.00	\$ 350,352	0.00	\$ -
Employee Benefits:	26.00%	\$ 509,029	26.00%	\$ 2,341	26.00%	\$ 317,989	26.00%	\$ 37,415	26.00%	\$ 38,117	26.00%	\$ 22,075	26.00%	\$ 91,092	0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,466,833		\$ 11,345		\$1,541,025		\$ 181,320		\$ 184,720		\$ 106,979		\$ 441,444		\$ -

Appendix B - DPH 4: Operating Expenses Detail

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

B-1
 3
 2022-2023
 06/06/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000-10001792-0001)	MHSA-Adult (251984-17156-10031199-0071)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10038132-0001)	MH Grant SAMHSA SOC Dual Diag, CFDA 93.958 (251984-10001-10038132-0003)	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ 265,252	\$ 46,321	\$ 167,082	\$ 19,425	\$ 20,975	\$ 11,449	
Utilities (telephone, electricity, water, gas)	\$ 41,483	\$ 6,275	\$ 31,023	\$ 2,632	\$ -	\$ 1,553	
Building Repair/Maintenance	\$ 11,401	\$ 1,835	\$ 8,343	\$ 769	\$ -	\$ 454	
Occupancy Total:	\$ 318,136	\$ 54,431	\$ 206,448	\$ 22,826	\$ 20,975	\$ 13,456	\$ -
Office Supplies	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	
Photocopying	\$ -						
Program Supplies	\$ -						
	\$ -						
Materials & Supplies Total:	\$ 54,007	\$ 522	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	\$ -
Training/Staff Development	\$ 10,000	\$ 1,067	\$ 8,221	\$ 447	\$ -	\$ 265	
Insurance	\$ 24,992	\$ 3,966	\$ 16,186	\$ 1,663	\$ 2,196	\$ 981	
Professional License	\$ 10,000	\$ 90	\$ 9,850	\$ 38		\$ 22	
Permits	\$ -						
Equipment Lease & Maintenance	\$ 7,704	\$ 1,324	\$ 5,496	\$ 556		\$ 328	
General Operating Total:	\$ 52,696	\$ 6,447	\$ 39,753	\$ 2,704	\$ 2,196	\$ 1,596	
Local Travel	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 8,000	\$ 1,281	\$ 5,576	\$ 537	\$ 289	\$ 317	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other (provide detail):	\$ -						
Recruitment (Job Postings, etc.)	\$ 5,000	\$ 178	\$ 1,512	\$ 1,328	\$ 1,215	\$ 767	
Client Stipends for 10 clients working approx. 15 hrs/week for 38 weeks at the rate of \$18.00/hr.	\$ 102,600	\$ 17,582	\$ 73,296	\$ 7,372		\$ 4,350	
Client-Related Food	\$ 4,702	\$ 836	\$ 3,308	\$ 351		\$ 207	
Client-Related Other Activities	\$ 7,555	\$ 1,483	\$ 5,058	\$ 622		\$ 392	
	\$ -						
Other Total:	\$ 119,857	\$ 20,079	\$ 83,174	\$ 9,673	\$ 1,215	\$ 5,716	\$ -
	\$ -						
TOTAL OPERATING EXPENSE	\$ 552,696	\$ 82,760	\$ 374,639		\$ 30,754	\$ 23,949	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Peer-to-Peer Services CMHC Grant		
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	09/30/22-09/29/23		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 134,465		\$ 134,465
Operating Expenses	\$ 33,587		\$ 33,587
Capital Expenses		\$ -	\$ -
Subtotal Direct Expenses	\$ 168,052	\$ -	\$ 168,052
Indirect Expenses	\$ 24,821		\$ 24,821
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 192,873	\$ -	\$ 192,873
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Grant SAMSHA CMHC, CFDA 93.958	251984-10001-10038058-0002	\$ 192,873	\$ 192,873
			\$ -
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 192,873	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 192,873	\$ -
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)		192,873	-
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)	
DPH Units of Service	365		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 528.42	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 528.42	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-2
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH Grant SAMSHA CMHC, CFDA 93.958 (251984-10001- 10038058-0002)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	09/30/21-09/29/22		09/30/21-09/29/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Operations Manager	0.10	\$ 9,700	0.10	\$ 9,700				
Peer Counselor	1.60	\$ 93,735	1.60	\$ 93,735				
Totals:	1.70	\$ 103,435	1.70	\$ 103,435	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 31,030	30.00%	\$ 31,030	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 134,465		\$ 134,465		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-2
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH Grant SAMSHA CMHC, CFDA 93.958 (251984- 10001-10038058- 0002)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	09/30/21-09/29/22	09/30/21-09/29/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 17,919	\$ 17,919		
Utilities (telephone, electricity, water, gas)	\$ 1,725	\$ 1,725		
Building Repair/Maintenance	\$ 435	\$ 435		
Occupancy Total:	\$ 20,079	\$ 20,079	\$ -	\$ -
Office Supplies	\$ 6,000	\$ 6,000		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -	\$ -		
Materials & Supplies Total:	\$ 6,000	\$ 6,000	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,305	\$ 1,305		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 378	\$ 378		
General Operating Total:	\$ 2,183	\$ 2,183		
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 325	\$ 325		
Client Stipends	\$ -			
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 2,500	\$ 2,500		
Other Total:	\$ 4,825	\$ 4,825	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 33,587	\$ 33,587	\$ -	

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Peer Specialist MH Certificate	Peer Specialist MH Certificate	
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	
Service Description	DS-Vocational	DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	07/01/22-06/30/23
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 202,475	\$ 5,428	\$ 207,903
Operating Expenses	\$ 119,900		\$ 119,900
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 322,375	\$ 5,428	\$ 327,803
Indirect Expenses	\$ 47,614	\$ 803	\$ 48,417
Indirect %	14.77%	14.79%	14.77%
TOTAL FUNDING USES	\$ 369,989	\$ 6,231	\$ 376,220
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (WET)	251984-17156-10031199-0074	\$ 369,989	\$ 369,989
MH Adult County General Fund	251984-10000-10001792-0001		\$ 6,231
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 369,989	\$ 6,231
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 369,989	\$ 6,231
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)		369,989	6,231
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)	
DPH Units of Service	383	7	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 967.29	\$ 958.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 967.29	\$ 958.62	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	160	2	162

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 2

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

	TOTAL		MHSA-WET (251984-17156-10031199-0074)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.06	\$ 7,425	0.06	\$ 7,425				
Program Manager	1.00	\$ 115,000	0.96	\$ 110,825	0.04	\$ 4,175		
Program Coordinator	0.50	\$ 37,500	0.50	\$ 37,500				
Totals:	1.56	\$ 159,925	1.52	\$ 155,750	0.04	\$ 4,175	0.00	\$ -
Employee Benefits:	30.00%	\$ 47,978	30.00%	\$ 46,725	30.01%	\$ 1,253	0.00%	
TOTAL SALARIES & BENEFITS	\$ 207,903		\$ 202,475		\$ 5,428		\$ -	

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0074)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 35,205	\$ 35,205		
Utilities (telephone, electricity, water, gas)	\$ 6,350	\$ 6,350		
Building Repair/Maintenance	\$ 1,400	\$ 1,400		
Occupancy Total:	\$ 42,955	\$ 42,955	\$ -	\$ -
Office Supplies	\$ 18,475	\$ 18,475		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 18,475	\$ 18,475	\$ -	\$ -
Training/Staff Development	\$ 3,500	\$ 3,500		
Insurance	\$ 1,950	\$ 1,950		
Professional License	\$ 2,500	\$ 2,500		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 925	\$ 925		
General Operating Total:	\$ 8,875	\$ 8,875	\$ -	\$ -
Local Travel	\$ 880	\$ 880		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 12,000	\$ 12,000		
Recruitment (Job Postings, etc.)	\$ 1,200	\$ 1,200		
Client Tuitions	\$ 12,065	\$ 12,065		
Client-Stipends for 46 total clients at \$400 each	\$ 18,400	\$ 18,400		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 3,050	\$ 3,050		
Other Total:	\$ 48,715	\$ 48,715	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 119,900	\$ 119,900	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Peer to Peer Linkage		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 353,610		\$ 353,610
Operating Expenses	\$ 30,890		\$ 30,890
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 384,500	\$ -	\$ 384,500
Indirect Expenses	\$ 56,790		\$ 56,790
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 441,290	\$ -	\$ 441,290
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (Adult)	251984-17156-10031199-0071	\$ 441,290	\$ 441,290
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 441,290	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 441,290	\$ -
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)	441,290	-	441,290
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)		
DPH Units of Service	725	n/a	
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 608.68	n/a	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 608.68	n/a	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	200		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 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.07	\$ 9,113	0.07	\$ 9,113				
Associate Director	0.30	\$ 31,500	0.30	\$ 31,500				
Program Manager	0.05	\$ 4,845	0.05	\$ 4,845				
Peer Counselor Lead	1.00	\$ 65,000	1.00	\$ 65,000				
Peer Counselor	2.68	\$ 165,800	2.68	\$ 165,800				
Totals:	4.10	\$ 276,258	4.10	\$ 276,258	0.00	\$ -	0.00	\$ -
Employee Benefits:	28%	\$ 77,352	28%	\$ 77,352	0%		0%	
TOTAL SALARIES & BENEFITS	\$ 353,610		\$ 353,610		\$ -		\$ -	

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 13,365	\$ 13,365		
Utilities (telephone, electricity, water, gas)	\$ 4,600	\$ 4,600		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 19,165	\$ 19,165	\$ -	\$ -
Office Supplies	\$ 1,950	\$ 1,950		
Materials & Supplies Total:	\$ 1,950	\$ 1,950	\$ -	\$ -
Training/Staff Development	\$ 2,250	\$ 2,250		
Insurance	\$ 2,850	\$ 2,850		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 425	\$ 425		
General Operating Total:	\$ 5,525	\$ 5,525	\$ -	\$ -
Local Travel	\$ 1,500	\$ 1,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Expenses	\$ 2,500	\$ 2,500		
	\$ -			
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 30,890	\$ 30,890	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-5	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	ICM Transition to Outpatient		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 474,450		\$ 474,450
Operating Expenses	\$ 93,244		\$ 93,244
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 567,694	\$ -	\$ 567,694
Indirect Expenses	\$ 83,848		\$ 83,848
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 651,542	\$ -	\$ 651,542
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 651,542	\$ 651,542
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 651,542	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 651,542	\$ -
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)		651,542	-
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)		
DPH Units of Service	7,534		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 86.48	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 86.48	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	25		25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-5
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH MSHA (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.10	\$ 13,500	0.10	\$ 13,500				
Associate Director	0.10	\$ 10,500	0.10	\$ 10,500				
Program Manager	1.50	\$ 148,125	1.50	\$ 148,125				
Program Coordinator	0.25	\$ 18,750	0.25	\$ 18,750				
Senior Peer Counselor	1.00	\$ 65,000	1.00	\$ 65,000				
Peer Counselor	2.00	\$ 115,000	2.00	\$ 115,000				
Totals:	4.95	\$ 370,875	4.95	\$ 370,875	0.00	\$ -	0.00	\$ -
Employee Benefits:	28%	\$ 103,575	28%	\$ 103,575	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 474,450		\$ 474,450		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
Program Name ICM Transition to Outpatient
Program Code TBD

Appendix Number B-5
Page Number 3
Fiscal Year 2022-2023
Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 24,184	\$ 24,184		
Utilities (telephone, electricity, water, gas)	\$ 6,510	\$ 6,510		
Building Repair/Maintenance	\$ 1,250	\$ 1,250		
Occupancy Total:	\$ 31,944	\$ 31,944	\$ -	\$ -
Office Supplies	\$ 5,500	\$ 5,500		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 5,500	\$ 5,500	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 2,825	\$ 2,825		
Professional License	\$ 3,500	\$ 3,500		
Permits	\$ -			
Equipment Depr. & Maintenance	\$ 15,000	\$ 15,000		
General Operating Total:	\$ 23,825	\$ 23,825	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 1,225	\$ 1,225		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 10,000	\$ 10,000		
Client-Related Other Activities	\$ 20,000	\$ 20,000		
Other Total:	\$ 31,225	\$ 31,225	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 93,244	\$ 93,244	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Wellness in the Streets		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 279,944		\$ 279,944
Operating Expenses	\$ 49,393		\$ 49,393
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 329,337	\$ -	\$ 329,337
Indirect Expenses	\$ 48,645		\$ 48,645
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 377,982	\$ -	\$ 377,982
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0078	\$ 377,982	\$ 377,982
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 377,982	\$ - \$ 377,982
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ - \$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ - \$ -
		\$ 377,982	\$ - \$ 377,982
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)		377,982	- 377,982
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)		
DPH Units of Service	1,620		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 233.32	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 233.32	\$ -
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)		50	50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708
 Program Name Wellness in the Streets
 Program Code TBD

Appendix Number B-6
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

	TOTAL		MH MHSa (INN) (251984-17156- 10031199-0078)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		mm/dd/yy-mm/dd/yy		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.06	8,100	0.06	8,100				
Associate Director	0.10	10,500	0.10	10,500				
Program Manager	0.15	13,605	0.15	13,605				
Program Coordinator	0.25	18,750	0.25	18,750				
Peer Counselor Lead	1.00	65,000	1.00	65,000				
Peer Counselor	1.80	108,000	1.80	108,000				
Totals:	3.36	\$ 223,955	3.36	\$ 223,955	0.00	\$ -	0.00	\$ -
Employee Benefits:	25%	55,989	25%	\$ 55,989	0%		0%	
TOTAL SALARIES & BENEFITS	\$ 279,944		\$ 279,944		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708
Program Name Wellness in the Streets
Program Code TBD

Appendix Number B-6
Page Number 3
Fiscal Year 2022-2023
Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	MH MSA (INN) (251984-17156- 10031199-0078)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 34,500	\$ 34,500		
Utilities (telephone, electricity, water, gas)	\$ 3,500	\$ 3,500		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 39,200	\$ 39,200	\$ -	\$ -
Office Supplies	\$ 2,500	\$ 2,500		
Photocopying	\$ -			
	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 2,500	\$ 2,500	\$ -	\$ -
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 2,843	\$ 2,843		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 850	\$ 850		
General Operating Total:	\$ 4,693	\$ 4,693	\$ -	\$ -
Local Travel	\$ 1,750	\$ 1,750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,750	\$ 1,750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client-Related Food	\$ 500	\$ 500		
Client-Related Other Activities	\$ 500	\$ 500		
Other Total:	\$ 1,250	\$ 1,250	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 49,393	\$ 49,393	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-7	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name Whole Person Care-Shelter Care Coord Services			
Program Code TBD			
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/22-12/31/22			
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 169,373		\$ 169,373
Operating Expenses	\$ 26,671		\$ 26,671
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 196,044	\$ -	\$ 196,044
Indirect Expenses	\$ 28,956		\$ 28,956
Indirect %	14.77%	0.00%	14.77%
TOTAL FUNDING USES	\$ 225,000	\$ -	\$ 225,000
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
HNS WPIC Operation	210705-10000-10037283-0001	\$ 225,000	\$ 225,000
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 225,000	\$ -
		\$ 225,000	\$ -
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		225,000	-
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)		
DPH Units of Service	1,475		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 152.54	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 152.54	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	75		

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

	TOTAL		HNS WPIC Operation (210705-10000-10037283-0001)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/22-12/31/22		07/01/22-12/31/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.03	\$ 2,025	0.03	\$ 2,025				
Program Coordinator	0.57	\$ 22,800	0.57	\$ 22,800				
Peer Counselor	3.50	\$ 105,462	3.50	\$ 105,462				
Totals:	4.10	\$ 130,287	4.10	\$ 130,287	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 39,086	30.00%	\$ 39,086	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 169,373		\$ 169,373		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 3

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	HNS WPIC Operation (210705- 10000-10037283- 0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/22-12/31/22	07/01/22-12/31/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 9,100	\$ 9,100		
Utilities (telephone, electricity, water, gas)	\$ 3,960	\$ 3,960		
Building Repair/Maintenance	\$ 635	\$ 635		
Occupancy Total:	\$ 13,695	\$ 13,695	\$ -	\$ -
Office Supplies	\$ 4,856	\$ 4,856		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 4,856	\$ 4,856	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,850	\$ 1,850		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 520	\$ 520		
General Operating Total:	\$ 4,870	\$ 4,870	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 1,000	\$ 1,000		
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 26,671	\$ 26,671	\$ -	\$ -

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 1	
Provider Number 3894		Fiscal Year 2022-2023	
Contract ID Number 1000020708		Funding Notification Date 06/06/22	
Program Name	Outpatient Peer Counseling		
Program Code	TBD	TBD	
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	
Service Description	DS-Vocational	DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 24,944	\$ 46,362	\$ 71,306
Operating Expenses	\$ 114	\$ 376	\$ 490
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 25,058	\$ 46,738	\$ 71,796
Indirect Expenses	\$ 3,700	\$ 6,903	\$ 10,603
Indirect %	14.77%	14.77%	14.77%
TOTAL FUNDING USES	\$ 28,758	\$ 53,641	\$ 82,399
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Adult County General Fund	251984-10000-10001792-0001	\$ 28,758	\$ 28,758
MH MHSA (Adult)	251984-17156-10031199-0071		\$ 53,641
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 28,758	\$ 53,641	\$ 82,399
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -
	\$ 28,758	\$ 53,641	\$ 82,399
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)	28,758	53,641	82,399
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)	
DPH Units of Service	70	130	
Unit Type	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 410.83	\$ 412.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 410.83	\$ 412.62	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	44	76	120

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

FORMULA: DPH UNITS

0	0	0
410.83	412.62	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Outpatient Peer Counseling

Program Code TBD

Appendix Number B-8

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 06/06/22

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0071)		Dept-Auth-Proj-Activity	
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director	0.01	\$ 1,351	0.00	\$ 311	0.01	\$ 1,040		
Peer Counselor	0.85	\$ 53,500	0.30	\$ 18,877	0.55	\$ 34,623		
Totals:	0.86	\$ 54,851	0.30	\$ 19,188	0.56	\$ 35,663	0.00	\$ -
Employee Benefits:	30.00%	\$ 16,455	30.00%	\$ 5,756	30%	\$ 10,699	0.00%	
TOTAL SALARIES & BENEFITS		\$ 71,306		\$ 24,944		\$ 46,362		\$ -

6,572

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 3
 Fiscal Year 2022-2023
 Funding Notification Date 06/06/22

Expense Categories & Line Items	TOTAL	General Fund (251984-10000- 10001792-0001)	MHSA-Adult (251984-17156- 10031199-0071)	Dept-Auth-Proj- Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 50	\$ 12	\$ 38	
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 50	\$ 12	\$ 38	\$ -
Office Supplies	\$ 50	\$ 12	\$ 38	
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 50	\$ 12	\$ 38	\$ -
Training/Staff Development	\$ -			
Insurance	\$ 390	\$ 90	\$ 300	
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 390	\$ 90	\$ 300	\$ -
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ -			
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Food	\$ -			
Client-Related Other Activities	\$ -			
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 490	\$ 114	\$ 376	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Richmond Area Multi-Services, Inc. Page Number _____
 Contract ID Number 1000003052 Fiscal Year 2022-2023
 Funding Notification Date 6/6/22

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.166	\$ 40,601
Chief Financial Officer	0.166	\$ 37,063
Deputy Chief	0.166	\$ 28,504
COO / Dir. Of Ops	0.166	\$ 27,841
Director of Community & Workforce Empowerment	0.267	\$ 41,312
Director of Community & Government Affairs	0.166	\$ 26,884
Director of Human Resources	0.166	\$ 25,687
Director of Training	0.298	\$ 38,281
Accounting Staff	0.663	\$ 58,996
HR Staff	0.663	\$ 62,974
Communication Manager	0.041	\$ 5,593
Grants Manager	0.124	\$ 10,565
QI Manager	0.166	\$ 18,726
IT Manager/Support	0.398	\$ 37,618
Executive/Admin Assistant	0.166	\$ 15,246
Janitor/Lead Facilities Tech	0.091	\$ 7,043

Subtotal: **3.873 \$ 482,934**

Employee Benefits: **25.00% \$ 120,733**

Total Salaries and Employee Benefits: **\$ 603,667**

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	6,329
Depreciation	7,774
Rental	895
Utilities	3,701
Building Repair/Maintenance	3,082
Office Supplies	11,995
Training/Staff Development	2,072
Insurance	17,025
Equipment Rental	2,168
Local Travel	895
Audit Fees	9,943
Payroll Fees	29,865
Recruitment	26,747
Meetings and Conferences	829
Professional Fees	19,091
Bank Fees	1,989

Total Operating Costs **144,400**

Total Indirect Costs \$ **748,067**

Total Indirect from DPH 1: \$ **748,067**

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

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

1.2 Primary and Alternate Agency Site Administrator.

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

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

1.2.2 Communicating with the SFDPH IT Service Desk;

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

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

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

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

1.3 SFDPH IT Service Desk.

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

1.4 Deprovisioning Schedule.

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

1.5 Active Directory.

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

1.6 Role Based Access.

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

1.7 Training Requirements.

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

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

1.8 Agency Data User Confidentiality Agreement.

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

1.9 Corrective Action.

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

1.10 User ID and Password.

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

1.11 Notification of Compromised Password.

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

1.12 Multi Factor Authentication.

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

1.13 Qualified Personnel.

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

1.14 Workstation/Laptop encryption.

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

1.15 Server Security.

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

1.16 Removable media devices.

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

1.17 Antivirus software.

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

1.18 Patch Management.

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

1.19 System Timeout.

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

1.20 Warning Banners.

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

1.21 Transmission encryption.

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

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

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

1.24 Security of PHI.

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

1.25 Data Security and City Data

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

1.26 Data Privacy and Information Security Program.

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

1.27 Disaster Recovery.

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

1.28 Supervision of Data.

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

1.29 As Is Access.

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

1.30 No Technical or Administrative Support.

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

1.31 City Audit of Agency and Agency Data Users.

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

1.32 Minimum Necessary.

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

1.33 No Re-Disclosure or Reporting.

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

1.34 Health Information Exchange.

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

1.35 Subcontracting.

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

breach in the same manner in which Agency would be so obligated, (2) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

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

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

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

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

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

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

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

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

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

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

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

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

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

3.3 Media Communications

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

Attachment 1 to Appendix D
System Specific Requirements

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

A. SFDPH Care Link Requirements:

1. Connectivity.

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

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

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

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

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

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

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

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

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

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

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000020708**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated 7/1/2022 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title: _____

Date: _____

Appendix E

HIPAA Business Associate Agreement



San Francisco Department of Public Health

Business Associate Agreement

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

RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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



San Francisco Department of Public Health

Business Associate Agreement

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

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

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

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

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

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

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

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

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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



San Francisco Department of Public Health

Business Associate Agreement

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

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

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

2. Obligations of Business Associate.

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

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

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

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the



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Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

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

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to



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

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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

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

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



San Francisco Department of Public Health

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what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

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

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

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

3. Termination.

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

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



San Francisco Department of Public Health

Business Associate Agreement

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

a. 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 Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its



San Francisco Department of Public Health

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subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

(Invoice)

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.



Purchase Order

Page: 2 of 7

SAN FRANCISCO CITY COUNTY

1 Dr. Carlton B. Goodlett Place
City Hall, Room 430
San Francisco CA 94102
UNITED STATES

Supplier: 0000012195
RICHMOND AREA MULTI-
SERVICES INC
3626 BALBOA ST
SAN FRANCISCO CA 94121-
2604
UNITED STATES

Ship To: 16070
1380 Howard St
4th Floor
San Francisco CA 94103
UNITED STATES

Attention: Not Specified

Bill To: cbhsinvoices@sfdph.org
SAN FRANCISCO CA
UNITED STATES

Tax Exempt? N **Tax Exempt ID:** **Replenishment Option:** Standard **Total PO Amount** 5,801,617.00

Line-Sched	Item/Description	MFG	Quantity	UOM	PO Price	Extended Amt	Due Date
------------	------------------	-----	----------	-----	----------	--------------	----------

Contract ID: 1000020708 Version: 1 Contract Line: 1 Release: 3 Category Line: 0

Total Amount: 0.00
Total Quantity: 0.00

Amount Open: 0.00
Quantity Open: 0.0000

Item Total 150,266.00

4 - 1	To provide behavioral health services 11580-251984-10001-10038058-0001 Invoice template: M76	1.00	EA	187,563.00	187,563.00	05/04/2022
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Schedule Total 187,563.00

Contract ID: 1000020708 Version: 1 Contract Line: 1 Release: 4 Category Line: 0

Total Amount: 0.00
Total Quantity: 0.00

Amount Open: 0.00
Quantity Open: 0.0000

Item Total 187,563.00

5 - 1	To provide behavioral health services 11630-251984-17156-10031199-0058 Invoice template: M17, M75	1.00	EA	2,563,008.00	2,563,008.00	05/04/2022
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Schedule Total 2,563,008.00

Contract ID: 1000020708 Version: 1 Contract Line: 1 Release: 5 Category Line: 0

Total Amount: 0.00
Total Quantity: 0.00

Amount Open: 0.00
Quantity Open: 0.0000

Authorized Signature



Purchase Order

Page: 3 of 7

SAN FRANCISCO CITY COUNTY

1 Dr. Carlton B. Goodlett Place
City Hall, Room 430
San Francisco CA 94102
UNITED STATES

Supplier: 0000012195
RICHMOND AREA MULTI-
SERVICES INC
3626 BALBOA ST
SAN FRANCISCO CA 94121-
2604
UNITED STATES

Ship To: 16070
1380 Howard St
4th Floor
San Francisco CA 94103
UNITED STATES

Attention: Not Specified

Bill To: cbhsinvoices@sfdph.org
SAN FRANCISCO CA
UNITED STATES

Tax Exempt? N

Tax Exempt ID:

Replenishment Option: Standard

Total PO Amount

5,801,617.00

Line-Sched	Item/Description	MFG	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total						2,563,008.00	
6 - 1	To provide behavioral health services 11630-251984-17156-10031199-0061 Invoice template: M27		1.00	EA	359,213.00	359,213.00	05/04/2022
Schedule Total						359,213.00	
Contract ID: 1000020708		Version: 1	Contract Line: 1		Release: 6	Category Line: 0	
Total Amount: 0.00			Amount Open: 0.00				
Total Quantity: 0.00			Quantity Open: 0.0000				
Item Total						359,213.00	
7 - 1	To provide behavioral health services 11630-251984-17156-10031199-0065 Invoice template: M72, M74		1.00	EA	999,538.00	999,538.00	05/04/2022
Schedule Total						999,538.00	
Contract ID: 1000020708		Version: 1	Contract Line: 1		Release: 7	Category Line: 0	
Total Amount: 0.00			Amount Open: 0.00				
Total Quantity: 0.00			Quantity Open: 0.0000				
Item Total						999,538.00	
8 - 1	To provide behavioral health services 10020-210705-17702-10030244-0057 Invoice template: HN1		1.00	EA	412,706.00	412,706.00	05/04/2022

Authorized Signature



Purchase Order

Page: 4 of 7

SAN FRANCISCO CITY COUNTY

1 Dr. Carlton B. Goodlett Place
City Hall, Room 430
San Francisco CA 94102
UNITED STATES

Supplier: 0000012195
RICHMOND AREA MULTI-
SERVICES INC
3626 BALBOA ST
SAN FRANCISCO CA 94121-
2604
UNITED STATES

Ship To: 16070
1380 Howard St
4th Floor
San Francisco CA 94103
UNITED STATES

Attention: Not Specified

Bill To: cbhsinvoices@sfdph.org
SAN FRANCISCO CA
UNITED STATES

Tax Exempt? N **Tax Exempt ID:** **Replenishment Option:** Standard **Total PO Amount** 5,801,617.00

Line-Sched	Item/Description	MFG	Quantity	UOM	PO Price	Extended Amt	Due Date
Schedule Total						412,706.00	
Contract ID: 1000020708		Version: 1	Contract Line: 1		Release: 8	Category Line: 0	
Total Amount: 0.00			Amount Open: 0.00				
Total Quantity: 0.00			Quantity Open: 0.0000				
Item Total						412,706.00	
Total PO Amount						5,801,617.00	

Authorized Signature

If a Contract ID is identified in this Purchase Order, the terms and conditions of that Contract establish the obligations of Contractor and City regarding this purchase and supersede the terms and conditions set forth below.

A. Commercial Terms

- 1. Cash Discounts - Terms of Payment.** The discount period will start upon date of completion of delivery of all items on any Purchaser Order or other authorization certified by the City's Controller, or upon date of receipt of properly prepared invoices covering such deliveries, whichever is later. Payment is deemed to be made, for the purpose of earning the discount, on the date of mailing the City's check. No additional charge shall accrue against City in the event City does not make payment within any time specified by bidder.
- 2. Place of Manufacture.** No article furnished hereunder shall have been made in prison or by convict labor, except articles purchased for use by City's detention facilities.
- 3. Electrical Products.** Articles and services must comply with applicable laws, ordinances and other legal requirements, including (among others) the Cal-OSHA regulations in Title 8 of the Code of Regulations and, for electrical products, Sections 110.2 and 110.3 (B) of the S.F. Electrical Code. In addition, if an electrical item has not been tested by a lab approved by City's Department of Building Inspection (DBI) or Department of Public Works (DPW), Contractor shall notify the requesting department before delivery by writing the department at the "Deliver to" address on the front of the Purchase Order. Approved testing labs are posted on Purchasing's website at <http://www.sfgov.org/oca/>. When a non-tested item is delivered, the department will request approval from DPW. If the department is unable to obtain approval, City reserves the right to cancel the transaction and return the item to Contractor, at no charge to City.
- 4. Condition of Articles.** Articles offered and furnished must be new and previously unused, and of manufacturer's latest model, unless otherwise specified herein.
- 5. Inspection.** All articles supplied shall be subject to inspection and acceptance or rejection by Purchasing or any department official responsible for inspection. Non-conforming or rejected goods may be subject to reasonable storage fees.
- 6. F.O.B. Point.** F.O.B destination in San Francisco, freight prepaid and allowed, unless otherwise specified.
- 7. Failure to Deliver.** If Contractor fails to deliver an article and/or service of the quality, in the manner or within the time called for by this contract, such article and/or service may be bought from any source by Purchasing and if a greater price than the contract price be paid, the excess price will be charged to and collected from Contractor or sureties on its bond if bond has been required; or, the City may terminate the contract for default; or, the City may return deliveries already made and receive a refund.
- 8. Material Safety Data Sheets.** Where required by law, contractor will include Material Safety Data Sheets (MSDSs) with delivery for applicable items. Failure to include the MSDSs for such items will constitute a material breach of contract and may result in refusal to accept delivery.
- 9. Taxes.** City is exempt from federal taxes except on articles for resale. Contractor will enter state and local sales or use tax, and excise tax if applicable, on invoices.

B. General Contract Conditions

- 10. Budget and Fiscal Provisions.** This contract is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This section controls against any and all other provisions of this contract.
- 11. Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City's Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Purchase Order in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Contractor and City having modified this Purchase Order as authorized by amendment and approved as required by law. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
- 12. Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
- 13. Hold Harmless and Indemnification.** Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) - (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.
- 14. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THE AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED UNDER THIS CONTRACT. 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.
- 15. Termination and Termination for Convenience.** In the event Contractor fails to perform any of its obligations under this contract, in addition to any other remedies available to City, this contract may be terminated and all of Contractor's rights hereunder ended. Termination will be effective after ten days' written notice to Contractor. No new work will be undertaken, and no new deliveries will be made, after the date of receipt of any notice of termination, or five days after the date of the notice, whichever is earlier. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, under this contract to the satisfaction of the City, up to the date of termination. However, City may offset from any such amounts due Contractor any liquidated damages or other costs City has or will incur due to Contractor's nonperformance. Any such offset by City will not constitute a waiver of any other remedies City may have against Contractor for financial injury or otherwise. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, pursuant to this contract, to the satisfaction of the City up to the date of termination. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City. Such non-recoverable costs include, but are not limited to, anticipated profits on this contract, post-termination employee salaries, post-termination administrative expenses, or any other cost which is not reasonable or authorized under this section. This section shall not prevent Contractor from recovering costs necessarily incurred in discontinuing further work, or canceling further deliveries, under the contract after receipt of the termination notice.
- 16. Nondisclosure of Private, Proprietary or Confidential 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

Authorized Signature

only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M. In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, 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.

17. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

18. Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

19. Nondiscrimination Requirements.

a. **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

b. **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of 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 San Francisco Administrative Code Section 12B.2.

20. MacBride Principles/Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By accepting this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

21. Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the 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. Contractor shall comply with San Francisco Environment Code Chapter 8, which provides that except as expressly permitted by the application of Sections 802(b) and 803(b) of the San Francisco Environment Code, Contractor shall not provide any items to the City in performance of this contract which are tropical hardwoods, tropical hardwood wood products, virgin redwood or virgin redwood wood products. Contractor is subject to the penalty and enforcement provisions of Chapter 8.

22. Resource Conservation. Contractor agrees to comply fully with the provisions of Chapter 5 of the San Francisco Environment Code ("Resource Conservation"), as amended from time to time. Said provisions are incorporated herein by reference.

23. Alcohol and Drug-Free Workplace Policy. 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.

24. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

25. Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance under this Agreement, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

26. Limitations on Contributions. By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

27. Minimum Compensation Ordinance ("MCO") – Service Contracts only. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

28. Health Care Accountability Ordinance (HCAO) [Service contracts including agreements between a Tenant or Subtenant lasting 1 year or more only]. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q

29. First Source Hiring Program [if contract is greater than \$50,000 and if Contractor has an office in Alameda, San Francisco or San Mateo counties] Contractor must comply with all of the 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.

30. 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 the 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.

31. Preservative-Treated Wood Products. Contractor shall comply with the provisions of San Francisco Environment Code Chapter 13, which requires that each Contractor purchasing preservative-treated wood products on behalf of the City, shall only purchase such products from the list of alternatives adopted by the Department of the Environment pursuant to Section 1302 of Chapter 13, unless otherwise granted an exemption by the terms of that Chapter.

32. Use of City Opinion. Contractor shall not quote, paraphrase, or otherwise refer to or use any opinion of City, its officers or agents, regarding Contractor or Contractor's performance

Authorized Signature

under this contract without prior written permission of Purchasing.

33. Contract Interpretation; Choice of Law/Venue; Assignment. Should any questions arise as to the meaning and intent of the contract, the matter shall be referred to Purchasing, who shall decide the true meaning and intent of the contract. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco. This Agreement may be assigned only with the written approval of Purchasing by written instrument executed and approved in the same manner as this Agreement.

34. Proposal, Quotation and Attachments. This contract incorporates by reference the provisions of any related bid request issued by City, any bid submitted by contractor, or both. This contract incorporates by reference the provision of any attachments.

35. Provisions Controlling. Contractor agrees that in the event of conflicting language between this contract and Contractor's printed form, the provisions of this contract shall take precedence. This section shall supersede any language in the contractor's terms and conditions attempting to nullify City terms and conditions or to resolve language conflicts in favor of the contractor's terms and conditions.

36. 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.

37. Slavery Era Disclosure. [This paragraph applies if this contract is for financial services, insurance, or textiles.] Contractor shall comply with San Francisco Administrative Code Chapter 12Y, San Francisco Slavery Era Disclosure Ordinance, including but not limited to Contractor's affirmative duty to research and disclose evidence of Contractor, its parent or subsidiary entity, or its Predecessor Company's Participation in the Slave Trade or receipt of Profits from the Slave Trade. Contractor is subject to the enforcement and penalty provisions in Chapter 12Y.

38. Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will 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.

	Authorized Signature
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PEOPLESFT FY: 2021-22 Original
CITY/COUNTY OF SAN FRANCISCO Modification-Increase
PROFESSIONAL SERVICES PURCHASE ORDER Modification-Decrease
RELEASE REQUEST FORM Modification-No Cost

DOCUMENT NUMBER
0000618460

DEPARTMENT 82 Mental Health & Substance Abuse
DEPARTMENT C (HM-19-6995-MH/SA)
DATE 3/28/22 PAGE 1 OF 1

Complete for Contract Order type Agreements and Contracts
Amount of this Encumbrance \$5,801,617 TOTAL APPROVED CONTRACT \$ 9,862,751
OTHER DEPARTMENT CIVIL SERVICE RESOLUTION NO.:
46266-14/15(M2)11/2/20; 40587-17/18, 7/15/19; 49279-17/18(M2)7/19/21

ORIGINAL CONTRACT NUMBER ID#1000020708
PERIOD COVERED FROM 7/1/21 TO 6/30/22

CONTRACTOR Richmond Area Multi-Services Inc. VENDOR NO: 0000012195 01
ADDRESS (PTP) FEIN/SSN No. 23-7389436
4355 Geary Blvd. Phone # (415) 800-0699 FAX (415) 751-7336
San Francisco, CA 94118

DELIVER TO:
SEND INVOICE (Inter-Office)
PH&P Accounting Office
1380 Howard St., Rm. 447
San Francisco, CA 94103

TERMS OF PAYMENT Monthly RETAINAGE REQUIRED, YES/NO: NO
IF YES, AMOUNT OR %

INSURANCE EXPIRATION
REQUIRED AMOUNT DATE TTACH:

COMMODITY OR SERVICE
7400-20 (CMHS)
7400-18 (CSAS)
RFQ 27-2020 8/17/20
RFQ 22-2018, 7/6/18
RFQ 43-2019, 12/18/19

DETAILED DESCRIPTION OF SERVICES AND PRODUCTS						
FY 2021 -22 Original per FN#2 dated 11/10/21						
Contract Term: 7/1/21-12/31/23	Original Award:	Contingency Approved	Contingency Used	Encumb. Per Transaction	Encumb. Total	Contingency Still Avail.
21-22 Encu.by CID#3052	103,601			103,601		
21-22 To Be Encu.	5,801,617					
21-22 This Encu.				5,801,617	5,801,617	
22-23 To Be Encu.	2,900,809					
Total contract	8,806,027	1,056,723	-	5,905,218	5,801,617	1,056,723
Contingency Used	0					
Contingency Still Avail	1,056,723					
Blanket Total	9,862,751					

WORKER'S COMP	\$1,000,000	1/1/23	<input checked="" type="checkbox"/>
COMP. GEN. LIABILITY	\$1,000,000	7/1/22	<input checked="" type="checkbox"/>
AUTOMOBILE	\$1,000,000	7/1/22	<input checked="" type="checkbox"/>
Cyber	\$3,000,000	7/1/22	<input checked="" type="checkbox"/>
FIDELITY BOND/ (= initial pyt amt)	\$4,000,000	7/1/22	<input checked="" type="checkbox"/>
Professional	\$1,000,000	7/1/22	<input checked="" type="checkbox"/>

PREPARED BY (Print)
Ada Ling
Senior Administrative Analyst
Phone # 255-3493 Fax # 252-3088
(Signature) (Print Name)

AP-Contracts: *MAFrian*
~~BOARD OR COMMISSION~~

RECEIVED
By Loan Tran at 4:16 pm, May 03, 2022

Document Number			Amount		Index Code		REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPERTY		CONTROLLER	
No.	Number	Suffix								
			20,000	00	251984-10000-10001792-0001		MH Adult Fed SDMC FFP (50%)			
			221,871	00	251984-10000-10001792-0001		MH Adult State 1991 MH Realignment			
			385,460	00	251984-10000-10001792-0001		MH Adult County General Fund			
	4/29/22	<i>MG</i>	501,992	11580	251984-10001-10036964-0001		MH Grant SAMHSA Adult SOC, CFDA 93.958 exp 6/30/22			
		<i>MG</i>	150,266	11580	251984-10001-10036964-0003		MH Grant SAMSHA SOC Dual Diag, CFDA 93.95 exp 6/30/22			
	4/29/22	<i>MG</i>	187,563	11580	251984-10001-10038058-0001		MH Grant SAMHSA CMHC, CFDA#93.958 exp 9/29/22			
		<i>KX</i>	4/28/22 2,563,008	00	251984-17156-10031199-0058		MH MHSA (Adult)			
		<i>KX</i>	4/28/22 359,213	00	251984-17156-10031199-0061		MH MHSA (WET)			
		<i>KX</i>	4/28/22 999,538	00	251984-17156-10031199-0065		MH MHSA (INN)			
			412,706	10020	210705-17702-10030244-0057		Whole Person Care-DPH			
	Total		5,801,617	00						

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

Agreement between the City and County of San Francisco and

Richmond Area Multi Services, Inc.

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This Agreement is made this 1st day of July, 2021, in the City and County of San Francisco (“City”), State of California, by and between **Richmond Area Multi Services, Inc. 4355 Geary Blvd. San Francisco, CA 94118**, a non-profit entity, (“Contractor”) and City.

Recitals

WHEREAS, the Department of Public Health (“Department”) wishes to contract for Peer to Peer Employment and Peer Specialist Mental Health Certificate Services; and,

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

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals (“RFP”) and Request for Qualifications (“RFQ”), RFQ 27-2020, dated August 17, 2020; and RFQ 22-2018, dated July 6, 2018; RFQ43-2019, dated December 18, 2019 in which City selected Contractor as the highest qualified scorer pursuant to the RFP and RFQ; and

WHEREAS, there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 46266-14/15 on November 2, 2020; 40587-17/18 on July 15, 2019; 49279-17/18 on July 19, 2021; and

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

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 **“City” or “the 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 Department of Public Health.”

1.3 **“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 the City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

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

1.5 **“Confidential Information”** means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and

Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.6 **“Contractor” or “Consultant”** means Richmond Area Multi Services, Inc. 4355 Geary Blvd. San Francisco, CA 94118.

1.7 **“Deliverables”** means Contractor’s work product 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.

1.8 **“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.

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

1.10 **“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.

Article 2 Term of the Agreement

2.1 **Term.** The term of this Agreement shall commence on July 1, 2021 and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

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

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

3.2 **Guaranteed Maximum Costs.** The City’s payment obligation to Contractor cannot at any time exceed the amount certified by City’s Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, “Modification of this Agreement.”

3.3 Compensation.

3.3.1 **Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, “Calculation of Charges.” Compensation shall be made for

goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Sixty Two Thousand Seven Hundred Fifty Dollars (\$9,862,750)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

3.3.2 Payment Limited to Satisfactory Services and Delivery of Goods. Contractor is not entitled to any payments from City until City approves the goods and/or Services delivered pursuant to this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory delivery of goods and/or Services even if the unsatisfactory character may not have been apparent or detected at the time such payment was made. Goods and/or Services delivered pursuant to this Agreement that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 Withhold Payments. If Contractor fails to provide goods and/or Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement 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 goods delivered or 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.

3.3.5 Reserved. (LBE Payment and Utilization Tracking System).

3.3.6 Getting paid by the City for Goods and/or Services.

(a) The City and County of San Francisco utilizes the Paymode-X[®] service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit http://portal.paymode.com/city_countyofsanfrancisco.

(b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to <https://sfcitypartner.sfgov.org/pages/training.aspx> for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

3.3.7 Grant Funded Contracts

(a) Disallowance. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other agreement between Contractor and City.

3.3.8 Payment Terms. Payment Due Date: Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.

3.4 Audit and Inspection of Records.

3.4.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 Reserved. (Payment of Prevailing Wages)

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 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).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 City Program Scope Reduction. In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services stated in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 Personnel

4.2.1 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.2.2 Contractor Vaccination Policy.

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

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

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

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

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

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

4.3 Subcontracting

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractor.

4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.

4.4.1 Independent Contractor. For the purposes of this Section 4.4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this Section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to this Section 4.4 shall be solely limited to the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this Section.

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

4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes.

4.7 Reserved. (Liquidated Damages).

4.8 Reserved. (Bonding Requirements).

Article 5 Insurance and Indemnity

5.1 Insurance.

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

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

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

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

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

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

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

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

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

5.1.2 Additional Insured Endorsements

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

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

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

5.1.3 Waiver of Subrogation Endorsements

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

5.1.4 Primary Insurance Endorsements

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

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

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

5.1.5 Other Insurance Requirements

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

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

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

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

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

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

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are

or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 **Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," 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.

6.2 **Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 **Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 **Contractor to Pay All Taxes.** Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 **Possessory Interest Taxes.** Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code Section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

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

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

Article 8 Termination and Default

8.1 Termination for Convenience

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

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

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

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

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

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

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

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

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically listed in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

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

8.2 Termination for Default; Remedies.

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof

from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, under San Francisco Administrative Code Section 21.33, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. Under San Francisco Administrative Code Section 10.27, City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City. This Section 8.2.2 shall survive termination of this Agreement.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

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

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

8.4 **Rights and Duties upon Termination or Expiration.**

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

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

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this Agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

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/.

10.2 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 the City if it becomes aware of any such fact during the term of this Agreement.

10.3 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 the 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.

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

10.5 Nondiscrimination Requirements.

10.5.1 Nondiscrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of 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 San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P,

irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

10.8 Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

10.9 First Source Hiring Program. Contractor must comply with all of the 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.

10.10 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) and California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350.

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has

provided the names of the persons required to be informed to the City department with whom it is contracting.

10.12 Reserved. (Slavery Era Disclosure).

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, 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 the 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. In the event of a conflict between this Section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this Section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions.

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 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.

10.17 Distribution of Beverages and Water.

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

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

10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the 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.

10.19 Reserved. (Preservative Treated Wood Products).

Article 11 General Provisions

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, 4th floor Room 419 San Francisco, CA 94102	e-mail: ada.ling@sfdph.org
And:	Andrew Williams, Program Manager Contract Development & Technical Assistance Department of Public Health 1380 Howard Street, 5th floor San Francisco, CA 94103	e-mail: Andrew.williams@sfdph.org
To CONTRACTOR:	Richmond Area Multi-Services, Inc 4355 Geary Blvd San Francisco, CA 94118	e-mail: angelatang@ramsinc.org

Any notice of default must be sent by registered mail or other trackable overnight mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

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

11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the Parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this Section.

11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 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.

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

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

11.9 Entire Agreement. This contract sets forth the entire Agreement between the Parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in

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

11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (i) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (ii) such provision shall be enforced to the maximum extent possible so as to effect the intent of the Parties and shall be reformed without further action by the Parties to the extent necessary to make such provision valid and enforceable.

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

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFQ 27-2020, dated August 17, 2020; and RFQ 22-2018, dated July 6, 2018; and RFP 49-2018, dated December 20, 2018. RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

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

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries. No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

12.3 Certification Regarding Lobbying.

12.3.1 Contractor certifies to the best of its knowledge and belief that: No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose [2021_RET_Guide.pdf](#) [2021_RET_Guide.pdf](#) accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review.

Contractor agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Contractor agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Contractor's work, which may include review by members of target communities.

12.5 Emergency Response.

Contractor will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. Contractor will update the Agency/site(s) plan as needed and Contractor will train all employees regarding the provisions of the plan for their Agency/site(s). Contractor will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. Contractor is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection. In a declared emergency, Contractor's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as Contractor's prime contacts with Community Programs in the event of a declared emergency.

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 Confidential Information. In the performance of Services, Contractor may have access to, or collect on City's behalf, City's proprietary or Confidential Information, the disclosure of which 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 Reserve (Payment Card Industry (“PCI”) Requirements)

13.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data and Confidential Information.

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

requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that City’s Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by “clearing,” “purging” or “physical destruction,” in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

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

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

Article 14 MacBride And Signature

14.1 MacBride Principles - Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

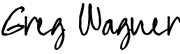
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY


CONTRACTOR

Recommended by:

Richmond Area Multi Services, Inc.

DocuSigned by:

28527524752949F... 5/2/2022 | 9:58 AM PDT


Grant Colfax, MD
Director of Health
Department of Public Health

DocuSigned by:

6F19A81D004F44B... 4/25/2022 | 4:09 PM PDT


Angela Tang, LCSW
Director of Operations
Date
Supplier ID: 0000012195

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:

6D6CB58424584B1... 4/26/2022 | 10:03 AM PDT
By: _____
Henry Lifton
Deputy City Attorney

Approved:

DocuSigned by:

9AFA44694D514E7... 5/2/2022 | 11:29 AM PDT

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

By: _____

Appendices

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved (Insurance Waiver)
- D: Data Access and Sharing Terms
- E: HIPAA Business Associate Agreement and Attestations
- F: Invoice
- G: Dispute Resolution
- H: Reserved
- I. Declaration of Compliance

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|---|---|
| A. Contract Administrator | N. Patients' Rights |
| B. Reports | O. Under-Utilization Reports |
| C. Evaluation | P. Quality Improvement |
| D. Possession of Licenses/Permits | Q. Working Trial Balance with Year-End Cost Report |
| E. Adequate Resources | R. Harm Reduction |
| F. Admission Policy | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only | T. Fire Clearance |
| H. Grievance Procedure | U. Clinics to Remain Open |
| I. Infection Control, Health and Safety | V. Compliance with Grant Award Notices |
| J. Aerosol Transmissible Disease Program, Health and Safety | |
| K. Acknowledgement of Funding | |
| L. Client Fees and Third Party Revenue | |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | |

2. Description of Services

3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632

unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	Peer to Peer Services
Appendix A-2	Peer to Peer Services CMHC
Appendix A-3	Grant Peer Specialist MH Certificate
Appendix A-4	Peer to Peer Linkage
Appendix A-5	ICM Transition to Outpatient
Appendix A-6	Wellness in the Streets
Appendix A-7	Whole Person Care - Shelter Care Coord Service

3. Services Provided by Attorneys.

Appendix A

Richmond Area Multi Services, Inc. (PTP, ID#1000020708)

7/1/2021

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

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-1,A-3, A-5, A-7****Program Name: Peer to Peer Services****Contract Term: 7/01/2021 through 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):****1. Identifiers:**

Program Name: 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: Angela Tang, RAMS Director of Operations;

Hasian Sinaga, Director, RAMS Division of Peer-Based Services

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 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.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Wellness Center, Peer Internship*; and Peer Specialist Mental Health Certificate and Street-based crisis services (funded by separate SFDPH-BHS contracts). Within this large contract we continue to provide a hybrid model of support to clients accessing our Peer Wellness Center services. This program is 100% peer staffed offering a variety of wellness groups and individual engagement opportunities with the overall goal of providing a safe space for individuals accessing behavioral health services to participate in peer-to-peer support in increasing wellness (A-3). We also work alongside with SFDPH Transitions Division and Street Medicine teams, assessing needs and outreach of homeless individuals in shelters or/and living in the streets and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care (A-5) model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care. In the last three years RAMS Division of Peer-Based Services continues to operate two MHSA *Innovation* funded contracts: (1) ICM to OP Peer Transition Support team services, where peers will be supporting the transition of clients exiting Intensive Case Management Services and stepping down to appointment based services, such as Outpatient Behavioral Health Services, and (2) WITS-Wellness In The Streets, an innovative program designed for peers to

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engage with unhoused individuals living on the streets and to foster trust and bridge engagement to systems such as medical care, behavioral health and housing.

In addition to the existing services, and in response to the COVID-19 pandemic, RAMS Division of Peer-Based Services has met the moment in pivoting some focus of the work towards supporting individuals temporarily sheltered in hotels through linkage, appointment accompaniment, and case management services. This service was anticipated to end in December 2020, however, given the persistence of the pandemic, the services continue until further notice. This year would also mark the first complete year as part of the response to police reform in which RAMS Division of Peer-Based Services has successfully fully integrated and staffed six teams of first responder peers into the overall safety network of San Francisco. The service operations are 7 days per week, 24 hours, 365 days per year continuously and hires about 30 peers. This co-responder model called *Street Crisis Response Team* is part of Mental Health SF reform initiative in finding solutions to the increasing homelessness in San Francisco. The Street Crisis Response Team(s) is an alternative to law enforcement response to non-violent, behavioral health crisis in public settings.

This fiscal year, RAMS Division of Peer-Based Services will embark on additional services which will involve case management support provided by peers in coordination with the newly created BHS Office of Coordinated Care (A-7). This small team of peers will work directly with the Case Managers of the Office of Coordinated Care to provide follow up outreach to individuals who have had contact or had received services through the Street Crisis Response Team (s). The goal is to provide sustainable support to individuals to reduce the frequency of crisis related calls for these individuals as well as to secure appropriate long-term care for seriously ill individuals.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training in over 30 sites throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of 'system transformation'. The 'system transformation' envisioned by the MHSA 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.

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The RAMS Division of Peer-Based Services includes the following primary components:

- Peer Counseling & Outreach Services
- Peer-to-Peer Linkage
- Peer Internship
- Peer Wellness Center
- Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)
- Long-term pilot projects:
 - Whole Person Care
 - Intensive Case Management to Outpatient Services Peer Transition Support Team
 - Wellness In The Streets
 - CMHC (A-7)
- Street Crisis Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

RAMS Division of Peer Based Services, specifically conducts promotion and outreach through regular in-person or more recently, 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 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.

Specifically for Peer to Peer Linkage, the program promotes open positions ("Service Coordinators") within the system of care by outreach and recruitment activities through linkages

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to workforce development programs (e.g. RAMS Peer Specialist Mental Health Certificate; City College of SF Mental Health Certificate).

Each Service Coordinator is assigned to a specific SFDPH BHS clinic; they work closely with BHS staff and attend staff meetings at their clinics to maintain visibility of the program.

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 application for the Peer Wellness Center services of to fill out and submit applications for the Peer Internship program. Applications for Peer Internship can be accessed through the RAMS website as well. Due to the impact of the COVID-19 pandemic, all new intakes are done mostly virtually.

The Peer-to-Peer Linkage program provides Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The RAMS Division of Peer-Based Services, under this contract, specifically includes the following three (out of four) components:

Peer Counseling & Outreach Services

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

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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 DRA groups (Dual Recovery Anonymous). Additional peer positions also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services. In FY 2021-22 we continue operating two MHSA Innovation funded pilot projects that were awarded to RAMS two years ago. This includes services to support clients exiting Intensive Case Management Services to less intensive appointment-based services through peer support. Peers will provide linkages to community resources that will help them become less dependent on Intensive Case Management Services, provide some emotional support and understanding during the transition as well as acclimate the client to their new outpatient service site and milieu. The second innovation pilot project is the Wellness In The Streets program that continue to support real-time engagement with homeless folks living on the streets or temporarily housed in Shelter-In-Place hotels.

Peer-to-Peer Linkage Program

RAMS Peer to Peer Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH 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.

During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities. Please note that due to clinic closure and limited in-person services during the COVID-19 pandemic the contract objectives are different from previous years:

- Provide at least 300 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 100 unduplicated individuals

This program provides for Service Coordinators who work at designated BHS clinics/program providing support to clinicians and their clients on identifying community resources, and providing 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*

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- *Government Services and Programs*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*

Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program, which runs two consecutive cohorts per fiscal year, offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Providers throughout the program. Throughout the course of the program, each intern is assigned at least two rotations and are placed in a variety of SFDPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer Interns receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development. The Internship Program also provides weekly group supervision from a Peer Supervisor/Coordinator, as well as ongoing individual supervision from a site supervisor.

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, 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, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The program structure includes a one week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a Peer Intern, graduation requirements, sexual harassment prevention training, and an introduction into the Behavioral Health Services system of care. The interns are assigned to different sites located across the city and meet weekly for group supervision and training. Each month, the peer interns attend the Leadership Academy series, which is also managed by the Division of Peer-Based Services. The Division Clinical Manager and Peer Internship Coordinator meet with each intern and their site supervisors at their sites at least monthly. After each rotation (at least two within a cohort cycle), the sites provide a formal evaluation feedback about the intern's performance.

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Peer Wellness Center

This component is the membership 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. During the COVID-19 pandemic in FY 21-22, the Peer Wellness Center in-person drop-in model has been pivoted to a hybrid model of group and individual engagement. 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.

This 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 Groups (DRA), Women's & Men's groups, and LGBT group, 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. - 7 p.m.; and Saturdays from 10 a.m. - 3 p.m.

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 BHS Appendix B.

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 has a leadership 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

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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 FY 2021-2022

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the 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:

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- 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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 Council. The Program Director also collaborates with RAMS Executive Management, Quality Council, 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

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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

Not applicable.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):****1. Identifiers:**

Program Name: Peer Specialist Mental Health 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: Angela Tang, RAMS Director of Operations

Telephone: (415) 800-0699

Email Address: angelatang@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.

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

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*; *Peer Wellness Center*, *Shelter-In-Place peer outreach – in response to the COVID-19 pandemic*, *Street Crisis Response Team (funded by a separate SFDPH-BHS contract)*,

The RAMS Peer Specialist Mental Health Certificate offers 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.

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- 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
- 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 (MHSA Modality #6)

- At least 45 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; Due to the COVID-19 pandemic, all classes have been hosted 100% online with some reduction to actual virtual face-to-face classroom teaching. For this fiscal year, depending on health orders, we may start having in-person classes again.
- 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion (MHSA Modality #3)

- Coordinate and hold at least 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 (MHSA Modality #1)

- Participate and/or hold at least 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).

6. Methodology

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Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):****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 17,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 130 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco.

In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. 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 developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client base. Some of these members include: SOMA Mental Health, Conard House, 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 Facebook. 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

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- 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. The admissions committee 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 of the program, the committee members come together to share their results from phase 1 of the process. Committee members then discuss these results and come to an agreement on the final group of applicants who are admitted into the program.

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, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

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, generally on Tuesdays and Thursdays, from 10:00 a.m. - 12 p.m. With the course operating 100% online and virtually, classroom face-to-face virtually is reduced and hours of support/teaching increases through individual support and mentoring, homework and classroom projects. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10 am. – 1 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of 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 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

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

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 up to \$250 per student.
- *Educational Materials Scholarship:* All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- *Accessibility:* SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly 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.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

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 CBHS Appendix B.

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 written evaluation is generally followed by a focus group format discussion led by RAMS administrators. The Program Manager/Course Instructor is not involved in this evaluation process to ensure open and objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions. For this fiscal year, written evaluations are done through online Survey Monkey.

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 maintains two seats that are held by graduates of the program on the Advisory Committee, which is a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership includes former program participants (graduates), guest lecturers, San Francisco State University as well as various systems involved in the workforce development (e.g. RAMS Hire-Ability Vocational Services & other Peer Providers and employers etc.). All advisory members are encouraged to provide input during the meetings. The program continues to accept one participant from each cohort to sit on the Advisory Committee to ensure that each cohort has the opportunity to provide feedback as the program continues to develop. Peer advisory members are committed to sit on the committee for one year and the committee meets on a quarterly basis. This year, there is a plan to pivot the Advisory Committees focus to be two-fold: a group of qualified and interested individuals who would be part of a task force to plan and prepare for the integration of California State Certification requirements into our existing program; collaborate and partner with RAMS Hire-Ability TAY Certificate programs Advisory committee to create a joint committee.

Peer Mentor Position: This position may be held by a program graduate. 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.

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2. MHSA 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 FY 2021-2022.

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. 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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-2****City Fiscal Year: 2021-2022****Contract Term: 07/01/21 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

type of information. In addition, the Program 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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 Program 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 Division Director and, at least annually, 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.

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-2

City Fiscal Year: 2021-2022

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Funding Source (non-BHS only):

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

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program conducts a written participant satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; 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

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.
Program Name: ICM Transition to Support to Outpatient
CID#: 1000020708

Appendix A-4
Contract Term: 07/01/21 – 06/30/2022
Funding Source: (non-BHS only): N/A

1. Identifiers:

Program Name: ICM Transition Support to Outpatient
 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: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☒ Original ☐ Contract Amendment ☐ Request for Program Budget (RPB)

3. Goal Statement

To Mobilize a peer linkage team providing both wraparound services and a warm hand off, in an effort to increase client engagement in behavioral health outpatient services among those stepping down from ICM/FSP services, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.

4. Target Population

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

5. Modality(ies)/Interventions

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of 'system transformation'. The 'system transformation' envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes the (below) primary components:

- Peer Counseling & Outreach Services
- Peer Internship

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-4****City Fiscal Year: 2021-2022****Contract Term: 07/01/2021 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

- Peer Wellness Center
- Peer Specialist Mental Health Certificate
- Whole Person Care
- Wellness in the Streets
- ICM to Outpatient Services Peer Transition Support
- Response to COVID-19 Pandemic; Shelter-In-Place (SIP) Peer Outreach and linkage services
- Street Crisis Response Team

See also BHS Appendix B, CRDC pages.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also 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. Method of promotion of engagement and services are primarily done through telehealth, virtual and phone call mtgs and support groups. All in adaptation to the COVID-19 pandemic health and safety practices of limiting in-person services.

For the Peer ICM Transition Support team, additional outreach and promotion activities may be further developed, while focusing on ICM/FSP programs.

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

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process is triggered through the completed referral form from the ICM provider to RAMS PTT Coordinator. The client and provider is contacted by the PTT Coordinator to schedule an intake meeting within 30 days. Eligibility will include enrollment in an ICM and a degree of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-4****City Fiscal Year: 2021-2022****Contract Term: 07/01/2021 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

- C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, etc.

The ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.

Activities may include, but are not limited to the following:

- Peers will be situated in a cohort with each peer able to respond to any client referred to the peer team
- As part of training and orientation, the peers will do a “rotation” at each ICM/FSP program to gain familiarity with the programs and their staff as well as clinical training (e.g., Motivational Interviewing, Cognitive Behavioral Therapy, Trauma-Informed Systems, as needed)
- As an ICM/FSP client nears readiness for a referral to OP, the peer will be invited to the ICM/FSP by the ICM/FSP case manager to meet the client
- Peers will participate in client case conferences and present at program staff meetings
- The peers will do outreach with clients, conduct Wellness Recovery Action Plan (WRAP) groups, and provide support using engagement strategies such as motivational interviewing, active listening, harm reduction, etc.
- Peer transition team member will work with the client to facilitate connections, introduce client to community supports, conduct an orientation to the OP site, and together with the ICM/FSP case manager, connect the client to the new provider
- Clinical supervision will be provided by a licensed therapist or social worker at an agency supporting the peer cohort
- Regular peer cohort meetings/trainings with all peer transition team members
- Accommodation for the peer member if/when they feel challenged emotionally, re-traumatized, and/or destabilized at work

This project will be a change to an existing practice. While linkage, peer services, navigation, and similar services exist within the system, having a cohesive peer transition team that works interdependently with clinics is a new approach. In this new vision, transitions between the ICM/FSP and OP will be tailored to the needs of the client. Instead of a brief handoff period, this project will implement a bridge to the new service. In that frame, rather than having the transition be a loss for the client, the client is instead gaining a team of peer professionals who have flexibility in addressing the needs of the client.

D. Discharge planning and exit criteria and process

, RAMS will collaboratively work with BHS to determine the exit and completion date. 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.

E. Program staffing

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-4****City Fiscal Year: 2021-2022****Contract Term: 07/01/2021 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

See BHS Appendix B.

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 support to behavioral health consumers in the community. RAMS has a leadership 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. 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 FY 2021-2022.

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 Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the 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 then 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:

Contractor: Richmond Area Multi-Services, Inc.**Appendix A-4****City Fiscal Year: 2021-2022****Contract Term: 07/01/2021 through 06/30/22****CID#: 1000020708****Funding Source (non-BHS only):**

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the 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.
- 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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);
- To ensure accountability at all levels, the RAMS CEO reports out monthly 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 RAMS quality improvement. 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

Not applicable.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

Appendix A-6
Contract Term: 07/01/2021 – 06/30/2022
Funding Source (non-BHS only):N/A

1. Identifiers:

Program Name: Wellness in the Streets (WITS)
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: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To test new ways of service delivery and engaging with unhoused San Francisco residents and ultimately to help participants transition along the stages of change until they can engage in services and to support homeless individuals temporarily living in assigned hotels. As of FY 21-22, due to access to vaccinations and health order clearance, the WITS teams continues to provide supporting homeless individuals living on the streets in addition to the temporary assigned hotels. WITS staff work in coordination with BHS staff and RAMS peers who are engaging individuals in these hotels for their needs, to follow up with appointments, resources and linkage to services in-person as part of the collective support for unhoused San Franciscans.

4. Priority Population:

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the client(s) being served.

Population Served by Peers: This includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Contractor Name: Richmond Area Multi-Services, Inc.
Program Name: Wellness in the Streets (WITS)
CID#: 1000020708

Appendix A-6
Contract Term: 07/01/2021 – 06/30/2022
Funding Source (non-BHS only):N/A

5. Modality(s)/Intervention(s):

RAMS offers peer counseling, outreach, and education & training throughout San Francisco. RAMS integrates MHSA principles and policies while working towards a common goal of ‘system transformation’. The ‘system transformation’ envisioned by the MHSA 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.

The RAMS Division of Peer-Based Services includes major components:

- Peer Counseling & Outreach Services
- Peer Internship
- Peer Wellness Center
- Peer Specialist Mental Health Certificate
- Pilot projects: Whole Person Care, Wellness in the Streets, ICM to Outpatient Services
Peer Transition Support
- Shelter-in-Place peer phone call engagement and linkage
- Street Crisis Response Team(s)

See also BHS Appendix B, CRDC pages.

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement

RAMS’ responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency’s approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 17,000 adults, children, youth & families at over 130 sites, citywide.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at, and email correspondence with: BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

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.

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

The project will involve a roving support team of peer counselors (ideally who have experienced homelessness) who will engage in peer counseling activities directly on the streets of San Francisco in areas where individuals are unhoused. Teams of 2-3 peers would go out to the various neighborhoods of San Francisco in search of or to follow-up with unhoused residents who are at-risk or currently in need of peer-based mental health services.

C. Service delivery model

WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.

During this time of the pandemic, the work has pivoted primarily to support efforts of engagement with homeless individuals temporarily housed in assigned hotels. WITS peer specialist work in coordination with Shelter-In-Place partners and teams to follow up with specific needs of clients housed in these hotels. Activities include appointment accompaniment, linkage to services such as primary care, permanent housing services, benefits applications.

The peer staff will engage unhoused residents and gather real-time information from the unhoused residents about what intervention strategies may be more effective in achieving one or more of the program goals, such as increasing knowledge of community resources, and increasing both motivation and willingness to engage in the available community-based social services. Based on feedback from the participants, RAMS would adjust the program, as appropriate and able.

Peers will provide brief peer counseling activities including behavioral health education activities, wellness planning, crisis planning and other activities. Peer specialists may also distribute a one-page resource sheet to educate unhoused individuals regarding behavioral health services, housing resources and alternate peer counseling programs.

D. Discharge Planning and exit criteria and process

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

As services may range from one-time to ongoing support, the exit criteria may be further determined in collaboration with SFDPH. 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.

E. Program staffing

See BHS Appendix B.

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 has a leadership 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.

F. MHSA Vision

1. Consumer Participation/Engagement

RAMS Division of Peer-Based Services regards consumer participation/engagement at all levels of service delivery to be a key cornerstone to effective and inclusive services. The program demonstrates this by several ways: 90% of staff positions require minimum qualifications to include individuals with behavioral health lived experiences; peers are represented within department advisory committees such as in our Peer Certificate Quarterly Advisory Committee meetings, Peer Division Community Advisory Board Meetings and Peer Wellness Center Client Community Monthly meetings. We also include peers in the process of interviewing for management/supervisory positions as well as feedback from clients through annual surveys and focus groups. Peer staff have regular supervision and staff meetings that are spaces to offer feedback and to participate in the operations/development of the division business and services.

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

RAMS Division of Peer-Based Services demonstrates this at many levels which starts in outreach and recruiting peer providers from diverse communities, to reflect the client communities that we serve. We currently have peer providers who represent LGBTQ, Black/African American, Native American, AAPI, Latin X and Russian Communities. We have many staff who are bi-lingual and bi-cultured which include spoken languages such as Tagalog, Cantonese, Toisanese, Mandarin, Russian, Spanish and Portuguese.

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A**

We also have a number of staff that are more veteran level and meet the older adult communities, as well as younger individuals who are able to meet the TAY community. In addition to this, another important component of the peer provider work, we have staff that have a variety of *lived experiences* that are vital to being able to show empathy and be effectively resourceful. Many of our staff have struggled with many of the issues our client base struggle with which include experiences with homelessness, poverty, addiction and mental health issues and navigating the many different systems within the city resources network.

With many of peer providers graduating from our Peer Certificate Program or City College Community Mental Health Worker Certificate Program, our peer providers have the tools to be able to utilize their lived experiences in a professional manner and provide culturally responsive peer provider support. We also value the Wellness & Recovery model in which we perform our work within a strength-based model approach, finding ways to create a sustainable, healthy and balanced workforce.

7. Objectives and Measurements:

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

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

b. Quality of documentation, including a description of the frequency and scope of internal chart 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/depending on type of services, and then 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.

Contractor Name: Richmond Area Multi-Services, Inc.**Appendix A-6****Program Name: Wellness in the Streets (WITS)****Contract Term: 07/01/2021 – 06/30/2022****CID#: 1000020708****Funding Source (non-BHS only):N/A****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:

- 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.
- 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 annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of 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 a Quality Council that is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.

Contractor Name: Richmond Area Multi-Services, Inc.

Program Name: Wellness in the Streets (WITS)

CID#: 1000020708

Appendix A-6

Contract Term: 07/01/2021 – 06/30/2022

Funding Source (non-BHS only):N/A

- 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 Council. The Program Director also collaborates with RAMS Executive Management, Quality Council, and clinic site supervisors to develop and implement plans to address issues related to client satisfaction as appropriate.

e. Timely completion and use of outcome data

As described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery and programming to support positive outcomes.

9. Required Language

Not applicable.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1	Peer to Peer Services
Appendix B-2	Peer to Peer Services CMHC
Appendix B-3	Grant Peer Specialist MH Certificate
Appendix B-4	Peer to Peer Linkage
Appendix B-5	ICM Transition to Outpatient
Appendix B-6	Wellness in the Streets
Appendix B-7	Whole Person Care - Shelter Care Coord Service

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Eight Hundred Sixty Two Thousand Seven Hundred Fifty Dollars (\$9,862,750) for the period of July 1, 2021 through December 31, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation **\$1,056,723** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2021 through August 15, 2021	103,601 (CID#1000003052)
July 1, 2021 through June 30, 2022	5,801,617 (CID#1000020708)
July 1, 2022 through December 31, 2022	<u>2,900,809</u>
Sub.Total July 1, 2021 through December 31, 2022	8,806,027
Contingency	<u>1,056,723</u>
Total July 1, 2021 through December 31, 2022	9,862,750

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

(4) CONTRACTOR further understands that, **\$103,601** of grant funding for the Promoting Recovery & Services for the Prevention of Recidivism program of the period from July 1, 2021 through August 15, 2021 in the Contract Number 1000003052 is included with this Agreement. Reasons for payments overlap due to Contract Number 1000003052 ending on June 30, 2021, but the grant funding for this program ending on August 15, 2021.

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

Appendix B
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

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.

DHCS Legal Entity Number 00343		Appendix B, Page 1					
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.		Fiscal Year 2021-2022					
Contract ID Number 1000020708		Funding Notification Date 11/10/21					
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number	3894	3894	3894	3894	3894	3894	3894
Program Name	Peer-to-Peer Services	Peer-to-Peer Services CMHC Grant	Peer Specialist MH Certificate	Peer to Peer Linkage	ICM Transition to Outpatient	Wellness in the Streets	Whole Person Care-Shelter Care Coord Services
Program Code	TBD	N/A	TBD	TBD	TBD	TBD	TBD
Funding Term	07/01/21-06/30/22	09/30/21-09/29/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22
FUNDING USES							TOTAL
Salaries	\$ 1,953,317	\$ 99,965	\$ 143,306	\$ 266,002	\$ 338,575	\$ 204,879	\$ 248,433
Employee Benefits	\$ 527,394	\$ 29,990	\$ 35,827	\$ 79,801	\$ 94,801	\$ 61,464	\$ 74,530
Subtotal Salaries & Employee Benefits	\$ 2,480,711	\$ 129,955	\$ 179,133	\$ 345,803	\$ 433,376	\$ 266,343	\$ 322,963
Operating Expenses	\$ 527,363	\$ 35,300	\$ 137,354	\$ 31,674	\$ 123,951	\$ 56,983	\$ 40,656
Capital Expenses							\$ -
Subtotal Direct Expenses	\$ 3,008,074	\$ 165,255	\$ 316,487	\$ 377,477	\$ 557,327	\$ 323,326	\$ 363,619
Indirect Expenses	\$ 406,086	\$ 22,308	\$ 42,726	\$ 50,960	\$ 75,238	\$ 43,647	\$ 49,087
Indirect %	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
TOTAL FUNDING USES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 412,706
BHS MENTAL HEALTH FUNDING SOURCES							Employee Benefits Rate 28%
MH Adult County General Fund	\$ 385,460						\$ 385,460
MH Adult State 1991 MH Realignment	\$ 221,871						\$ 221,871
MH Adult Fed SDMC FFP (50%)	\$ 20,000						\$ 20,000
MH MHSA (Adult)	\$ 2,134,571			\$ 428,437			\$ 2,563,008
MH MHSA (WET)			\$ 359,213				\$ 359,213
MH MHSA (INN)					\$ 632,565	\$ 366,973	\$ 999,538
MH Grant SAMHSA Adult SOC, CFDA 93.958	\$ 501,992						\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 150,266						\$ 150,266
MH Grant SAMSHA CMHC, CFDA 93.958		\$ 187,563					\$ 187,563
MH MHSA (TAY) MCO							\$ -
MH Adult GF MCO	\$ -						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 5,388,911
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
Whole Person Care-DPH							\$ 412,706
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 412,706
TOTAL DPH FUNDING SOURCES	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 5,801,617
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,414,160	\$ 187,563	\$ 359,213	\$ 428,437	\$ 632,565	\$ 366,973	\$ 5,801,617
Prepared By Eduard Agajanian		Phone: 415-800-0699					

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

DHCS Legal Entity Number 00343

Provider Name Richmond Area Multi-Services, Inc.

Provider Number 3894

Contract ID Number 1000020708

Appendix Number B-1

Page Number 1

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Program Name	Peer-to-Peer Services								
Program Code	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39	10/30-39	10/30-39	10/30-39	10/30-39	15/10-57, 59	15/01-09		
Service Description	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	DS-Vocational	OP-MH Svcs	OP-Case Mgt Brokerage		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES									TOTAL
Salaries & Employee Benefits	\$ 105,462	\$ 1,539,222	\$ 185,056	\$ 188,348	\$ 109,183	\$ 88,360	\$ 265,080		\$ 2,480,711
Operating Expenses	\$ 93,809	\$ 341,461	\$ 39,341	\$ 29,539	\$ 23,213				\$ 527,363
Capital Expenses									\$ -
Subtotal Direct Expenses	\$ 199,271	\$ 1,880,683	\$ 224,397	\$ 217,887	\$ 132,396	\$ 88,360	\$ 265,080		\$ 3,008,074
Indirect Expenses	\$ 26,903	\$ 253,888	\$ 30,294	\$ 29,414	\$ 17,870	\$ 11,930	\$ 35,787		\$ 406,086
Indirect %	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%		13.5%
TOTAL FUNDING USES	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity								
MH Adult County General Fund	251984-10000-10001792-0001	\$ 4,303				\$ 95,290	\$ 285,867		\$ 385,460
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 221,871							\$ 221,871
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001					\$ 5,000	\$ 15,000		\$ 20,000
MH MHSA (Adult)	251984-17156-10031199-0058		\$ 2,134,571						\$ 2,134,571
MH Grant SAMSHA Adult SOC, CFDA 93.958	251984-10001-10036964-0001			\$ 254,691	\$ 247,301				\$ 501,992
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	251984-10001-10036964-0003					\$ 150,266			\$ 150,266
MH Adult GF MCO	251984-10000-10001792-0001	\$ -							\$ -
This row left blank for funding sources not in drop-down list									
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity								
									\$ -
									\$ -
									\$ -
This row left blank for funding sources not in drop-down list									
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity								
									\$ -
This row left blank for funding sources not in drop-down list									
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 226,174	\$ 2,134,571	\$ 254,691	\$ 247,301	\$ 150,266	\$ 100,290	\$ 300,867	\$ -	\$ 3,414,160
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)	226,174	2,134,571	254,691	247,301	150,266	100,290	300,867	-	3,414,160
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)	Cost Reimbursement (CR)		
DPH Units of Service	440	4,149	495	481	292	18,038	69,645		
Unit Type	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Client Full Day	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Published Rate (Medi-Cal Providers Only)	\$ 514.03	\$ 514.48	\$ 514.53	\$ 514.14	\$ 514.61	\$ 5.56	\$ 4.32		
Unduplicated Clients (UDC)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total UDC									n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

B-1
2
2021-2022
11/10/21

	TOTAL		General Fund (251984-10000-10001792-0001)		MHSA-Adult (251984-17156-10031199-0058)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10036964-0001)		MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001-10036964-0001)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10036964-0003)		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Divisional Director of Peer-Based Services	0.59	\$ 82,998	0.00	\$ -	0.51	73,154	0.05	\$ 6,191			0.03	\$ 3,653				
Associate Director/Clinical Manager	0.49	\$ 52,364	0.00	\$ -	0.43	46,153	0.04	\$ 3,906			0.02	\$ 2,305				
Program Operations Manager	1.00	\$ 93,705	0.00	\$ -	0.88	82,591	0.08	\$ 6,990			0.04	\$ 4,124				
Peer Wellness Manager	0.66	\$ 52,277	0.00	\$ -	0.54	42,848	0.08	\$ 5,930			0.04	\$ 3,499				
Manager	0.43	\$ 27,221							0.43	\$ 27,221						
Peer Supervisor	4.88	\$ 283,569	0.00	\$ -	4.30	249,935	0.37	\$ 21,153			0.21	\$ 12,481				
Program/Operations Assistant	3.04	\$ 133,305	0.00	\$ -	2.68	117,494	0.23	\$ 9,944			0.13	\$ 5,867				
Peer Counselor	20.64	\$ 1,061,191	1.03	\$ 83,042	10.89	559,618	1.71	\$ 88,196			1.01	\$ 52,035	6.00	\$ 278,300		
Service Coordinator	2.89	\$ 121,084							2.89	\$ 121,084						
Janitor	1.00	\$ 41,276	0.00	\$ -	0.88	36,380	0.08	\$ 3,079			0.04	\$ 1,817				
Community Wellness Manager	0.06	\$ 4,327	0.00	\$ -	0.05	3,813	0.01	\$ 324			0.00	\$ 190				
	0.00	\$ -														
Totals:	35.67	\$ 1,953,317	1.03	\$ 83,042	21.16	\$ 1,211,986	2.65	\$ 145,713	3.32	\$ 148,305	1.52	\$ 85,971	6.00	\$ 278,300	0.00	\$ -
Employee Benefits:	27.00%	\$ 527,394	27.00%	\$ 22,420	27.00%	\$ 327,236	27.00%	\$ 39,343	27.00%	\$ 40,043	27.00%	\$ 23,212	27.00%	\$ 75,140	0.00%	
TOTAL SALARIES & BENEFITS	\$ 2,480,711		\$ 105,462		\$ 1,539,222		\$ 185,056		\$ 188,348		\$ 109,183		\$ 353,440		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Peer-to-Peer Services

Program Code TBD

B-1

3

2021-2022

11/10/21

Expense Categories & Line Items	TOTAL	General Fund (251984-10000- 10001792-0001)	MHSA-Adult (251984-17156- 10031199-0029)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984- 10001-10034030- 0001)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984- 10001-10034030- 0001)	MH Grant SAMHSA SOC Dual Diag, CFDA 93.958 (251984-10001- 10034030-0003)	Dept-Auth-Proj-Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy):
Rent	\$ 260,398	\$ 46,321	\$ 162,216	\$ 19,425	\$ 20,975	\$ 11,461	
Utilities (telephone, electricity, water, gas)	\$ 35,278	\$ 6,275	\$ 24,818	\$ 2,632	\$ -	\$ 1,553	
Building Repair/Maintenance	\$ 10,313	\$ 1,835	\$ 7,255	\$ 769	\$ -	\$ 454	
Occupancy Total:	\$ 305,989	\$ 54,431	\$ 194,289	\$ 22,826	\$ 20,975	\$ 13,468	\$ -
Office Supplies	\$ 65,057	\$ 11,572	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	
Photocopying	\$ -						
Program Supplies	\$ -						
	\$ -						
Materials & Supplies Total:	\$ 65,057	\$ 11,572	\$ 39,688	\$ 4,854	\$ 6,079	\$ 2,864	\$ -
Training/Staff Development	\$ 6,000	\$ 1,067	\$ 4,221	\$ 447	\$ -	\$ 265	
Insurance	\$ 22,294	\$ 3,966	\$ 13,488	\$ 1,663	\$ 2,196	\$ 981	
Professional License	\$ 501	\$ 89	\$ 352	\$ 38		\$ 22	
Permits	\$ -						
Equipment Lease & Maintenance	\$ 7,442	\$ 1,324	\$ 5,234	\$ 556		\$ 328	
General Operating Total:	\$ 36,237	\$ 6,446	\$ 23,295	\$ 2,704	\$ 2,196	\$ 1,596	
Local Travel	\$ 7,203	\$ 1,281	\$ 4,779	\$ 537	\$ 289	\$ 317	
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 7,203	\$ 1,281	\$ 4,779	\$ 537	\$ 289	\$ 317	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other (provide detail):	\$ -						
Recruitment (Job Postings, etc.)	\$ 1,000	\$ 178	\$ 703	\$ 75	\$ -	\$ 44	
Client Stipends for 10 clients working approx. 15 hrs/week for 38 weeks at the rate of \$17.34	\$ 98,838	\$ 17,582	\$ 69,534	\$ 7,372		\$ 4,350	
Client-Related Food	\$ 4,702	\$ 836	\$ 3,308	\$ 351		\$ 207	
Client-Related Other Activities	\$ 8,337	\$ 1,483	\$ 5,865	\$ 622		\$ 367	
	\$ -						
Other Total:	\$ 112,877	\$ 20,079	\$ 79,410	\$ 8,420	\$ -	\$ 4,968	\$ -
	\$ -						
TOTAL OPERATING EXPENSE	\$ 527,363	\$ 93,809	\$ 341,461	\$ 39,341	\$ 29,539	\$ 23,213	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name Peer-to-Peer Services CMHC Grant			
Program Code TBD		TBD	
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 09/30/21-09/29/22			
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 129,955	\$ 129,955	
Operating Expenses	\$ 35,300	\$ 35,300	
Capital Expenses		\$ -	\$ -
Subtotal Direct Expenses	\$ 165,255	\$ -	\$ 165,255
Indirect Expenses	\$ 22,308	\$ 22,308	
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 187,563	\$ -	\$ 187,563
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH Grant SAMSHA CMHC, CFDA 93.958	251984-10001-10038058-0001	\$ 187,563	\$ 187,563
			\$ -
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 187,563	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 187,563	\$ -
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)		187,563	-
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)	
DPH Units of Service	365		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 513.87	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 513.87	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	n/a	n/a	n/a

Note: CRDC total should tie to its column in the Budget Summary
Funding Term mm/dd/yy-mm/dd/yy

Note: Please enter Funding Sources in the same order as on DPH 1: Budget Summary

*Review c/o Mimi Fung

Note: This is for Residential programs only

Note: Enter whole number only

Note: See Instructions p.11 for more detail on Published Rate

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

FORMULA: DPH UNITS

0 0 0
513.87 -

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Peer-to-Peer Services CMHC Grant

Program Code TBD

Appendix Number B-2

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MH Grant SAMSHA CMHC, CFDA 93.958 (251984-10001- 10038058-0001)		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	09/30/21-09/29/22		09/30/21-09/29/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.1	\$ 8,819	0.10	\$ 8,819				
Peer Counselor	1.8	\$ 91,146	1.75	\$ 91,146				
Totals:	1.85	\$ 99,965	1.85	\$ 99,965	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 29,990	30.00%	\$ 29,990	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 129,955		\$ 129,955		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number	1000020708	Appendix Number	B-2
Program Name	Peer-to-Peer Services CMHC Grant	Page Number	3
Program Code	TBD	Fiscal Year	2021-2022
		Funding Notification Date	11/10/21

Expense Categories & Line Items	TOTAL	MH Grant SAMSHA CMHC, CFDA 93.958 (251984- 10001-10038058- 0001)		Dept-Auth-Proj- Activity
Funding Term	09/30/21-09/29/22	09/30/21-09/29/22	mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ 17,114	\$ 17,114		
Utilities (telephone, electricity, water, gas)	\$ 1,606	\$ 1,606		
Building Repair/Maintenance	\$ 419	\$ 419		
Occupancy Total:	\$ 19,139	\$ 19,139	\$ -	\$ -
Office Supplies	\$ 5,848	\$ 5,848		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -	\$ -		
Materials & Supplies Total:	\$ 5,848	\$ 5,848	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 1,185	\$ 1,185		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 378	\$ 378		
General Operating Total:	\$ 2,063	\$ 2,063		
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Stipends	\$ -			
Client-Related Food	\$ 2,500	\$ 2,500		
Client-Related Other Activities	\$ 5,000	\$ 5,000		
Other Total:	\$ 7,750	\$ 7,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 35,300	\$ 35,300	\$ -	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

17650

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Peer Specialist MH Certificate		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 179,133		\$ 179,133
Operating Expenses	\$ 137,354		\$ 137,354
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 316,487	\$ -	\$ 316,487
Indirect Expenses	\$ 42,726		\$ 42,726
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 359,213	\$ -	\$ 359,213
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (WET)	251984-17156-10031199-0061	\$ 359,213	\$ 359,213
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 359,213	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 359,213	\$ -
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)		359,213	-
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)		
DPH Units of Service	388		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 925.81	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 925.81	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	162		

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 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MHSA-WET (251984-17156-10031199-0061)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.07	\$ 10,017	0.07	\$ 10,017				
Program Manager	1.00	\$ 88,192	1.00	\$ 88,192				
Instructor/Coordinator	0.50	\$ 35,333	0.50	\$ 35,333				
Program/Operations Assistant	0.13	\$ 9,764	0.13	\$ 9,764				
Totals:	1.70	\$ 143,306	1.70	\$ 143,306	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.00%	\$ 35,827	25.00%	\$ 35,827	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 179,133		\$ 179,133		\$ -		\$ -	

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 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0061)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 34,182	\$ 34,182		
Utilities (telephone, electricity, water, gas)	\$ 5,776	\$ 5,776		
Building Repair/Maintenance	\$ 1,200	\$ 1,200		
Occupancy Total:	\$ 41,158	\$ 41,158	\$ -	\$ -
Office Supplies	\$ 18,473	\$ 18,473		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 18,473	\$ 18,473	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,595	\$ 1,595		
Professional License	\$ 750	\$ 750		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 925	\$ 925		
General Operating Total:	\$ 5,770	\$ 5,770	\$ -	\$ -
Local Travel	\$ 880	\$ 880		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Guest Lecturers	\$ 21,023	\$ 21,023		
Recruitment (Job Postings, etc.)	\$ 750	\$ 750		
Client Tuitions	\$ 21,000	\$ 21,000		
Client-Stipends for 52 total clients at \$400 each	\$ 20,800	\$ 20,800		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 5,500	\$ 5,500		
Other Total:	\$ 71,073	\$ 71,073	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 137,354	\$ 137,354	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Peer to Peer Linkage		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 345,803		\$ 345,803
Operating Expenses	\$ 31,674		\$ 31,674
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 377,477	\$ -	\$ 377,477
Indirect Expenses	\$ 50,960		\$ 50,960
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 428,437	\$ -	\$ 428,437
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHA (Adult)	251984-17156-10031199-0058	\$ 428,437	\$ 428,437
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 428,437	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 428,437	\$ -
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)		428,437	-
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)		
DPH Units of Service	725	n/a	
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 590.95	n/a	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 590.95	n/a	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	200		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 2
 Fiscal Year 2021-2022
 Funding Notification Date 11/10/21

	TOTAL		MHSA-Adult (251984-17156-10031199-0058)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.08	\$ 11,448	0.08	\$ 11,448				
Peer Counselor	4.68	\$ 230,705	4.68	\$ 230,705				
Peer Coordinator	0.30	\$ 23,849	0.30	\$ 23,849				
Totals:	5.06	\$ 266,002	5.06	\$ 266,002	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 79,801	30.00%	\$ 79,801	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 345,803		\$ 345,803		\$ -		\$ -	

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 3
 Fiscal Year 2021-2022
 Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MHSA-Adult (251984-17156- 10031199-0058)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 14,747	\$ 14,747		
Utilities (telephone, electricity, water, gas)	\$ 5,856	\$ 5,856		
Building Repair/Maintenance	\$ 750	\$ 750		
Occupancy Total:	\$ 21,353	\$ 21,353	\$ -	\$ -
Office Supplies	\$ 1,950	\$ 1,950		
Materials & Supplies Total:	\$ 1,950	\$ 1,950	\$ -	\$ -
Training/Staff Development	\$ 750	\$ 750		
Insurance	\$ 2,380	\$ 2,380		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 401	\$ 401		
General Operating Total:	\$ 3,531	\$ 3,531	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -			
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -			
Client-Stipends	\$ -			
Client-Related Expenses	\$ 3,840	\$ 3,840		
	\$ -			
Other Total:	\$ 4,090	\$ 4,090	\$ -	\$ -
	\$ -			
TOTAL OPERATING EXPENSE	\$ 31,674	\$ 31,674	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-5	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name		ICM Transition to Outpatient	
Program Code		TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	
Service Description		DS-Vocational	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 433,376		\$ 433,376
Operating Expenses	\$ 123,951		\$ 123,951
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 557,327	\$ -	\$ 557,327
Indirect Expenses	\$ 75,238		\$ 75,238
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 632,565	\$ -	\$ 632,565
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0065	\$ 632,565	\$ 632,565
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 632,565	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 632,565	\$ -
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)		632,565	-
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)	
DPH Units of Service		7,534	
Unit Type		Client Full Day	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 83.96	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 83.96	\$ -
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)		25	25

Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number** 1000020708

Program Name ICM Transition to Outpatient

Program Code TBD

Appendix Number B-5

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		MH MHSA (INN) (251984-17156- 10031199-0065)					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.12	\$ 17,172	0.12	\$ 17,172				
Program Manager	0.90	\$ 77,846	0.90	\$ 77,846				
Program Coordinator	0.25	\$ 17,666	0.25	\$ 17,666				
Senior Peer Navigator	1.00	\$ 64,974	1.00	\$ 64,974				
Peer Navigator	2.00	\$ 119,974	2.00	\$ 119,974				
Clinician	0.50	\$ 40,943	0.50	\$ 40,943				
Totals:	4.77	\$ 338,575	4.77	\$ 338,575	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.00%	\$ 94,801	28.0%	\$ 94,801	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 433,376		\$ 433,376		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name ICM Transition to Outpatient

Program Code TBD

Appendix Number B-5

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0065)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 23,032	\$ 23,032		
Utilities (telephone, electricity, water, gas)	\$ 4,300	\$ 4,300		
Building Repair/Maintenance	\$ 750	\$ 750		
Occupancy Total:	\$ 28,082	\$ 28,082	\$ -	\$ -
Office Supplies	\$ 59,019	\$ 59,019		
Photocopying	\$ -			
Program Supplies	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 59,019	\$ 59,019	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 2,825	\$ 2,825		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 525	\$ 525		
General Operating Total:	\$ 5,850	\$ 5,850	\$ -	\$ -
Local Travel	\$ 750	\$ 750		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 750	\$ 750	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 10,000	\$ 10,000		
Client-Related Other Activities	\$ 20,000	\$ 20,000		
Other Total:	\$ 30,250	\$ 30,250	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 123,951	\$ 123,951	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name	Wellness in the Streets		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22		
FUNDING USES			TOTAL
Salaries & Employee Benefits	\$ 266,343		\$ 266,343
Operating Expenses	\$ 56,983		\$ 56,983
Capital Expenses	\$ -		
Subtotal Direct Expenses	\$ 323,326	\$ -	\$ 323,326
Indirect Expenses	\$ 43,647		\$ 43,647
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 366,973	\$ -	\$ 366,973
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
MH MHSA (INN)	251984-17156-10031199-0065	\$ 366,973	\$ 366,973
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 366,973	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
		\$ -	\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -
		\$ 366,973	\$ -
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)		366,973	-
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)		
DPH Units of Service	1,620		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 226.53	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 226.53	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	50		50

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000020708

Program Name Wellness in the Streets

Program Code TBD

Appendix Number B-6

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		Wellness In the Streets - DPH 251984-17156-10031199-0065					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.07	10,017	0.07	10,017				
Associate Director	0.20	20,946	0.20	20,946				
Program Coordinator	0.25	17,666	0.25	17,666				
Peer Counselor	3.00	156,250	3.00	156,250				
Totals:	3.52	\$ 204,879	3.52	\$ 204,879	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 61,464	30.00%	\$ 61,464	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 266,343		\$ 266,343		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Wellness in the Streets

Program Code TBD

Appendix Number B-6

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	Wellness In the Streets - DPH 251984-17156-10031199-0065		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 34,200	\$ 34,200		
Utilities (telephone, electricity, water, gas)	\$ 3,212	\$ 3,212		
Building Repair/Maintenance	\$ 837	\$ 837		
Occupancy Total:	\$ 38,249	\$ 38,249	\$ -	\$ -
Office Supplies	\$ 9,359	\$ 9,359		
Photocopying	\$ -			
	\$ -			
	\$ -			
Materials & Supplies Total:	\$ 9,359	\$ 9,359	\$ -	\$ -
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 2,369	\$ 2,369		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 756	\$ 756		
General Operating Total:	\$ 4,125	\$ 4,125	\$ -	\$ -
Local Travel	\$ 1,500	\$ 1,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,500	\$ 1,500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):				
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client-Related Food	\$ 2,000	\$ 2,000		
Client-Related Other Activities	\$ 1,500	\$ 1,500		
Other Total:	\$ 3,750	\$ 3,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 56,983	\$ 56,983	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-7	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2021-2022	
Contract ID Number 1000020708		Funding Notification Date 11/10/21	
Program Name Whole Person Care-Shelter Care Coord Services			
Program Code TBD			
Mode/SFC (MH) or Modality (SUD) 10/30-39			
Service Description DS-Vocational			
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/21-06/30/22			
FUNDING USES		TOTAL	
Salaries & Employee Benefits	\$ 322,963		\$ 322,963
Operating Expenses	\$ 40,656		\$ 40,656
Capital Expenses			\$ -
Subtotal Direct Expenses	\$ 363,619	\$ -	\$ 363,619
Indirect Expenses	\$ 49,087		\$ 49,087
Indirect %	13.5%	0.0%	13.5%
TOTAL FUNDING USES	\$ 412,706	\$ -	\$ 412,706
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
	\$ -		\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
	\$ -		\$ -
			\$ -
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
Whole Person Care-DPH	179661-17702-10030244-0009	\$ 412,706	\$ 412,706
This row left blank for funding sources not in drop-down list			\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ 412,706	\$ -	\$ 412,706
	\$ 412,706	\$ -	\$ 412,706
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)	412,706	-	412,706
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)		
DPH Units of Service	2,950		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 139.90	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 139.90	\$ -	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	150		

Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number** 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 2

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

	TOTAL		Whole Person Care - DPH 179661- 17702-10030244- 0009					
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries				
Director	0.08	\$ 11,448	0.08	\$ 11,448				
Associate Director	0.10	\$ 10,473	0.10	\$ 10,473				
Peer Workforce Clinical Coordinator	0.56	\$ 42,838	0.56	\$ 42,838				
Peer Counselor/Community Health Worker	3.50	\$ 183,674	3.50	\$ 183,674				
Totals:	4.24	\$ 248,433	4.24	\$ 248,433	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 74,530	30.00%	\$ 74,530	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 322,963		\$ 322,963		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000020708

Program Name Whole Person Care-Shelter Care Coord Services

Program Code TBD

Appendix Number B-7

Page Number 3

Fiscal Year 2021-2022

Funding Notification Date 11/10/21

Expense Categories & Line Items	TOTAL	Whole Person Care - DPH 179661-17702-10030244-0009		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ 23,090	\$ 23,090		
Utilities (telephone, electricity, water, gas)	\$ 3,955	\$ 3,955		
Building Repair/Maintenance	\$ 633	\$ 633		
Occupancy Total:	\$ 27,678	\$ 27,678	\$ -	\$ -
Office Supplies	\$ 4,856	\$ 4,856		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 4,856	\$ 4,856	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500		
Insurance	\$ 1,838	\$ 1,838		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 534	\$ 534		
General Operating Total:	\$ 4,872	\$ 4,872	\$ -	\$ -
Local Travel	\$ 500	\$ 500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 500	\$ 500	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Guest Lecturers	\$ -	\$ -		
Recruitment (Job Postings, etc.)	\$ 250	\$ 250		
Client Tuitions	\$ -	\$ -		
Client-Stipends	\$ -	\$ -		
Client-Related Food	\$ 1,500	\$ 1,500		
Client-Related Other Activities	\$ 1,000	\$ 1,000		
Other Total:	\$ 2,750	\$ 2,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 40,656	\$ 40,656	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	Richmond Area Multi-Service	Page Number	
Contract ID Number	1000003052	Fiscal Year	2021-2022
		Funding Notification Date	11/10/21

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.180	\$ 44,009
Chief Financial Officer	0.180	\$ 33,231
Deputy Chief	0.180	\$ 28,292
COO / Dir. Of Ops	0.180	\$ 25,220
Director of Community & Workforce Empowerment	0.180	\$ 13,921
Director of Human Resources	0.180	\$ 24,519
Director of Training	0.153	\$ 12,215
Accounting Staff	0.898	\$ 66,793
HR Staff	0.719	\$ 54,428
QI/Contracts/Communication Manager	0.359	\$ 31,188
IT Manager/Support	0.539	\$ 39,339
Executive/Admin Assistant	0.180	\$ 10,993
Janitor/Lead Facilities Tech	0.099	\$ 7,118

Subtotal:	4.03	\$ 391,266
Employee Benefits:	30%	\$ 117,380
Total Salaries and Employee Benefits:		\$ 508,646

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Mortgage Interest	\$ 7,263
Depreciation	\$ 8,427
Rental	\$ 916
Utilities	\$ 4,239
Building Repair/Maintenance	\$ 4,025
Office Supplies	\$ 11,115
Training/Staff Development	\$ 898
Insurance	\$ 13,798
Equipment Rental	\$ 2,357
Local Travel	\$ 970
Audit Fees	\$ 10,778
Payroll Fees	\$ 32,334
Recruitment/Indirect Staff Expenses	\$ 13,562
Meetings and Conferences	\$ 898
Professional Fees	\$ 67,669
Bank Fees	\$ 2,156

Total Operating Costs	181,405
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Total Indirect Costs	\$ 690,051
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Total Indirect from DPH 1:	\$ 690,052
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Variance	\$ (1)
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Appendix C
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix C

Reserved

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

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

1.2 Primary and Alternate Agency Site Administrator.

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

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

1.2.2 Communicating with the SFDPH IT Service Desk;

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

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

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

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

1.3 SFDPH IT Service Desk.

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

1.4 Deprovisioning Schedule.

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

1.5 Active Directory.

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

1.6 Role Based Access.

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

1.7 Training Requirements.

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

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

1.8 Agency Data User Confidentiality Agreement.

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

1.9 Corrective Action.

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

1.10 User ID and Password.

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

1.11 Notification of Compromised Password.

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

1.12 Multi Factor Authentication.

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

1.13 Qualified Personnel.

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

1.14 Workstation/Laptop encryption.

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

1.15 Server Security.

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

1.16 Removable media devices.

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

1.17 Antivirus software.

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

1.18 Patch Management.

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

1.19 System Timeout.

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

1.20 Warning Banners.

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

1.21 Transmission encryption.

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

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

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

1.24 Security of PHI.

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

1.25 Data Security and City Data

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

1.26 Data Privacy and Information Security Program.

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

1.27 Disaster Recovery.

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

1.28 Supervision of Data.

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

1.29 As Is Access.

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

1.30 No Technical or Administrative Support.

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

1.31 City Audit of Agency and Agency Data Users.

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

1.32 Minimum Necessary.

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

1.33 No Re-Disclosure or Reporting.

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

1.34 Health Information Exchange.

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

1.35 Subcontracting.

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

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

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

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

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

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

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

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

Agency shall take:

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

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

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

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

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

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

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

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

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

3.3 Media Communications

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

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

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

A. SFDPH Care Link Requirements:

1. Connectivity.

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

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

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

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

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

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

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

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

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

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

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Appendix E
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix E

HIPAA Business Associate Agreement

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San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Termination.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

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

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

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

I. All Contractors.

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

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

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

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

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

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

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

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

I. All Contractors.

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Appendix F
Richmond Area Multi Services, Inc. (PTP, ID#1000020708)
7/1/2021

Appendix F

(Invoice)

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: HN1JL21

Template Version: Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: Whole Pwerson Care-DPH

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7 Whole Person Care - Shelter Coord Services	210705-17702-10030244-0057											
10/ 30 - 39 DS-Vocational	2,950	150			-	-	0%	0%	2,950	150	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 248,433.00	\$ -	\$ -	0.00%	\$ 248,433.00
Fringe Benefits	\$ 74,530.00	\$ -	\$ -	0.00%	\$ 74,530.00
Total Personnel Expenses	\$ 322,963.00	\$ -	\$ -	0.00%	\$ 322,963.00
Operating Expenses					
Occupancy	\$ 27,678.00	\$ -	\$ -	0.00%	\$ 27,678.00
Materials and Supplies	\$ 4,856.00	\$ -	\$ -	0.00%	\$ 4,856.00
General Operating	\$ 4,872.00	\$ -	\$ -	0.00%	\$ 4,872.00
Staff Travel	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Client-Related Food	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Client-Related Other Activity	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Total Operating Expenses	\$ 40,656.00	\$ -	\$ -	0.00%	\$ 40,656.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 363,619.00	\$ -	\$ -	0.00%	\$ 363,619.00
Indirect Expenses	\$ 49,087.00	\$ -	\$ -	0.00%	\$ 49,087.00
TOTAL EXPENSES	\$ 412,706.00	\$ -	\$ -	0.00%	\$ 412,706.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.08	\$ 11,448.00	\$ -	\$ -	0.00%	\$ 11,448.00
Associate Director	0.10	\$ 10,473.00	\$ -	\$ -	0.00%	\$ 10,473.00
Peer Workforce Clinical Coordinator	0.56	\$ 42,838.00	\$ -	\$ -	0.00%	\$ 42,838.00
Peer Counselor/Community Health Worker	3.50	\$ 183,674.00	\$ -	\$ -	0.00%	\$ 183,674.00
TOTAL SALARIES	4.24	\$ 248,433.00	\$ -	\$ -	-	\$ 248,433.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Date: _____

Title: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

INVOICE NUMBER: M16JL21

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Template Version Original

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

User Cd

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

BHS

Ct. PO No.: POHM SFGOV-TBD

Fund Source: GF, 1991 MH Realignment/ MCO

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

Invoice Period: July 2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-to-Peer Services - 251984-10000-10001792-0001												
10/30-39 DS-Vocational	440	-			-	-	0%	0%	440	-	100%	0%
15/10-57,59 OP MH Svcs	18,038	-			-	-	0%	0%	18,038	-	100%	0%
15/01-09 OP Case Mgt Brokerage	69,645	-			-	-	0%	0%	69,645	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 361,342.00	\$ -	\$ -	0.00%	\$ 361,342.00
Fringe Benefits	\$ 97,560.00	\$ -	\$ -	0.00%	\$ 97,560.00
Total Personnel Expenses	\$ 458,902.00	\$ -	\$ -	0.00%	\$ 458,902.00
Operating Expenses					
Occupancy	\$ 54,431.00	\$ -	\$ -	0.00%	\$ 54,431.00
Materials and Supplies	\$ 11,572.00	\$ -	\$ -	0.00%	\$ 11,572.00
General Operating	\$ 6,446.00	\$ -	\$ -	0.00%	\$ 6,446.00
Staff Travel	\$ 1,281.00	\$ -	\$ -	0.00%	\$ 1,281.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Posting, etc)	\$ 178.00	\$ -	\$ -	0.00%	\$ 178.00
Client Stipends	\$ 17,582.00	\$ -	\$ -	0.00%	\$ 17,582.00
Client-Related Food	\$ 836.00	\$ -	\$ -	0.00%	\$ 836.00
Client-Related Other Activities	\$ 1,483.00	\$ -	\$ -	0.00%	\$ 1,483.00
Total Operating Expenses	\$ 93,809.00	\$ -	\$ -	0.00%	\$ 93,809.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 552,711.00	\$ -	\$ -	0.00%	\$ 552,711.00
Indirect Expenses	\$ 74,620.00	\$ -	\$ -	0.00%	\$ 74,620.00
TOTAL EXPENSES	\$ 627,331.00	\$ -	\$ -	0.00%	\$ 627,331.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

Contract ID#
1000020708

Invoice Number	
M16JL21	
User Cd	

Tel. No.:

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Peer Counselor	7.03	\$ 458,902.00	\$ -	\$ -	0.00%	\$ 458,902.00
TOTAL SALARIES	7.03	\$ 458,902.00	\$ -	\$ -	\$ -	\$ 458,902.00

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M17JL21

Template Version: Original

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH MHSA (Adult)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-to-Peer Services 251984-17156-100031199-0058												
10/ 30 - 39 DS - Vocational	4,149				-	-	0%	#DIV/0!	4,149	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,211,986.00		\$ -	0.00%	\$ 1,211,986.00
Fringe Benefits	\$ 327,236.00		\$ -	0.00%	\$ 327,236.00
Total Personnel Expenses	\$ 1,539,222.00	\$ -	\$ -	0.00%	\$ 1,539,222.00
Operating Expenses					
Occupancy	\$ 194,289.00		\$ -	0.00%	\$ 194,289.00
Materials and Supplies	\$ 39,688.00		\$ -	0.00%	\$ 39,688.00
General Operating	\$ 23,295.00		\$ -	0.00%	\$ 23,295.00
Staff Travel	\$ 4,779.00		\$ -	0.00%	\$ 4,779.00
Consultant/ Subcontractor	\$ -		\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 703.00		\$ -	0.00%	\$ 703.00
Client Stipends	\$ 69,534.00		\$ -	0.00%	\$ 69,534.00
Client-Related Food	\$ 3,308.00		\$ -	0.00%	\$ 3,308.00
Client-Related Other Activities	\$ 5,865.00		\$ -	0.00%	\$ 5,865.00
Total Operating Expenses	\$ 341,461.00	\$ -	\$ -	0.00%	\$ 341,461.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,880,683.00	\$ -	\$ -	0.00%	\$ 1,880,683.00
Indirect Expenses	\$ 253,888.00		\$ -	0.00%	\$ 253,888.00
TOTAL EXPENSES	\$ 2,134,571.00	\$ -	\$ -	0.00%	\$ 2,134,571.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Contract ID#

1000020708

Invoice Number

M17JL21

User Cd

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Divisional Director of Peer-Based Services	0.51	\$ 73,154.00	\$ -	\$ -	0.00%	\$ 73,154.00
Associate Director/Clinical Manager	0.43	\$ 46,153.00	\$ -	\$ -	0.00%	\$ 46,153.00
Program Operations Manager	0.88	\$ 82,591.00	\$ -	\$ -	0.00%	\$ 82,591.00
Peer Wellness Manager	0.54	\$ 42,848.00	\$ -	\$ -	0.00%	\$ 42,848.00
Peer Supervisor	4.30	\$ 249,935.00	\$ -	\$ -	0.00%	\$ 249,935.00
Program/Operations Assistant	2.68	\$ 117,494.00	\$ -	\$ -	0.00%	\$ 117,494.00
Peer Counselor	10.89	\$ 559,618.00	\$ -	\$ -	0.00%	\$ 559,618.00
Janitor	0.88	\$ 36,380.00	\$ -	\$ -	0.00%	\$ 36,380.00
Community Wellness Manager	0.05	\$ 3,813.00	\$ -	\$ -	0.00%	\$ 3,813.00
TOTAL SALARIES	21.16	\$ 1,211,986.00	\$ -	\$ -	\$ -	\$ 1,211,986.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M27JL21

Template Version: Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH State - MHSA (WET)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Peer Specialist MH Certificate - PC# - TBD - 251984-17156-10031199-0061												
10/ 30 - 39 DS - Vocational	388	162			-	-	0%	0%	388	162	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 143,306.00	\$ -	\$ -	0.00%	\$ 143,306.00
Fringe Benefits	\$ 35,827.00	\$ -	\$ -	0.00%	\$ 35,827.00
Total Personnel Expenses	\$ 179,133.00	\$ -	\$ -	0.00%	\$ 179,133.00
Operating Expenses					
Occupancy	\$ 41,158.00	\$ -	\$ -	0.00%	\$ 41,158.00
Materials and Supplies	\$ 18,473.00	\$ -	\$ -	0.00%	\$ 18,473.00
General Operating	\$ 5,770.00	\$ -	\$ -	0.00%	\$ 5,770.00
Staff Travel	\$ 880.00	\$ -	\$ -	0.00%	\$ 880.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Guest Lecturers	\$ 21,023.00	\$ -	\$ -	0.00%	\$ 21,023.00
Recruitment (Job Postings, etc)	\$ 750.00	\$ -	\$ -	0.00%	\$ 750.00
Client Tuitions	\$ 21,000.00	\$ -	\$ -	0.00%	\$ 21,000.00
Client Stipends	\$ 20,800.00	\$ -	\$ -	0.00%	\$ 20,800.00
Client-Related Food	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Client-Related Other Activities	\$ 5,500.00	\$ -	\$ -	0.00%	\$ 5,500.00
Total Operating Expenses	\$ 137,354.00	\$ -	\$ -	0.00%	\$ 137,354.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 316,487.00	\$ -	\$ -	0.00%	\$ 316,487.00
Indirect Expenses	\$ 42,726.00	\$ -	\$ -	0.00%	\$ 42,726.00
TOTAL EXPENSES	\$ 359,213.00	\$ -	\$ -	0.00%	\$ 359,213.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Contract ID#
1000020708

Invoice Number

M27JL21

User Cd

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.07	\$ 10,017.00	\$ -	\$ -	0.00%	\$ 10,017.00
Program Manager	1.00	\$ 88,192.00	\$ -	\$ -	0.00%	\$ 88,192.00
Instructor/Coordinator	0.50	\$ 35,333.00	\$ -	\$ -	0.00%	\$ 35,333.00
Program/Operations Assistant	0.13	\$ 9,764.00	\$ -	\$ -	0.00%	\$ 9,764.00
TOTAL SALARIES	1.70	\$ 143,306.00	\$ -	\$ -	\$ -	\$ 143,306.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

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

Appendix F
PAGE A

Contract ID#

1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M35JL21

Template Version Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH Grant SAMSHA Adult SOC

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-To-Peer Services 2515984-10001-10036964-0001												
10/ 30 - 39 DS - Vocational	495	-			-	-	0%	0%	495	-	100%	0%
10/ 30 - 39 DS - Vocational	481	-			-	-	0%	0%	481	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 294,018.00	\$ -	\$ -	0.00%	\$ 294,018.00
Fringe Benefits	\$ 79,386.00	\$ -	\$ -	0.00%	\$ 79,386.00
Total Personnel Expenses	\$ 373,404.00	\$ -	\$ -	0.00%	\$ 373,404.00
Operating Expenses					
Occupancy	\$ 43,801.00	\$ -	\$ -	0.00%	\$ 43,801.00
Materials and Supplies	\$ 10,933.00	\$ -	\$ -	0.00%	\$ 10,933.00
General Operating	\$ 4,900.00	\$ -	\$ -	0.00%	\$ 4,900.00
Staff Travel	\$ 826.00	\$ -	\$ -	0.00%	\$ 826.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc.)	\$ 75.00	\$ -	\$ -	0.00%	\$ 75.00
Client Stipends	\$ 7,372.00	\$ -	\$ -	0.00%	\$ 7,372.00
Client-Related Food	\$ 351.00	\$ -	\$ -	0.00%	\$ 351.00
Client-Related Other Activities	\$ 622.00	\$ -	\$ -	0.00%	\$ 622.00
Total Operating Expenses	\$ 68,880.00	\$ -	\$ -	0.00%	\$ 68,880.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 442,284.00	\$ -	\$ -	0.00%	\$ 442,284.00
Indirect Expenses	\$ 59,708.00	\$ -	\$ -	0.00%	\$ 59,708.00
TOTAL EXPENSES	\$ 501,992.00	\$ -	\$ -	0.00%	\$ 501,992.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:

cbhsinvoices@sfdph.org

.Jul

DPH Authorization for Payment

Authorized Signatory

Date

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

Contract ID#
1000020708

Appendix F
PAGE B

Invoice Number

M35JL21

User Cd

CT PO No.

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Divisional Director of Peer-Based Services	0.05	\$ 6,191.00	\$ -	\$ -	0.00%	\$ 6,191.00
Associate Director/Clinical Manager	0.04	\$ 3,906.00	\$ -	\$ -	0.00%	\$ 3,906.00
Program Operations Manager	0.08	\$ 6,990.00	\$ -	\$ -	0.00%	\$ 6,990.00
Peer Wellness Manager	0.08	\$ 5,930.00	\$ -	\$ -	0.00%	\$ 5,930.00
Manager	0.43	\$ 27,221.00	\$ -	\$ -	0.00%	\$ 27,221.00
Peer Supervisor	0.37	\$ 21,153.00	\$ -	\$ -	0.00%	\$ 21,153.00
Program/Operations Assistant	0.23	\$ 9,944.00	\$ -	\$ -	0.00%	\$ 9,944.00
Peer Counselor	1.71	\$ 88,196.00	\$ -	\$ -	0.00%	\$ 88,196.00
Service Coordinator	2.89	\$ 121,084.00	\$ -	\$ -	0.00%	\$ 121,084.00
Janitor	0.08	\$ 3,079.00	\$ -	\$ -	0.00%	\$ 3,079.00
Community Wellness Manager	0.01	\$ 324.00	\$ -	\$ -	0.00%	\$ 324.00
TOTAL SALARIES	5.97	\$ 294,018.00	\$ -	\$ -	\$ -	\$ 294,018.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: M36JL21

Template Version: Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH Fed - SAMHSA Dual Diag

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-To-Peer Services 251984-10001-10036964-0003												
10/ 30 - 39 DS - Vocational	292				-	-	0%	0%	292	-	100%	0%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 85,971.00	\$ -	\$ -	0.00%	\$ 85,971.00
Fringe Benefits	\$ 23,212.00	\$ -	\$ -	0.00%	\$ 23,212.00
Total Personnel Expenses	\$ 109,183.00	\$ -	\$ -	0.00%	\$ 109,183.00
Operating Expenses					
Occupancy	\$ 13,468.00	\$ -	\$ -	0.00%	\$ 13,468.00
Materials and Supplies	\$ 2,864.00	\$ -	\$ -	0.00%	\$ 2,864.00
General Operating	\$ 1,596.00	\$ -	\$ -	0.00%	\$ 1,596.00
Staff Travel	\$ 317.00	\$ -	\$ -	0.00%	\$ 317.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 44.00	\$ -	\$ -	0.00%	\$ 44.00
Client Stipends	\$ 4,350.00	\$ -	\$ -	0.00%	\$ 4,350.00
Client-Related Food	\$ 207.00	\$ -	\$ -	0.00%	\$ 207.00
Client-Related Other Activities	\$ 367.00	\$ -	\$ -	0.00%	\$ 367.00
Total Operating Expenses	\$ 23,213.00	\$ -	\$ -	0.00%	\$ 23,213.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 132,396.00	\$ -	\$ -	0.00%	\$ 132,396.00
Indirect Expenses	\$ 17,870.00	\$ -	\$ -	0.00%	\$ 17,870.00
TOTAL EXPENSES	\$ 150,266.00	\$ -	\$ -	0.00%	\$ 150,266.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

_____ Authorized Signatory	_____ Date
-------------------------------	---------------

Appendix F
PAGE B

Invoice Number

M36JL21

CT PO No.

DETAIL PERSONNEL EXPENDITURES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Date: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M72JL21

Template Version: Original

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH MHSA (INN)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 ICM Transition to Outpatient - MHSA 251984-17156-10031199-0065												
10/30- 39 DS - Vocational	7,534	25			-	-	0%	0%	7,534	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 338,575.00	\$ -	\$ -	0.00%	\$ 338,575.00
Fringe Benefits	\$ 94,801.00	\$ -	\$ -	0.00%	\$ 94,801.00
Total Personnel Expenses	\$ 433,376.00	\$ -	\$ -	0.00%	\$ 433,376.00
Operating Expenses					
Occupancy	\$ 28,082.00	\$ -	\$ -	0.00%	\$ 28,082.00
Materials and Supplies	\$ 59,019.00	\$ -	\$ -	0.00%	\$ 59,019.00
General Operating	\$ 5,850.00	\$ -	\$ -	0.00%	\$ 5,850.00
Staff Travel	\$ 750.00	\$ -	\$ -	0.00%	\$ 750.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Client-Related Food	\$ 10,000.00	\$ -	\$ -	0.00%	\$ 10,000.00
Client-Related Other Activities	\$ 20,000.00	\$ -	\$ -	0.00%	\$ 20,000.00
		\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 123,951.00	\$ -	\$ -	0.00%	\$ 123,951.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$ 557,327.00	\$ -	\$ -	0.00%	\$ 557,327.00
Indirect Expenses	\$ 75,238.00	\$ -	\$ -	0.00%	\$ 75,238.00
TOTAL EXPENSES	\$ 632,565.00	\$ -	\$ -	0.00%	\$ 632,565.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

1000020708

M72JL21

CT PO No.

Tel. No.:

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.12	\$ 17,172.00	\$ -	\$ -	0.00%	\$ 17,172.00
Program Manager	0.90	\$ 77,846.00	\$ -	\$ -	0.00%	\$ 77,846.00
Program Coordinator	0.25	\$ 17,666.00	\$ -	\$ -	0.00%	\$ 17,666.00
Senior Peer Navigator	1.00	\$ 64,974.00	\$ -	\$ -	0.00%	\$ 64,974.00
Peer Navigator	2.00	\$ 119,974.00	\$ -	\$ -	0.00%	\$ 119,974.00
Clinician	0.50	\$ 40,943.00	\$ -	\$ -	0.00%	\$ 40,943.00
			\$ -	\$ -	0.00%	\$ -
TOTAL SALARIES	4.77	\$ 338,575.00	\$ -	\$ -	\$ -	\$ 338,575.00

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000003052

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M74JL21

Template Version: Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH MHSA (INN)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 Wellness in the Streets 251984-17156-10031199-0065												
10/ 30 - 39 DS-Vocational	1,620	50			-	-	0%	0%	1,620	50	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 204,879.00	\$ -	\$ -	0.00%	\$ 204,879.00
Fringe Benefits	\$ 61,464.00	\$ -	\$ -	0.00%	\$ 61,464.00
Total Personnel Expenses	\$ 266,343.00	\$ -	\$ -	0.00%	\$ 266,343.00
Operating Expenses					
Occupancy	\$ 38,249.00	\$ -	\$ -	0.00%	\$ 38,249.00
Materials and Supplies	\$ 9,359.00	\$ -	\$ -	0.00%	\$ 9,359.00
General Operating	\$ 4,125.00	\$ -	\$ -	0.00%	\$ 4,125.00
Staff Travel	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Client-Related Food	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Client-Related Other Activities	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Total Operating Expenses	\$ 56,983.00	\$ -	\$ -	0.00%	\$ 56,983.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 323,326.00	\$ -	\$ -	0.00%	\$ 323,326.00
Indirect Expenses	\$ 43,647.00	\$ -	\$ -	0.00%	\$ 43,647.00
TOTAL EXPENSES	\$ 366,973.00	\$ -	\$ -	0.00%	\$ 366,973.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

Contract ID#
1000003052

Invoice Number

M74JL21

User Cd

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

CT PO No.

Tel. No.:

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.07	\$ 10,017.00	\$ -	\$ -	0.00%	\$ 10,017.00
Associate Director	0.20	\$ 20,946.00	\$ -	\$ -	0.00%	\$ 20,946.00
Program Coordinator	0.25	\$ 17,666.00	\$ -	\$ -	0.00%	\$ 17,666.00
Peer Counselor	3.00	\$ 156,250.00	\$ -	\$ -	0.00%	\$ 156,250.00
TOTAL SALARIES	3.52	\$ 204,879.00	\$ -	\$ -	\$ -	\$ 204,879.00

Signature: _____

Date: _____

Printed Name: _____

Title:

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M75JL21

Template Version Original

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH MHSA (Adult)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Peer-to-Peer Services 251984-17156-100031199-0058												
10/ 30 - 39 DS - Vocational	725				-	-	0%	#DIV/0!	725	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 266,002.00		\$ -	0.00%	\$ 266,002.00
Fringe Benefits	\$ 79,801.00		\$ -	0.00%	\$ 79,801.00
Total Personnel Expenses	\$ 345,803.00	\$ -	\$ -	0.00%	\$ 345,803.00
Operating Expenses					
Occupancy	\$ 21,353.00		\$ -	0.00%	\$ 21,353.00
Materials and Supplies	\$ 1,950.00		\$ -	0.00%	\$ 1,950.00
General Operating	\$ 3,531.00		\$ -	0.00%	\$ 3,531.00
Staff Travel	\$ 750.00		\$ -	0.00%	\$ 750.00
Consultant/ Subcontractor	\$ -		\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 250.00		\$ -	0.00%	\$ 250.00
Client Related Expenses	\$ 3,840.00		\$ -	0.00%	\$ 3,840.00
			\$ -	0.00%	\$ -
			\$ -	0.00%	\$ -
Total Operating Expenses	\$ 31,674.00	\$ -	\$ -	0.00%	\$ 31,674.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 377,477.00	\$ -	\$ -	0.00%	\$ 377,477.00
Indirect Expenses	\$ 50,960.00		\$ -	0.00%	\$ 50,960.00
TOTAL EXPENSES	\$ 428,437.00	\$ -	\$ -	0.00%	\$ 428,437.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Contract ID#
1000020708

Invoice Number

M75JL21

User Cd

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.08	\$ 11,448.00	\$ -	\$ -	0.00%	\$ 11,448.00
Peer Counselor	4.68	\$ 230,705.00	\$ -	\$ -	0.00%	\$ 230,705.00
Peer Coordinator	0.30	\$ 23,849.00	\$ -	\$ -	0.00%	\$ 23,849.00
TOTAL SALARIES	5.06	\$ 266,002.00	\$ -	\$ -	\$ -	\$ 266,002.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000020708

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M76JL21

Template Version: Original

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH Grant SAMSHA CMHC

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Peer-to-Peer Services CMHC Grant 251984-10001-10038058-0001												
10/ 30 - 39 DS - Vocational	365				-	-	0%	#DIV/0!	365	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 99,965.00		\$ -	0.00%	\$ 99,965.00
Fringe Benefits	\$ 29,990.00		\$ -	0.00%	\$ 29,990.00
Total Personnel Expenses	\$ 129,955.00	\$ -	\$ -	0.00%	\$ 129,955.00
Operating Expenses					
Occupancy	\$ 19,139.00		\$ -	0.00%	\$ 19,139.00
Materials and Supplies	\$ 5,848.00		\$ -	0.00%	\$ 5,848.00
General Operating	\$ 2,063.00		\$ -	0.00%	\$ 2,063.00
Staff Travel	\$ 500.00		\$ -	0.00%	\$ 500.00
Consultant/ Subcontractor	\$ -		\$ -	0.00%	\$ -
Other: Recruitment (Job Postings, etc)	\$ 250.00		\$ -	0.00%	\$ 250.00
Client Related Foods	\$ 2,500.00		\$ -	0.00%	\$ 2,500.00
Client Related Other Activities	\$ 5,000.00		\$ -	0.00%	\$ 5,000.00
			\$ -	0.00%	\$ -
Total Operating Expenses	\$ 35,300.00	\$ -	\$ -	0.00%	\$ 35,300.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 165,255.00	\$ -	\$ -	0.00%	\$ 165,255.00
Indirect Expenses	\$ 22,308.00		\$ -	0.00%	\$ 22,308.00
TOTAL EXPENSES	\$ 187,563.00	\$ -	\$ -	0.00%	\$ 187,563.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Contract ID#
1000020708

Invoice Number

M76JL21

User Cd

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any

necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

Richmond Area Multi Services, Inc. (PTP, ID#1000020708)

7/1/21

Appendix H

Reserved

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 221119

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Angela Calvillo	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Kelly Hiramoto	415-255-3492
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Richmond Area Multi Services, Inc.	TELEPHONE NUMBER 415-800-0699 x 200
STREET ADDRESS (including City, State and Zip Code) 4355 Geary Blvd, San Francisco, CA 94118	EMAIL angelatang@ramsinc.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 221119
DESCRIPTION OF AMOUNT OF CONTRACT \$29,116,181		
NATURE OF THE CONTRACT (Please describe) Implement a cohesive, empowering and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within the behavioral health services community and evaluate the service delivery system.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Chaudhuri	Anoshua	Board of Directors
2	Chow	Wade	Board of Directors
3	Rodriguez	Patty	Board of Directors
4	Quinn	Marie	Board of Directors
5	Roberts	Maggie	Board of Directors
6	Scholtz	Marjorie	Board of Directors
7	Yeh	Tom	Board of Directors
8	Muhammad	JayVon	CEO
9	Agajanian	Eduard	CFO
10	Shea	Christina	Other Principal Officer
11	Tang	Angela	COO
12			
13			
14			
15			
16			
17			
18			
19			

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
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37			
38			

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



City and County of San Francisco
London N. Breed, Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

October 28, 2022

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

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Richmond Area Multi Services, Inc., in the amount of \$29,116,181.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed resolution
- Proposed Amendment 1
- Original Agreement
- Form SFEC-126

For questions on this matter, please contact me at (415) 255-3492, kelly.hiramoto@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Kelly Hiramoto
Acting Supervisor
Office of Contracts Management and Compliance
DPH Business Office

cc: Dr. Grant Colfax, Director of Health
Greg Wagner, Chief Operating Officer
Michelle Ruggels, Director, DPH Business Office

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

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

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

kellyhiramoto@SFDPH.org – office 415-255-3492 – fax 415 252-3088

1380 Howard Street, Room 419B, San Francisco, CA 94103
