

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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015, 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;

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

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated October 7, 2010 between Contractor and City, as amended by the:

First amendment	dated 2/4/14 Contract Number BPHM11000028
Second amendment	this amendment

1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

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

2a. Section 2. of the Agreement currently reads as follows:

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5. of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nineteen Million Nine Hundred Four Thousand Four Hundred Fifty Two Dollars (\$19,904,452)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million Six Hundred Twenty Five Thousand Five Hundred Sixty Four Dollars (\$29,625,564)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15. is hereby replaced in its entirety to read as follows:

15. Insurance

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

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

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

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

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

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

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

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

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

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

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

e. 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.

f. 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.

g. 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.

h. 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.

i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.

2d. Replacing “Earned Income Credit (EIC) Forms” Section with “Consideration of Criminal History in Hiring and Employment Decisions” Section. Section 32. “Earned Income Credit (EIC) Forms” is hereby replaced in its entirety to read as follows:

32. 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 www.sfgov.org/olse/fco. A partial listing of some of Contractor’s obligations under Chapter 12T is set forth in this Section. 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, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and 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.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor’s failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant’s or potential applicant for employment’s, or employee’s: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32.(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protected Health Information. Section 63. is hereby replaced in its entirety to read as follows:

63. 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.

2f. Delete Appendices A-1a, A-1b, A-1c, A-2a, A-2b, A-2c, A-3 and A-4 and replace in its entirety with Appendices A-1a, A-1b, A-1c, B-2, B-3a, B-3b, B-3c, B-4 and B-5, to Agreement as amended.

2g. Delete Appendices B (Calculation of Charges) B-1a, B-1b, B-1c, B-2a, B-2b, B-2c, B-3 and B-4 and replace in its entirety with Appendix B (Calculation of Charges), B-1a, B-1b, B-1c, B-2, B-3a, B-3b, B-3c, B-4 and B-5 dated 7/1/15, to Agreement as amended.

2h. Delete Appendix E and replace its entirety with Appendix E dated 5/7/14, to Agreement as amended.

2i. Appendix J is hereby added.

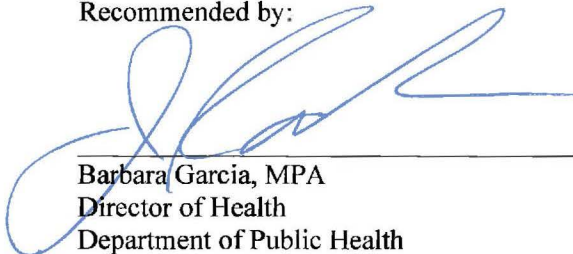
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

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

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


CITY

Recommended by:


Barbara Garcia, MPA
Director of Health
Department of Public Health

CONTRACTOR

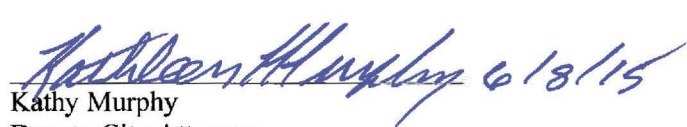
Richmond Area Multi-Services, Inc.


Kavoos Ghane Bassiri, LMFT, CGP
Chief Executive Officer
639 14th Avenue
San Francisco, CA 94118

City vendor number: 15706

Approved as to Form:

Dennis J. Herrera
City Attorney


Kathy Murphy
Deputy City Attorney

Approved:

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

Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

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

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

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

E. Adequate Resources:

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

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

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

L. Billing and Information System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

(1) Staff evaluations completed on an annual basis.

(2) Personnel policies and procedures in place, reviewed and updated annually.

(3) Board Review of Quality Improvement Plan.

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

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

S. Working Trial Balance with Year-End Cost Report

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

T. Harm Reduction

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

- Appendix A-1a Children Outpatient
- Appendix A-1c Children Outpatient SD
- Appendix A-1c EPSDT
- Appendix A-1b Outpatient School Based Partnership
- Appendix A-2 Children Managed Care Outpatient
- Appendix A-3a Children-Wellness Center Mental Health
- Appendix A-3b Children-Wellness Center Substance Abuse
- Appendix A-3c MHSA PEI School – Based Wellness
- Appendix A-4 High Quality Childcare Initiative
- Appendix A-5 MHSA WDET – Summer Bridge

1. Identifiers:

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

Program Address: 3626 Balboa Street

City, State, Zip: San Francisco, CA 94121

Telephone: (415) 668-5955

Fax: (415) 668-0246

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue

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: 3894-5, 3894-7, 3894MC

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

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

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

4. Target Population

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

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

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to outpatient services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving well about 18,000 adults, children, youth & families at about 90 sites, citywide. The CYF Outpatient Program conducts these strategies on an ongoing basis, in the most natural environments as possible, and at sites where targeted children & youth spend a majority of time, through RAMS established school-based and community partnerships – San Francisco Unified School District (SFUSD) high, middle, and elementary schools, after-school programs, over 60 childcare sites, Asian Youth Advocacy Network, and Asian Pacific Islander Family Resource Network. Outreach activities are facilitated by staff, primarily the Behavioral Health Therapists/Counselors (including psychologists, social workers, marriage & family therapists, etc.), and Psychiatrists. Engagement and retention is achieved with an experienced, culturally and linguistically competent multidisciplinary team.

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

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

RAMS accommodates referrals from the CBHS Behavioral Health Access Center, as well as drop-ins. As RAMS provides services in over 30 languages and, in order to support timely access the agency deploys mechanisms to effectively & make accessible the many dialects fluent amongst staff in a timely manner. The Outpatient Clinic maintains a multi-lingual Intake/Referral & Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who can consult with the community (clients, family members, other providers) and conduct intake assessments (with linguistic match) of initial

request. The clinical intake/initial risk assessments are aimed to determine medical necessity for mental health services and assess the level of functioning & needs, strengths & existing resources, suitability of program services, co-occurring issues/dual diagnosis, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated Intake Coordinator for scheduling assessments and processing & maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) works closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices ("advanced access") and managing the demand for services, which is a consistent challenge for other clinics.

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

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

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

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

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

The Behavioral Health Counselors/Workers provide clients with on-going individual and group integrated behavioral health counseling, case management services and, as needed, conduct collateral meetings. Having individual counseling and case management services provided by the same care provider streamlines and enhances care coordination. RAMS incorporates various culturally relevant evidence-based treatments & best practices models: Developmental Assets; Behavioral Modification; Cognitive Behavioral Therapy, including modification for Chinese population; Multisystemic Therapy; Solution-Focused Brief Therapy; Problem Solving Therapy; advanced levels of Motivational Interviewing, Stages of Change, Seeking Safety, and Second Step Student Success Through Prevention, etc. RAMS providers are also trained in Addiction Studies, Sandtray Therapy, and Working with Trauma (trauma-informed care whereby staff are trained and supervised to be

mindful of children, youth and/or their families who may have experienced trauma); the program provides continuous assessment and treatment with potential trauma experience in mind, as to meet clients' needs. During treatment planning, the clinician and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. Informed by assessment tools (e.g. CANS), a plan of care with goals is formally developed (within the first two months) and updated at least annually. This is a collaborative process (between counselor & client) in setting treatment goals and identifying strategies that are attainable & measurable. RAMS also compares the initial assessment with reassessments (e.g. CANS) to help gauge the efficacy of interventions as well the clients' progress and developing needs. As needed, other support services are provided by other staff, in collaboration with the Counselor. RAMS conducts home visits and linkages for client support services (e.g. childcare, transportation) to other community agencies and government offices. Predoctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

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

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

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

E. Program staffing

See CBHS Appendix B.

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

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

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

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

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

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 14-15.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives and productivity

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

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

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee (e.g. PURQC) which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), and other senior staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match

to client's progress & clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; staff may meet from weekly to monthly intervals with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conducts a peer chart review in which a sampling of charts is reviewed with feedback.

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

C. Cultural competency of staff and services

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

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

Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

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

D. Satisfaction with services

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

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

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

9. Required Language:

N/A

1. Identifiers:

Program Name: Children, Youth & Family Outpatient Services School-Based Partnership
Program Address: 3626 Balboa Street
City, State, Zip: San Francisco, CA 94121
Telephone: (415) 668-5955
Fax: (415) 668-0246
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue
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: 3894-SD

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

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

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

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

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

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

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

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

See CBHS Appendix B, CRDC pages.

6. Methodology

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

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

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

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

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

- **“Push In” Groups:** Working in SOAR classrooms with students, teachers and paraprofessionals to engage students in social skills training programs to develop pro-social skills, frustration tolerance, and empathy development.

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

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

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

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

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

RAMS counselors work collaboratively with caregivers, school officials, other service providers, and community groups to help maximize students' internal and external resources and supports. RAMS counselors include those trained in Second Step and providing “push in” groups in the classrooms. A plan for implementation of these programs is agreed upon at the beginning of the school year with school administration and staff and submitted to CBHS. Milieu services from the onsite SOAR clinician is also a significant aspect of service delivery. Milieu clinicians are responsible for aiding in the day-to-day functioning of the classroom environment which includes: classroom observation, implementation of behavioral support plans for students, de-escalation of students, consultation with teachers and para-professionals, and taking a leadership role in modeling effective classroom management skills.

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

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

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

E. Program staffing

See CBHS Appendix B.

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

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

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 14-15. Due to the nature of services and setting, the program is exempt from Objective D6. Timely Access.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

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

The program utilizes various mechanisms to review documentation quality. To ensure documentation timeliness (especially given the more complex timeframes for CYF system of care documentation), RAMS has developed its own internal tracking form. Furthermore, on a regularly scheduled basis, clinical documentation is reviewed by the service utilization committee which is comprised of the Program Director (licensed marriage & family therapist), Training Director (licensed psychologist), ED Partnership Manager (licensed psychologist and direct service practitioner), and other senior staff. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress

& clinical needs; feedback is provided to direct clinical staff members. Clinical supervisors also monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Psychiatry staff also conduct a peer chart review in which a sampling of charts are reviewed with feedback.

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

C. Cultural competency of staff and services

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

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

Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

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

D. Satisfaction with services

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

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

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

9. Required Language:

N/A

1. Identifiers:

Program Name: Wellness Centers *and* SF Achievement Collaborative Team (SF-ACT)
Program Address: 3626 Balboa Street
City, State, Zip: San Francisco, CA 94121
Telephone: (415) 668-5955
Fax: (415) 668-0246
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue
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: 3894-6

Wellness Centers are located at:

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

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

To provide integrated behavioral health and case management services at 15 of the high school-based Wellness Centers and intensive case management services to court-ordered youth on probation at Civic Center High School. Student outcomes are: improved psychological well-being, positive engagement in school, family & community, awareness & utilization of resources, and school capacity to support student wellness.

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

4. Target Population

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

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

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

See CBHS Appendix B, CRDC pages.

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

Outreach and Promotion (MHSA activity category)

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

Screening and Assessment (MHSA activity category)

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

Mental Health Consultation (MHSA activity category)

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

Individual Therapeutic Services (MHSA activity category)

- Provide at least 1,175 hours of individual therapeutic services including brief or short-term activities directed to specific individuals with the intent of addressing an identified concern or barrier to

wellness. Activities may include one-on-one interventions, crisis response, clinical case management, collateral service with family members, or other activities involving a therapeutic alliance.

- At least 180 individuals will be served

Group Therapeutic Services (MHSA activity category)

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

6. Methodology

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

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

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

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

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

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

For the Wellness Centers program, students are referred to Wellness Center services by school staff, i.e teachers, academic counselors, deans, etc.; parents; or students themselves. Each student referred receives an assessment. The program primarily utilizes the an assessment tool based on the HEADSS model (Home, Education/Employment, Activities, Drugs, Sexuality, and Safety) which identifies protective and risk factors in each area. HEADSS is an adolescent-specific, developmentally appropriate

psychosocial interview method that structures questions so as to facilitate communication and to create an empathetic, confidential, and respectful environment. RAMS assesses students for appropriateness of services modality, frequency, and accessibility (location, schedule). RAMS provides services on-site at the Wellness Centers as well as off-site by other community program providers (including RAMS Outpatient Clinic). The type, frequency, and location (on- or off-site) of services are tailored to the client's acuity & risk, functional impairments, and clinical needs as well as accessibility to community resources (e.g. family support, insurance coverage, ability to pay if needed).

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

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

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

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

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

Referrals to off-site services are indicated when:

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

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

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

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

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

E. Program staffing.

See CBHS Appendix B.

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

RAMS Wellness Centers Program maintains a school-based internship program; during FY 2014-15, there are six graduate student interns (counseling) and four volunteer counselors who hold masters degrees in a mental health discipline and are Marriage & Family Therapist Interns. All interns/volunteers are providing behavioral health services on-site; each intern/volunteer is supported in their learning process, receiving weekly clinical individual and group supervision, and didactic seminars. These internships are unpaid positions.

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

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

RAMS is committed to consumer involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and culturally competency. The best informant for the culturally relevant curriculum & program development is the target population, themselves. Effective activities at school-based programs that inform service delivery include: focus groups & meetings with students, families, and school administrators & teachers to identify & address the school's needs and best practices; anonymous surveys; coordinate a Student Advisory Committee; and engage & foster relationships with consumer community at convenient & easily-accessible venues/platforms (e.g. staff development trainings, PTSA meetings, "free periods," hosted lunch hour events). All meeting outcomes, evaluations, and reviews are reported to RAMS executive management along with any action plans (e.g. adjustment of service strategies in consideration of cultural relevancy and school-based setting). Furthermore, the RAMS Youth Council meets monthly during school year to provide continuous feedback of RAMS service delivery to children and youth.

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

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

RAMS Wellness capacity includes Spanish, Cantonese, Mandarin, Hakka, Taiwanese, and Samoan as well as can easily access the agency's enhanced capacity of 30 languages (Asian languages, and Russian). As part of RAMS' efforts to support and further enhance the professional development of its staff (including effective engagement strategies), RAMS consistently coordinates for various trainings such as: school-based program-specific trainings, weekly didactic trainings on culturally specific issues, monthly children & youth case conferences, and weekly Wellness program case conferences (only during summer). The RAMS Wellness program also retains a particular expert to provide consultation and facilitate discussions on systemic, macro-level issues that impact the youth and their community. Training topics are determined in various manners including a needs assessment/survey, emerging issues

of clients (e.g. internet addiction), evidenced-based models of care, staff meetings, and feedback from direct service providers and clinical supervisors. Emerging client issues can also be identified through the Wellness database and tracking system that RAMS has developed in which there are "issue codes" that are associated to each session; thus, compiling data to identify prevalent matters. In addition, there is an ongoing selection of topics that are provided to ensure retention and enhancement of youth-focused strategies trainings (e.g. intermediate level Motivational Interviewing). RAMS Wellness administrators also meet with Wellness Initiative and School Health representatives monthly and discuss training topics and gaps in skills and services to plan training not only for RAMS Wellness staff, but for Wellness Initiative and school personnel.

7. Objectives and Measurements

A. Standard Objectives: All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 14-15.

B. Individualized Program Objectives

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

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performances objectives and productivity

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

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

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

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

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

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

C. Cultural Competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency

training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

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

D. Satisfaction with services

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

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

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

9. Required Language:

N/A

1. Identifiers:

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

Contractor Address: RAMS Administration, 639 14th Avenue
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)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

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

4. Target Population

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

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

<u>Child Care Sites</u>	<u># of Children</u>	<u># of Classrooms</u>	<u># of Staff</u>	<u>Language Capacity</u>	<u>Site Type</u>	<u>Funding</u>	<u>Consultant Name</u>	<u>Consultant Hours/Week</u>
DCYF								
Nihonmachi Little Friends-Bush St.	48	1	11	English/Japanese	ECE	DCYF	Namie Ideura	6
Nihonmachi Little Friends-Sutter	36	1	8	English/Japanese	ECE	DCYF	Namie Ideura	6
SFUSD Excelsior @ Guadalupe	60	3	20	English/Chinese	ECE	DCYF	Jessica Yan	6
SFUSD Jefferson	42	2	11	English/Chinese	ECE	DCYF	Vivian Gao	6
SFUSD Noriega (+TK)	136	7	30	English/Chinese	ECE	DCYF	William Lee	6
SFCFC								
EOC Martin Luther King Child Care	30	2	10	English/Chinese	ECE	DCYF	Colleen Wong	4
EOC-Rainbow	68	3	12	English/Chinese	ECE	DCYF	Doris Hung	4 biweekly
EOC Western Addition Child Care	30	1	4	English/Chinese	ECE	DCYF	Tammy Yu	4 biweekly
Wu Yee Early Head Start Home-Based program	30	2	3	English/Spanish	ECE	SFCFC	Mark Castaneda	3 biweekly
EOC Busy Bee	23	1	6	English/Chinese	ECE	SFCFC	Tammy Yu	6 hours biweekly
EOC-Chinatown/North beach	24	1	4	English/Chinese	ECE	SFCFC	Doris Hung	6 hrs biweekly
EOC Delta	30	1	6	English/Chinese	ECE	SFCFC	Tsung Han Li	6 hours biweekly
EOC-OMI	24	1	4	English/Chinese	ECE	SFCFC	Colleen Wong	4 hours biweekly
EOC Oscaryne Williams Center of Hope	30	2	10	English/Chinese	ECE	SFCFC	Tsung Han Li	6
HSA								
SFUSD Gordon J. Lau	32	2	3	English/Chinese	ECE	DCYF	Vivian Gao	6
Telegraph Hill Neighborhood Center	51	2	10	English/Japanese	ECE	DCYF	Namie Ideura	6
Wah Mei	80	4	12	English/Chinese	ECE	DCYF	Doris Hung	6

ABC Preschool		1		English/Japanese	ECE	DCYF	Aya Sato	6
Angela's Children's Center		3		English/Chinese	ECE	HSA	Doris Hung	6
Chinatown Community Children's Center	60	2	6	English/Chinese	ECE	HSA	Yi Zhao	6
EOC Cleo Wallace Child Care	50	4	16	English/Chinese	ECE	HSA	Tammy Yu	6
EOC Sojourner Truth	30	2	10	English/Chinese	ECE	HSA	Colleen Wong	4
Family Child Care Quality Network (FCCQN)		TBD Up to 50		English/Chinese	FCC	HSA	Jessica Yan / Yi Zhao	9
Gum Moon Chinatown Resource Center	39	3	6	English/Chinese	FCC	HSA	Janny Wong	10
Wu Yee Early Head Start Infant Center 831 Broadway	26	3	12	English/Chinese	ECE	HSA	Yi Zhao	6
Wu Yee Home-based Chinatown	11	1	1	English/Chinese	ECE	HSA	Kenny Le	2 per mo.
Wu Yee Home-based-Tenderloin	10	1	1	English/Chinese	ECE	HSA	Kenny Le	2 Per mo
Wu Yee New Generations	64	5	18	English/Tagalog	ECE	HSA	Ianina Antonio	6
Wu Yee Head Start OMI	51	3	12	English/Spanish	ECE	HSA	Ianina Antonio	6
Wu Yee Head Start West Side	30	2	6	English/Japanese	ECE	HSA	Aya Sato	6
SFUSD Commodore-Stockton	120	5	20	English/Chinese	ECE	HSA	Jessica Yan	10
SFUSD Tule Elk Park (+TK)	96	6	24	English/Chinese	ECE	HSA	Tammy Yu	6
SFCFC PFA								
Chibi Chan	56	3	12	English/Japanese	ECE	PFA	Aya Sato	6
City College of SF CDC	87	2	12	English/Chinese	ECE	PFA	Helen Duong	6
City College Orfalea/John Adams	30	2	8	English/Chinese	ECE	PFA	Helen Duong	6
Glide Child Care Center	49	2	12	English/Japanese	ECE	PFA	Manami Yamamoto	6
Kai Ming Broadway	80	4	10	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Geary	60	2	10	English/Chinese	ECE	PFA	Colleen Wong	6
Kai Ming North Beach	40	2	8	English/Chinese	ECE	PFA	Jessica Yan	6
Kai Ming Powell	20	1	6	English/Chinese	ECE	PFA	Janny Wong	6
Kai Ming Richmond *	30	2	8	English/Chinese	ECE	PFA	William Lee	6 biweekly

Kai Ming St. Lukes *	60	3	10	English/Chinese	ECE		William Lee	6 biweekly
Kai Ming Sunset	44	2	8	English/Chinese	ECE	PFA	Tammy Yu	6
WuYee Head Start Cadillac	40	2	8	English/Japanese	ECE	PFA	Aya Sato	6
SFUSD Argonne	66	3	12	English/Chinese/ Vietnamese	ECE	PFA	Namie Ideura	6
SFUSD E.R. Taylor	80	4	5	English/Chinese	ECE	PFA	Colleen Wong	6
SFUSD Grattan	40	2	10	English/Japanese	ECE	PFA	Aya Sato	6
The Family School Mission/Bernal Heights	48	3	12	English/Spanish	ECE	PFA	Mark Castaneda	6
True Sunshine	44	2	8	English/Chinese	ECE	PFA	Doris Hung	4 biweekly
Wu Yee Generations	36	1	8	English/Chinese	ECE	PFA	Tsung Han Li	6
Wu Yee Lok Yuen	40	2	10	English/Chinese	ECE	PFA	Yi Zhao	6
Wu Yee Tenderloin Golden Gate 177	32	2	6	English/Chinese	ECE	PFA	William Lee	6
Training Institute						PFA		3 hrs per mo./ Five MHC
Happy Shalom *		3	6	English/Japanese	ECE	PFA	Manami Yamamoto	6 biweekly
SRI								
Gum Moon-Richmond Family Support Center	24	1	6	English/Chinese	FRC	SRI	Kenny Le	6
Glide Family Resource Center	30	1	6	English/Japanese	FRC	SRI	Manami Yamamoto	6
Wu Yee Joy Lok	30	1	15	English/Chinese	FRC	SRI	Kenny Le	6
Potrero Hill Family Resource Center	30	1	5	English/Chinese	FRC	SRI	Colleen Wong	6
MHSA								
Sunset Family Resource Center (aka Asian Family Support Center- Sunset and Sunset Beacon	30	2	5	English/Chinese	FRC	MHSA	Kenny Le, Vivian Gao	6 for each site
Family Child Care Homes/Family Child Care Quality Network-Group		23		English/Chinese	FCC	MHSA	Yi Zhao/Jessica Yan	4

* Fu Yau is not currently providing regular services to Happy Shalom School because they requested to only have direct services for individual children. Kai Ming, Inc. has opened a new site, named St. Luke's, and they have asked Fu Yau to provide consultation for the program. Hours will be reduced at Kai Ming Richmond to accommodate their request.

5. Modality(ies)/Interventions

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

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

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

Modalities:

- *Consultation - Individual:* Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- *Consultation - Group:* Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- *Classroom/Child Observation:* Observing a child or group of children within a defined setting to inform consultation services to teachers/staff/parents.
- *Staff Training:* Providing formal and informal trainings to a group of three or more staff at a site. Trainings may be site specific, or for an entire child care organization with multiple sites.
- *Parent Training Support Group:* Providing structured, formal training to a group of three or more parents on a specific topic. Can also include leading a parent support group or a parenting workshop series such as Triple P.
- *Early Referral Linkage:* Includes linkage of children and families to additional community resources such as SFUSD Special Education Dept. or Golden Gate Regional Center.
- *Consultant Training/Supervision:* Ongoing supervision of consultants both individually and in groups, as well as a variety of training offered to consultants as a whole or through individual contractors
- *Evaluation:* Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- *Systems work:* Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- *Early Intervention Services – Individual:* Activities directed to a child, parent, or caregiver that are not Mental Health Services. Activities may include, but are not limited individual child interventions such as shadowing or 1:1 support, meetings with parents/caregivers to discuss their concerns about their child's development and/or to explore parenting practices that could be used at home, developmental screening and/or assessment, and referrals to other agencies. These services are intended for children who have social or emotional problems that place them at risk for expulsion.

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

6. Methodology

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

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

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

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

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

wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

Consultation Services for Sites involve:

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

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

- Parenting classes in Chinese, Spanish, and/or English are offered at each site. Topics may include, but are not limited to: child development, discipline, promoting a child's self-esteem, stress management, resources for families, child abuse/domestic violence prevention, dealing with extended families, parent/child relationship, and raising bicultural children.
- Parenting classes usually take place in the early evenings so that the working parents may participate after work. Childcare and refreshments are usually provided.
- Parent support groups usually follow the series of parenting classes, as parents develop a trusting relationship with each other and with the consultant. The frequency of the groups may be from once a week to once a month, depending on the parents' needs.
- Parent Advisory Committee meetings guide us in effectively targeting the concerns and problems of the community. These meetings take place four times a year, on Saturday mornings at Chinatown Child Development Center (CCDC) in Chinatown or at Fu Yau's office, whichever is the most centralized and convenient place for parents to gather. These meetings include one representative from each center and family childcare provider.
- Fu Yau Family Activities are organized at least once a year to provide an opportunity for psycho-education, discuss parenting issues, and support.
- Fu Yau Parenting Group may be offered, and can meet bimonthly, to discuss parenting issues that related to the socio-emotional well-being of the parents' children. The group is co-facilitated and serves as a forum for parents who benefit from peer support and education. The facilitators offer parenting information and psycho-education.

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

- Crisis intervention, mental health intervention, referral & linkage to long-term services at community agencies (SFUSD Special Education, Regional Center, Support Center for Families of Children with Disabilities, health and mental health agencies, etc.) for children and families. Most services are delivered at the childcare sites. However, some linkage services may be delivered in the community, and mental health services may be delivered either on-site, at RAMS, depending on the private space available at childcare sites.
- Integrated play therapy groups, with a mixed group of three to 10 children, who have identified mental health issues (e.g., selective mutism, anxiety, under-socialized, etc.), and other "typically" developing children. These groups usually take place in the classroom during small group time or free play time, and last about six to 12 weeks. The size of the group and length of time for the session depends on the issues of the children as well as the program needs.

- Parent/Child play therapy groups, with identified children and their parents, are facilitated by the on-site Fu Yau Consultant and a childcare staff member. This group is a combination of parenting class and children's play therapy group. Parents and children are encouraged to play together with planned activities. Socialization skills and parenting skills are modeled on the spot by the mental health consultant. The size of the group is not more than six to eight pairs in order to maximize the effectiveness of the consultation. This group usually takes place in the late afternoon at the childcare site, to accommodate parents' work schedules.
- Child play treatment groups, with children with identified mental health issues. This group may last for most of the school year duration or be ongoing, involving two to six children who may have behavioral/social emotional concerns/difficulties. This group takes place on-site in the morning or early afternoon, during children's regular playtime.
- Psychiatry services and/or consultation, as needed

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

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

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

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

E. Program staffing.

See CBHS Appendix B.

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

No indirect services are provided.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 14-15.

8. Continuous Quality Improvement

A. Achievement of contract performance objectives

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

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

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

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

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

C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles) and case conferences. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision; supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of service indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement
- Site/Client's preferred language for services is noted at initial meeting; during the site/case assignment process, the Program Director matches site/client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed

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

D. Satisfaction with services

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

E. Timely completion and use of outcome data

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

9. Additional Required Language

BHSCYF-ECMHCI Required Language:

- A. For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with

all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI SOC Program Manager and RFP-10-2013.

- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI SOC Program Manager of any changes.

1. Identifiers:

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

Contractor Address: RAMS Administration, 639 14th Avenue
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)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

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

4. Target Population

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

At least 90% of each cohort will be of underrepresented communities within the Psychology field (e.g. behavioral health consumers, African-Americans, Latinos, Native Americans, Asian & Pacific Islander Americans, and members of the LGBTQIQ community). Recruitment continue to target high schools in central and southeast side of San Francisco (Burton, June Jordan, Thurgood Marshall, Mission, , etc.) as well as youth organizations like Vietnamese Youth Development Center (VYDC), Samoan Community Development Center (SCDC), College Track, Tenderloin Neighborhood Development Center (TNDC), Mission Graduates, and First Graduate.

5. Modality(ies)/Interventions

Summer Bridge is an eight-week summer mentoring program for youth ages 16 to 20, currently enrolled in or recently graduated from SFUSD high schools; the structure day program is the modality/intervention. The main location of the program is California Institute of Integral Studies, a

psychology graduate school centrally located in San Francisco, and was determined in consideration of accessibility.

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

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

Wellness Promotion (MHSA activity category)

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

Workforce Development (MHSA activity category)

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

6. Methodology

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

To participate in Summer Bridge, there is an application and committee review process. Before applications are distributed, MHSA will review and approve the application. As RAMS currently provides services in about 90 sites throughout San Francisco, the agency is uniquely positioned well and has the expertise to outreach & promote the program to culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. RAMS is able to leverage existing resources towards this effort; the agency is the contract provider of behavioral health services for the high school-based Wellness Center (16 public high school sites) and provides behavioral/mental health & outreach services at Balboa Teen Health Center and serves the School-Based Mental Health Partnership

(SBMHP) programs at high & middle schools. RAMS builds upon these existing partnerships with Wellness Centers, schools' administration & student bodies as well as collaborates with SFUSD and partner agencies for program recruitment. Targeted outreach is conducted at schools with the highest prevalence of underrepresented communities (e.g. June Jordan, Downtown, Thurgood Marshall, International, and John O'Connell High Schools.). Furthermore, Summer Bridge graduates and RAMS Youth Council members are peer recruiters at their respective high schools and communities. There is specific outreach and recruitment within partnership organizations (e.g. SCDC) and their respective constituencies and community groups. RAMS also outreaches to other community based organizations that target at risk youth, like College Track, Mission Graduates, and First Graduate. This supports the efforts of the Summer Bridge program with having a participant group that reflects underrepresented communities in the healthcare workforce.

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

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

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

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

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

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

- C. 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.

Summer Bridge program runs over two fiscal years (mid-June to beginning of August), eight weeks during summer break following SFUSD calendar. It operates Tuesday, Wednesday, and Thursday (11 a.m. to 3 p.m.) at a central location in San Francisco. For summer 2014 (June to August 2014) it was located at California Institute of Integral Studies (CIIS), 1453 Mission Street. The plan is to return to CIIS in the summer 2015. CIIS, also a MHSA funded site, has collaborated with RAMS since the inception of Summer Bridge in 2009, as one of the site visits. Students were inspired by attending a professional school for psychology, and were able to interact & engage with faculty and students during the visit. During summer 2014, participants were able to further experience being in an institution for higher learning two days per week (Tuesday and Thursday). Presentations related to weekly topics by culturally diverse speakers from the community, such as City College of San Francisco, take place on Tuesday. The program introduced the youth to a broad range of community mental health workers, allowing them to have first-hand exposure to the various possibilities in the field. The program selects speakers and presenters who reflect the diverse backgrounds of our youth participant and also highlights speakers who are consumers of mental health services and willing to share their lived experience, with the goal of stigma reduction. Participants and Summer Bridge staff come together on Thursdays and discuss the presentations and fieldtrip for the week, and integrate their learning.

A fieldtrip or site visit takes place each Wednesday, i.e. higher education institutions, community organizations and museums. In summer 2014, the program visited RAMS CYF Outpatient clinic, Psychiatric Emergency Services at SFGH, Broderick Street Adult Residential Facility, the Fu Yau Project for early childhood mental health consultation at a preschool, the Exploratorium's Mental Health exhibit, San Francisco State University's Counseling Psychology Program, and the GLBT Historical Society. Each field trip site strengthens the participants' understanding of that week's Psychology-related topic. The theme is introduced by staff at the beginning of the week, and further elaborated on by guest speakers, then discussed in small and large groups at the end of the week. Participants are to create a "final project" and present to the whole group the last week of the program. The purpose of the project is to help participants further integrate their learning with their personal experience and growth throughout the 8 week program.

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

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

E. Program staffing

See CBHS Appendix B.

Summer Bridge Coordinator provides supervision of the program operations; she is also a clinical staff who is experienced in working with youth from diverse backgrounds with strong organization and communication skills. During the summer, she manages and provides direct delivery of program services. During non-summer periods, she engages alumni in Youth Council, and planning/recruiting new

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

All presenters and most site visits are not funded by the grant. There is also an opportunity available for a “pre-practicum volunteer” from CIIS as a co-counselor, to deepen the collaboration with CIIS. Summer Bridge intends to continue this partnership with CIIS, opening up a position for a pre-practicum student from the Graduate School of Psychology who demonstrates interest in working with youth, and developing a better understanding of the tenets of MHSA.

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.

Summer Bridge alumni/Youth Council are involved in outreach/engagement and recruitment process – they review the applications before they are sent out; they support Summer Bridge staff in outreach at SFUSD high schools sites and other youth organizations; they participate in the application review panel. In 2014, feedback from Youth Council members about the use of the word “psychology” helped us make useful changes to the recruitment efforts at June Jordan and Downtown High Schools, schools where students are less likely to be familiar with the terminology, even though they may have lived experience with mental health challenges, and have considered becoming therapists.

Summer Bridge participants engage in focus groups, pre and post-test, and evaluations – during summer program, participants are involved with mid-term and end of program focus groups, pre- and post-test and evaluations. In addition, Summer Bridge alumni/Youth Council provide feedback in program design – every year, at least two of the monthly meetings are dedicated to reviewing curriculum and community site visits as well as (as needed) program evaluations.

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

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 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 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 Program 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 annual objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency annually administers a staff satisfactions 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.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Satisfaction with services

The Summer Bridge program, for each cohort, conducts written participant evaluation/ satisfaction surveys (twice/cohort at mid- and end-cohort), written questionnaires (twice/cohort at pre- and post/end-cohort) and focus groups (twice/cohort at mid- and end-cohort). The surveys, questionnaires, and focus

groups are administered and facilitated by RAMS administrators; collected data is tabulated and summarized. The Program Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS Quality Assurance Council. The Program Director also collaborates with staff, RAMS Executive Management, and Quality Assurance Council to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

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

CANS 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 5, COMPENSATION, of this Agreement.

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

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

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

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.

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a Children Outpatient
Appendix B-1c Children Outpatient SD
Appendix B-1c EPSDT
Appendix B-2 Children Managed Care Outpatient
Appendix B-3a Children-Wellness Center Mental Health
Appendix B-3b Children-Wellness Center Substance Abuse
Appendix B-3c MHSA PEI School – Based Wellness
Appendix B-4 High Quality Childcare Initiative
Appendix B-5 MHSA WDET – Summer Bridge

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Nine Million Six Hundred Twenty Five Thousand Five Hundred Sixty Four Dollars (\$29,625,564) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,072,306 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010(BPHM04000063)	\$1,183,677
January 1, 2011 through June 30, 2011	\$1,881,595
July 1, 2011 through June 30, 2012	\$3,121,513
July 1, 2012 through June 30, 2013	\$3,396,939
July 1, 2013 through June 30, 2014	\$3,908,121
July 1, 2014 through June 30, 2015	\$4,083,689

July 1, 2015 through June 30, 2016	\$4,083,690
June 1, 2016 through June 30, 2017	\$4,682,564
June 1, 2017 through December 31, 2017	\$2,211,470
January 1, 2010 through December 31, 2017	\$28,553,258
Contingency	\$1,072,306
<u>G. Total:</u>	<u>\$29,625,564</u>

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00343

Prepared By/Phone #: Ken Choi/415-800-0699 x205

Fiscal Year: FY15/16

Contractor Name: **Richmond Area Multi-Services, Inc.**

Document Date: 07/01/15

Page 4

Contract CMS #: 7265

Contract Appendix Number:	B-1a	B-1b	B-1c	B-2			
Appendix A/Provider Name:	Children Outpatient	Children Outpatient SD	EPSDT	Children Managed Care Outpatient			
Provider Number:	3894	3894	3894	3894			
Program Code:	38947	3894SD	38945	3894MC			
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16			B-1 to B-2 SUBTOTAL
FUNDING USES							
Salaries & Employee Benefits:	\$296,721	\$267,839	\$188,505	\$41,263			794,328
Operating Expenses:	31,391	28,336	19,942	12,308			91,977
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	328,112	296,175	208,447	53,571	-	-	886,305
Indirect Expenses:	39,374	35,541	25,013	6,429			106,357
Indirect %:	12%	12%	12%	12%	0%	0%	12%
TOTAL FUNDING USES	367,486	331,716	233,460	60,000	-	-	992,662
					Employee Fringe Benefits %:		30%
BHS-MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	111,375	106,903	97,595	-			315,873
MH STATE - 2011 PSR EPSDT	18,206	-	87,835	-			106,041
MH STATE - 1991 MH Realignment	91,146	106,253	-	-			197,399
MH COUNTY - General Fund	146,759	66,019	48,030	-			260,808
MH STATE - 2011 PSR Managed Care	-	-	-	60,000			60,000
MH STATE - MHSA (PEI)	-	52,541	-	-			52,541
MH WORK ORDER - DCYF MH High School	-	-	-	-			-
MH COUNTY - Work Order CODB	-	-	-	-			-
MH WORK ORDER - HSA DMSF CH DHS Childcare	-	-	-	-			-
MH WORK ORDER - DCYF Child Care	-	-	-	-			-
MH WORK ORDER - CFC Commission	-	-	-	-			-
MH WORK ORDER - CFC MH Pre-School	-	-	-	-			-
MH WORK ORDER - CFC School Readiness	-	-	-	-			-
MH STATE - MHSA (WET)	-	-	-	-			-
TOTAL BHS-MENTAL HEALTH FUNDING SOURCES	367,486	331,716	233,460	60,000	-	-	992,662
BHS-SUBSTANCE ABUSE FUNDING SOURCES							
							-
							-
							-
TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	367,486	331,716	233,460	60,000	-	-	992,662
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	367,486	331,716	233,460	60,000	-	-	992,662

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00343		Prepared By/Phone #: Ken Choi/415-800-0699 x205				Fiscal Year: FY15/16	
Contractor Name: Richmond Area Multi-Services, Inc.		Document Date: 07/01/15					
Contract CMS #: 7265							
Contract Appendix Number:	B-3a	B-3b	B-3c	B-4	B-5		
Appendix A/Provider Name:	Children-Wellness Center Mental Health	Children-Wellness Center Substance Abuse	MHSA PEI - School-Based Wellness	High Quality Childcare Initiative (Fu Yau)	MHSA WDET-Summer Bridge		
Provider Number:	3894	383800	3894	3894	3894		
Program Code:	38946	38946	3894	3894	3894		
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	B-3 to B-5 SUBTOTAL	B-1 to B-5 TOTAL
FUNDING USES							
Salaries & Employee Benefits:	\$1,014,247	\$290,999	\$241,587	\$986,142	\$32,747	\$2,565,722	3,360,050
Operating Expenses:	43,147	24,063	7,450	89,350	30,115	194,125	286,102
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	1,057,394	315,062	249,037	1,075,492	62,862	2,759,847	3,646,152
Indirect Expenses:	126,887	37,807	29,884	129,059	7,543	331,180	437,537
Indirect %:	12%	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES	1,184,281	352,869	278,921	1,204,551	70,405	3,091,027	4,083,689
					Employee Fringe Benefits %:		28%
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	27,500	-	-	-		27,500	343,373
MH STATE - 2011 PSR EPSDT	24,750	-	-	-		24,750	130,791
MH STATE - 1991 MH Realignment	-	-	-	-		-	197,399
MH COUNTY - General Fund	14,200	-	-	-		14,200	275,008
MH STATE - 2011 PSR Managed Care	-	-	-	-		-	60,000
MH STATE - MHSA (PEI)	140,070	-	278,921	43,591		462,582	515,123
MH WORK ORDER - DCYF MH High School	963,311	-	-	-		963,311	963,311
MH COUNTY - Work Order CODB	14,450	-	-	1,568		16,018	16,018
MH WORK ORDER - HSA DMSF CH DHS Childcare	-	-	-	347,170		347,170	347,170
MH WORK ORDER - DCYF Child Care	-	-	-	140,785		140,785	140,785
MH WORK ORDER - CFC Commission	-	-	-	77,469		77,469	77,469
MH WORK ORDER - CFC MH Pre-School	-	-	-	486,219		486,219	486,219
MH WORK ORDER - CFC School Readiness	-	-	-	107,749		107,749	107,749
MH STATE - MHSA (WET)	-	-	-	-	70,405	70,405	70,405
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	1,184,281	-	278,921	1,204,551	70,405	2,738,158	3,730,820
BHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund		156,879				156,879	156,879
SA COUNTY - General Fund - WO CODB		2,896				2,896	2,896
SA WORK ORDER - DCYF Wellness Center		193,094				193,094	193,094
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	352,869	-	-	-	352,869	352,869
OTHER DPH FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,184,281	352,869	278,921	1,204,551	70,405	3,091,027	4,083,689
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,184,281	352,869	278,921	1,204,551	70,405	3,091,027	4,083,689

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

Contractor Name: Richmond Area Multi-Services, Inc.					Appendix/Page #: B-1a, Pg 1a	
Provider Name: RAMS					Document Date: 07/01/15	
Provider Number: 3894					Fiscal Year: FY15/16	
Program Name:	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	Children Outpatient	
Program Code:	38947	38947	38947	38947	38947	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	
FUNDING USES						
Salaries & Employee Benefits:	3,356	246,921	11,777	5,276	29,391	296,721
Operating Expenses:	354	26,077	1,244	611	3,105	31,391
Capital Expenses:	-	-	-	-	-	-
Subtotal Direct Expenses:	3,710	272,998	13,021	5,887	32,496	328,112
Indirect Expenses:	446	32,760	1,563	706	3,899	39,374
TOTAL FUNDING USES:	4,156	305,758	14,584	6,593	36,395	367,486
BHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	1,398	102,853	4,906	2,218	111,375
MH STATE - 2011 PSR EPSDT	HMHMCP751594	229	16,813	802	362	18,206
MH STATE - 1991 MH Realignment	HMHMCP751594	1,144	84,172	4,015	1,815	91,146
MH COUNTY - General Fund	HMHMCP751594	1,385	101,920	4,861	2,198	146,759
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		4,156	305,758	14,584	6,593	367,486
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		4,156	305,758	14,584	6,593	367,486
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		4,156	305,758	14,584	6,593	367,486
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	1,951	111,185	2,865	1,612	533	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.13	2.75	5.09	4.09	68.26	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.13	2.75	5.09	4.09	68.26	
Published Rate (Medi-Cal Providers Only):	2.13	2.75	5.09	4.09	68.26	Total UDC:
Unduplicated Clients (UDC):	100	Included	Included	Included	Included	100

	Program Name:	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	Children Outpatient SD	
	Program Code:	3894SD	3894SD	3894SD	3894SD	3894SD	3894SD	
	Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/10-19	
	Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	Admin Wk	TOTAL
FUNDING TERM:		07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	
FUNDING USES								
	Salaries & Employee Benefits:	4,723	169,829	3,711	1,189	45,963	42,424	267,839
	Operating Expenses:	500	17,966	393	126	4,863	4,488	28,336
	Capital Expenses:	-	-	-	-	-	-	-
	Subtotal Direct Expenses:	5,223	187,795	4,104	1,315	50,826	46,912	296,175
	Indirect Expenses:	627	22,536	492	158	6,099	5,629	35,541
	TOTAL FUNDING USES:	5,850	210,331	4,596	1,473	56,925	52,541	331,716
BHS MENTAL HEALTH FUNDING SOURCES								
	Index Code							
MH FED - SDMC Regular FFP (50%)	HMM MCP751594	2,814	101,170	2,211	708	-	-	106,903
MH STATE - MHSA (PEI)	HMHMPROP63 PMHS63-1510	-	-	-	-	-	52,541	52,541
MH STATE - 1991 MH Realignment	HMM MCP751594	2,797	100,555	2,197	704	-	-	106,253
MH COUNTY - General Fund	HMM MCP751594	239	8,606	188	61	56,925	-	66,019
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		5,850	210,331	4,596	1,473	56,925	52,541	331,716
BHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES								
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		5,850	210,331	4,596	1,473	56,925	52,541	331,716
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,850	210,331	4,596	1,473	56,925	52,541	331,716
BHS UNITS OF SERVICE AND UNIT COST								
	Number of Beds Purchased (if applicable):							
	SA Only - Non-Res 33 - ODF # of Group Sessions (classes):							
	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:							
	Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
	DPH Units of Service:	2,746	76,484	903	360	834	1,251	
	Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.13	2.75	5.09	4.09	68.26	41.99	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.13	2.75	5.09	4.09	68.26	41.99	
	Published Rate (Medi-Cal Providers Only):	2.13	2.75	5.09	4.09	68.26	41.99	Total UDC:
	Unduplicated Clients (UDC):	120	Included	Included	Included	Included	Included	120

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

Contractor Name: Richmond Area Multi-Services, Inc.					Appendix/Page #:	B-1c, Pg 1c
Provider Name: RAMS					Document Date:	07/01/15
Provider Number: 3894					Fiscal Year:	FY15/16
Program Name:	EPSDT	EPSDT	EPSDT	EPSDT		
Program Code:	38945	38945	38945	38945		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16		
FUNDING USES						
Salaries & Employee Benefits:	5,798	168,493	14,177	37		188,505
Operating Expenses:	618	17,795	1,497	32		19,942
Capital Expenses:	-	-	-	-		-
Subtotal Direct Expenses:	6,416	186,288	15,674	69	-	208,447
Indirect Expenses:	770	22,355	1,881	7		25,013
TOTAL FUNDING USES:	7,186	208,643	17,555	76	-	233,460
BHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	3,004	87,221	7,339	31	97,595
MH STATE - 2011 PSR EPSDT	HMHMCP751594	2,704	78,498	6,605	28	87,835
MH COUNTY - General Fund	HMHMCP751594	1,478	42,924	3,611	17	48,030
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		7,186	208,643	17,555	76	233,460
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		7,186	208,643	17,555	76	233,460
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,186	208,643	17,555	76	233,460
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	3,374	75,870	3,449	19	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.13	2.75	5.09	4.09		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.13	2.75	5.09	4.09	0.00	
Published Rate (Medi-Cal Providers Only):	2.13	2.75	5.09	4.09		
Unduplicated Clients (UDC):	75	75 Included	75 Included	75 Included		75
Total UDC:						75

Program Code: 38947
Program Name: Children Outpatient
Document Date: 7/1/15

	TOTAL		General Fund (HMMCP751594)		MHSA-PEI (PMHS63-1510)							
	Term:	07/01/15-06/30/16	1/15-06/3	07/01/15-06/30/16	1/15-06/3	07/01/15-06/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.60	\$ 48,720	0.57	45,975	0.03	2,745						
Clinical Supervisor/Manager of School-Based MH Partnership	0.45	\$ 29,689	0.42	28,016	0.03	1,673						
Child Psychiatrist/MD	0.10	\$ 31,200	0.09	29,442	0.01	1,758						
Behavioral Health Therapist/Counselor/Worker	9.75	\$ 414,600	9.20	391,240	0.55	23,360						
Intake Coordinator/Office Manager	0.30	\$ 13,437	0.28	12,680	0.02	757						
BIS Specialist /Admin Analyst/Assistant	0.98	\$ 34,668	0.92	32,715	0.06	1,953						
Housekeeper/Janitor	0.20	\$ 5,384	0.19	5,081	0.01	303						
Peer Counselor	0.05	\$ 1,583	0.05	1,494	0.00	89						
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
Totals:	12.43	\$579,281	11.72	\$546,643	0.71	\$32,638	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30.00%	\$173,784	30.00%	\$163,992	30.00%	\$9,792	0.00%		0.00%		0.00%
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	\$753,065
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\$710,635

	\$42,430
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\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code: 38947
 Program Name: Children Outpatient
 Document Date: 7/1/15

Appendix #: B-1
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCP751594)	MHSA-PEI (PMHS63-1510)			
	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 40,977	\$ 38,668	\$ 2,309			
Utilities(telephone, electricity, water, gas)	\$ 9,250	\$ 8,729	\$ 521			
Building Repair/Maintenance	\$ 2,800	\$ 2,642	\$ 158			
Materials & Supplies:						
Office Supplies	\$ 2,642	\$ 2,493	\$ 149			
Photocopying	\$ 900	\$ 849	\$ 51			
Printing	\$ 700	\$ 661	\$ 39			
Program Supplies	\$ 5,200	\$ 4,906	\$ 294			
Computer hardware/software	\$ 2,000	\$ 1,887	\$ 113			
General Operating:						
Training/Staff Development	\$ 5,000	\$ 4,718	\$ 282			
Insurance	\$ 4,350	\$ 4,105	\$ 245			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,900	\$ 2,737	\$ 163			
Staff Travel:						
Local Travel	\$ 450	\$ 425	\$ 25			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 2,500	\$ 2,359	\$ 141			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
TOTAL OPERATING EXPENSE	\$ 79,669	\$ 75,179	\$ 4,490	\$ -	\$ -	\$ -

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

Contractor Name: Richmond Area Multi-Services, Inc.

Provider Name: RAMS

Provider Number: 3894

Appendix/Page #: B-2

Document Date: 07/01/15

Fiscal Year: FY15/16

	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient	Children Managed Care Outpatient		
Program Name:	3894MC	3894MC	3894MC	3894MC		
Program Code:	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Mode/SFC (MH) or Modality (SA):	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Service Description:						TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16		
FUNDING USES						
Salaries & Employee Benefits:	2,253	34,659	4,124	227		41,263
Operating Expenses:	672	10,338	1,230	68		12,308
Capital Expenses:	-	-	-	-		-
Subtotal Direct Expenses:	2,925	44,997	5,354	295	-	53,571
Indirect Expenses:	351	5,400	642	36		6,429
TOTAL FUNDING USES:	3,276	50,397	5,996	331	-	60,000
BHS MENTAL HEALTH FUNDING SOURCES	Index Code					-
MH STATE - 2011 PSR Managed Care	HMHMOPMGDCAR PHMGDC-15	3,276	50,397	5,996	331	60,000
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		3,276	50,397	5,996	331	60,000
BHS SUBSTANCE ABUSE FUNDING SOURCES						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		3,276	50,397	5,996	331	60,000
NON-DPH FUNDING SOURCES						-
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,276	50,397	5,996	331	60,000
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	1,538	18,326	1,178	81		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.13	2.75	5.09	4.09		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.13	2.75	5.09	4.09		
Published Rate (Medi-Cal Providers Only):	2.13	2.75	5.09	4.09		
Unduplicated Clients (UDC):	20	Included	Included	Included		Total UDC: 20

DPH 3: Salaries & Benefits Detail

Program Code: 3894MC
 Program Name: Children Managed Care Outpatient
 Document Date: 7/1/15

Appendix #: B-2
 Page #: 2

	TOTAL		General Fund		FFP Medi-Cal/ PSR-Managed Care (HMHMOPMGDCAR PHMGDC-14)							
	Term: 07/01/15-06/30/16		Term:		Term: 07/01/15-06/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mental Health Counselor	0.67	\$ 31,741			0.67	31,741						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
		\$ -										
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Totals:	0.67	\$ 31,741	0.00	\$0	0.67	\$31,741	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30.00%	\$9,522	0.00%		30.00%	\$9,522	0.00%		0.00%		0.00%	
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TOTAL SALARIES & BENEFITS

\$41,263

\$0

\$41,263

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code: 3894MC
 Program Name: Children Managed Care Outpatient
 Document Date: 7/1/15

Appendix #: B-2
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund	FFP Medi-Cal/ PSR-Managed Care (HMHMOPMGDCAR PHMGDC-14)			
	07/01/15-06/30/16	Term: _____	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 7,200		\$ 7,200			
Utilities(telephone, electricity, water, gas)	\$ 1,750		\$ 1,750			
Building Repair/Maintenance	\$ 200		\$ 200			
Materials & Supplies:						
Office Supplies	\$ 1,158		\$ 1,158			
Photocopying	\$ 200		\$ 200			
Printing	\$ 200		\$ 200			
Program Supplies	\$ 500		\$ 500			
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 500		\$ 500			
Insurance	\$ 300		\$ 300			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
Staff Travel:						
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
	\$ -					
	\$ -					
Other:						
Recruitment/Direct Staff Expenses	\$ 300		\$ 300			
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE	\$ 12,308	\$ -	\$ 12,308	\$ -	\$ -	\$ -
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DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name: Richmond Area Multi-Services, Inc.					Appendix/Page #:	B-3a, Pg 1a
Provider Name: RAMS					Document Date:	07/01/15
Provider Number: 3894					Fiscal Year:	FY15/16
	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	Children-Wellness Center Mental Health	
Program Name:	Health	Health	Health	Health	Health	
Program Code:	38946	38946	38946	38946	38946	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	
FUNDING USES						
Salaries & Employee Benefits:	17,694	38,204	549	7	106,405	162,859
Operating Expenses:	901	1,946	28	1	18,658	21,534
Capital Expenses:	-	-	-	-	-	-
Subtotal Direct Expenses:	18,595	40,150	577	8	125,063	184,393
Indirect Expenses:	2,232	4,818	69	1	15,007	22,127
TOTAL FUNDING USES:	20,827	44,968	646	9	140,070	206,520
BHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	8,619	18,610	267	4	27,500
MH STATE - 2011 PSR EPSDT	HMHMCP751594	7,757	16,749	241	3	24,750
MH COUNTY - General Fund	HMHMCP751594	4,451	9,609	138	2	14,200
MH STATE - MHSA (PEI)	HMHMPROP63 PMHS63-1510	-	-	-	-	140,070
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		20,827	44,968	646	9	140,070
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		20,827	44,968	646	9	140,070
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		20,827	44,968	646	9	140,070
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	9,778	16,352	127	2	1,401	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.13	2.75	5.09	4.09	100.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.13	2.75	5.09	4.09	100.00	
Published Rate (Medi-Cal Providers Only):	2.13	2.75	5.09	4.09	100.00	Total UDC:
Unduplicated Clients (UDC):	27	Included	Included	Included	Included	27

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

Contractor Name: Richmond Area Multi-Services, Inc.
 Provider Name: RAMS
 Provider Number: 3894

Appendix/Page #: B-3a, Pg 1b
 Document Date: 07/01/15
 Fiscal Year: FY15/16

Program Name:	Children-Wellness Center Mental Health					
Program Code:	38946					
Mode/SFC (MH) or Modality (SA):	45/10-19					
Service Description:	OS-MH Promotion					TOTAL
FUNDING TERM:	07/01/15-06/30/16					
FUNDING USES						
Salaries & Employee Benefits:	\$851,388					851,388
Operating Expenses:	21,613					21,613
Capital Expenses:	-	-				-
Subtotal Direct Expenses:	873,001	-	-	-	-	873,001
Indirect Expenses:	104,760	-				104,760
TOTAL FUNDING USES:	977,761	-	-	-	-	977,761
BHS MENTAL HEALTH FUNDING SOURCES						
	Index Code					-
MH WORK ORDER - DCYF MH High School	HMHMSCHOOLWO	963,311	-			963,311
MH COUNTY - Work Order CODB	HMHMCP751594	14,450				14,450
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		977,761	-	-	-	977,761
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		977,761	-	-	-	977,761
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		977,761	-	-	-	977,761
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR					
DPH Units of Service:	9,222					
Unit Type:	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	106.03					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	106.03					
Published Rate (Medi-Cal Providers Only):	106.03					
Unduplicated Clients (UDC):	1,200					Total UDC: 1,200

DPH 3: Salaries & Benefits Detail

Program Code: 38946

Program Name: Children-Wellness Center Mental Health

Document Date: 7/1/15Appendix #: B-3aPage # 2

	TOTAL		General Fund (HMHMCP751594)		MHSA-PEI (HMHPROP63 PMHS63-1510)		DCYF WO (HMHMSCHOOLWO)		Gen Fd, DCYF WO CODB (HMHMCP751594)			
	Term: 07/01/15-06/30/16		01/15-06/30/16 07/01/15-06/30/16		01/15-06/30/16 07/01/15-06/30/16		01/15-06/30/16 07/01/15-06/30/16		01/15-06/30/16 07/01/15-06/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.47	\$ 34,824	0.02	1,482	0.30	22,228	0.15	11,114	0.00	0		
Clinical Supervisor	0.79	\$ 56,580	0.05	3,651	0.00	0	0.74	52,929	0.00	0		
Child Psychiatrist/MD	0.04	\$ 17,778	0.00	1,147	0.00	0	0.04	16,631	0.00	0		
Behavioral Health Counselor/Therapist	12.21	\$ 588,908	0.78	37,476	0.00	0	11.26	543,283	0.17	8,149		
Senior Clinical Case Manager	1.00	\$ 55,825	0.00	0	0.50	27,913	0.50	27,912	0.00	0		
Clinical Case Manager	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0		
SF-ACT Program Manger	0.50	\$ 32,988	0.00	0	0.50	32,988	0.00	0	0.00	0		
Office Manager	0.09	\$ 3,771	0.01	240	0.00	0	0.08	3,479	0.00	52		
BIS Specialist /Admin Analyst/Assistant	0.05	\$ 1,707	0.00	109	0.00	0	0.05	1,574	0.00	24		
		\$ -										
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
		\$ -										
Totals:	15.15	\$792,381	0.86	\$44,105	1.30	\$83,129	12.82	\$656,922	0.17	\$8,225	0.00	\$0

Employee Fringe Benefits:	28.00%	\$221,866	28.00%	\$12,349	28.00%	\$23,276	28.00%	\$183,938	28.00%	\$2,303	0.00%	
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TOTAL SALARIES & BENEFITS	\$1,014,247	\$56,454	\$106,405	\$840,860	\$10,528	\$0
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DPH 4: Operating Expenses Detail

Program Code: 38946
 Program Name: Children-Wellness Center Mental Health
 Document Date: 7/1/15

Appendix #: B-3a
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCP751594)	MHSA-PEI (HMHMPROP63 PMHS63-1510)	DCYF WO (HMHMSCHOOLWO)	DCYF WO CODB (HMHMCP751594)	
	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	Term: _____
Occupancy:						
Rent	\$ 12,175	\$ 859	\$ 5,571	\$ 5,745	\$ -	
Utilities(telephone, electricity, water, gas)	\$ 3,143	\$ 222	\$ 1,438	\$ 1,483	\$ -	
Building Repair/Maintenance	\$ 1,965	\$ 139	\$ 899	\$ 927	\$ -	
Materials & Supplies:						
Office Supplies	\$ 3,273	\$ 231	\$ 1,498	\$ 1,544	\$ -	
Photocopying	\$ 1,077	\$ 76	\$ 493	\$ 508	\$ -	
Printing	\$ 1,309	\$ 92	\$ 599	\$ 618	\$ -	
Program Supplies	\$ 3,736	\$ 96	\$ 624	\$ 642	\$ 2,374	
Computer hardware/software	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating:						
Training/Staff Development	\$ 6,546	\$ 462	\$ 2,995	\$ 3,089	\$ -	
Insurance	\$ 4,058	\$ 286	\$ 1,857	\$ 1,915	\$ -	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 629	\$ 44	\$ 288	\$ 297	\$ -	
Staff Travel:						
Local Travel	\$ 1,309	\$ 92	\$ 599	\$ 618	\$ -	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	
Other:						
Recruitment/Direct Staff Expenses	\$ 3,927	\$ 277	\$ 1,797	\$ 1,853	\$ -	
	\$ -	\$ -				
	\$ -	\$ -				
TOTAL OPERATING EXPENSE	\$ 43,147	\$ 2,876	\$ 18,658	\$ 19,239	\$ 2,374	\$ -

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

Contractor Name: Richmond Area Multi-Services, Inc.					Appendix/Page #: B-3b	
Provider Name: RAMS					Document Date: 07/01/15	
Provider Number: 383800					Fiscal Year: FY15/16	
	Children-Wellness Center Substance Abuse	Children-Wellness Center Substance Abuse				
Program Name:	Abuse	Abuse				
Program Code:	38946	38946				
Mode/SFC (MH) or Modality (SA):	SecPrev-19	SecPrev-19				
Service Description:	SA-Sec Prev Outreach	SA-Sec Prev Outreach				TOTAL
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16				
FUNDING USES						
Salaries & Employee Benefits:	\$126,560	\$164,439				290,999
Operating Expenses:	13,511	10,552				24,063
Capital Expenses:	-	-				-
Subtotal Direct Expenses:	140,071	174,991	-	-	-	315,062
Indirect Expenses:	16,808	20,999				37,807
TOTAL FUNDING USES:	156,879	195,990	-	-	-	352,869
BHS MENTAL HEALTH FUNDING SOURCES						
						-
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code					-
SA COUNTY - General Fund	HMHSCCRES227	156,879				156,879
SA COUNTY - General Fund - WO CODB	HMHSCCRES227		2,896			2,896
SA WORK ORDER - DCYF Wellness Center	HMHSSCHOOLWO		193,094			193,094
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		156,879	195,990	-	-	352,869
OTHER DPH FUNDING SOURCES						
						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		156,879	195,990	-	-	352,869
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		156,879	195,990	-	-	352,869
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS): CR CR						
DPH Units of Service: 621 776						
Unit Type: Staff Hour Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only): 252.56 252.56						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 252.56 252.56						
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC): 337 Included						
						Total UDC:
						337

DPH 3: Salaries & Benefits Detail

Program Code: 38946
Program Name: Children-Wellness Center Substance Abuse
Document Date: 7/1/15

Appendix #: B-3b
Page #: 2

	TOTAL		General Fund (HMHSCCRES227)		DCYF WO (HHMSCHOOLWO) & GF WO CODB (HMHSCCRES227)							
	Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.26	\$ 19,263	0.22	16,300	0.04	2,963						
Clinical Supervisor	0.15	\$ 10,609	0.00	0	0.15	10,609						
Child Psychiatrist/MD	0.01	\$ 3,334	0.00	0	0.01	3,334						
Behavioral Health Counselor/Therapist	2.29	\$ 110,534	0.00	0	2.29	110,534						
Clinical Case Manager	1.00	\$ 49,588	1.00	49,588	0.00	0						
SF-ACT Program Manger	0.50	\$ 32,987	0.50	32,987	0.00	0						
Office Manager	0.01	\$ 708	0.00	0	0.01	708						
BIS Specialist /Admin Analyst/Assistant	0.01	\$ 320	0.00	0	0.01	320						
		\$ -										
		\$ -										
		\$ -										
		\$ -										
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		\$ -										
		\$ -										
Totals:	4.23	\$227,343	1.72	\$98,875	2.51	\$128,468	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	28.00%	\$63,656	28.00%	\$27,685	28.00%	\$35,971	0.00%		0.00%		0.00%	
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TOTAL SALARIES & BENEFITS

\$290,999

\$126,560

\$164,439

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code: 38946
 Program Name: Children-Wellness Center Substance Abuse
 Document Date: 7/1/15

Appendix #: B-3b
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund (HMHSCCRES227)	DCYF WO (HMHMSCHOOLWO) & GF WO CODB (HMHSCCRES227)			
	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 6,425	\$ 3,416	\$ 3,009			
Utilities(telephone, electricity, water, gas)	\$ 1,658	\$ 882	\$ 776			
Building Repair/Maintenance	\$ 1,035	\$ 551	\$ 484			
Materials & Supplies:						
Office Supplies	\$ 1,727	\$ 918	\$ 809			
Photocopying	\$ 569	\$ 302	\$ 267			
Printing	\$ 691	\$ 367	\$ 324			
Program Supplies	\$ 3,264	\$ 2,453	\$ 811			
Computer hardware/software	\$ -	\$ -	\$ -			
General Operating:						
Training/Staff Development	\$ 3,455	\$ 1,837	\$ 1,618			
Insurance	\$ 2,142	\$ 1,139	\$ 1,003			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 333	\$ 177	\$ 156			
Staff Travel:						
Local Travel	\$ 691	\$ 367	\$ 324			
Out-of-Town Travel	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 2,073	\$ 1,102	\$ 971			
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
TOTAL OPERATING EXPENSE	\$ 24,063	\$ 13,511	\$ 10,552	- \$	- \$	-

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

Contractor Name: Richmond Area Multi-Services, Inc.

Provider Name: RAMS

Provider Number: 3894

Appendix/Page #: B-3c

Document Date: 07/01/15

Fiscal Year: FY15/16

Program Name:	MHSA PEI - School-Based Wellness					
Program Code:	3894					
Mode/SFC (MH) or Modality (SA):	45/10-19					
Service Description:	OS-MH Promotion					TOTAL
FUNDING TERM:	07/01/15-06/30/16					
FUNDING USES						
Salaries & Employee Benefits:	\$241,587					241,587
Operating Expenses:	7,450					7,450
Capital Expenses:	-					-
Subtotal Direct Expenses:	249,037	-	-	-	-	249,037
Indirect Expenses:	29,884					29,884
TOTAL FUNDING USES:	278,921	-	-	-	-	278,921
BHS MENTAL HEALTH FUNDING SOURCES	Index Code					-
MH STATE - MHSA (PEI)	HMHMPROP63 PMHS63-1510	278,921	-			278,921
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		278,921	-	-	-	278,921
BHS SUBSTANCE ABUSE FUNDING SOURCES						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		278,921	-	-	-	278,921
NON-DPH FUNDING SOURCES						-
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		278,921	-	-	-	278,921
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
DPH Units of Service:	1,991	-	-	-	-	
Unit Type:	Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	140.09					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	140.09	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):	275					275

Program Code: 3894
Program Name: MHS PEI - School-Based Wellness
Document Date: 7/1/15

	TOTAL		General Fund		MHSA-PEI (HMMMPROP63 PMHS63-1510)							
	Term:	07/01/15-06/30/16	Term:		Term:	07/01/15-06/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.25	\$ 18,651			0.25	18,651						
Clinical Supervisor	0.13	\$ 8,197			0.13	8,197						
Child Psychiatrist/MD	0.03	\$ 10,556			0.03	10,556						
Behavioral Health Counselor/Therapist	1.00	\$ 48,720			1.00	48,720						
Clinical Case Manager	1.00	\$ 49,735			1.00	49,735						
Trauma/Grief & Loss Group Therapist/Counselor	1.00	\$ 50,750			1.00	50,750						
Office Manager	0.06	\$ 2,687			0.06	2,687						
BIS Specialist/Admin Analyst/Assistant	0.05	\$ 1,682			0.05	1,682						
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Totals:	3.52	\$190,978	0.00	\$0	3.52	\$190,978	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	26.50%	\$50,609	0.00%	26.50%	\$50,609	0.00%	0.00%	0.00%
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\$241,587	\$0	\$241,587	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

Program Code: 3894

Program Name: MHSA PEI - School-Based Wellness

Document Date: 7/1/15

Appendix #: B-3c

Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund	MHSA-PEI (HMHMPROP63 PMHS63-1510)			
	07/01/15-06/30/16	Term: _____	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 400		\$ 400			
Utilities(telephone, electricity, water, gas)	\$ 2,666		\$ 2,666			
Building Repair/Maintenance	\$ 100		\$ 100			
Materials & Supplies:						
Office Supplies	\$ 200		\$ 200			
Photocopying	\$ 100		\$ 100			
Printing	\$ -		\$ -			
Program Supplies	\$ 1,000		\$ 1,000			
Computer hardware/software	\$ -		\$ -			
General Operating:						
Training/Staff Development	\$ 500		\$ 500			
Insurance	\$ 1,110		\$ 1,110			
Professional License	\$ -		\$ -			
Permits	\$ -		\$ -			
Equipment Lease & Maintenance	\$ 24		\$ 24			
Staff Travel:						
Local Travel	\$ 600		\$ 600			
Out-of-Town Travel	\$ -		\$ -			
Field Expenses	\$ -		\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 750		\$ 750			
	\$ -		\$ -			
	\$ -		\$ -			

TOTAL OPERATING EXPENSE

\$	7,450	\$	-	\$	7,450	\$	-	\$	-	\$	-
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Contractor Name: Richmond Area Multi-Services, Inc.								Appendix/Page #: B-#4, Page 1a						
Provider Name: RAMS								Document Date: 07/01/15						
Provider Number: 3894								Fiscal Year: FY15/16						
Program Name:	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	High Quality Childcare Initiative (Fu Yau)	
Program Code (formerly Reporting Unit):	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	3894	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Svcs Early Interv (15% Cap)	Outreach Svcs MH Services Indv/Family	Svcs MH Services Group (5% Cap)	TOTAL
FUNDING TERM: 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16 07/01/15-06/30/16														
FUNDING USES														
Salaries & Employee Benefits:	\$ 125,995	\$ 89,707	\$ 415,071	\$ 4,544	\$ 73,497	\$ 74,351	\$ 97,935	\$ 40,586	\$ 40,586	\$ 11,666	\$ 8,825	\$ 737	\$ 2,642	\$ 986,142
Operating Expenses:	\$ 11,416	\$ 8,128	\$ 37,608	\$ 411	\$ 6,659	\$ 6,736	\$ 8,873	\$ 3,677	\$ 3,677	\$ 1,057	\$ 800	\$ 67	\$ 241	\$ 89,350
Subtotal Direct Expenses:	\$ 137,411	\$ 97,835	\$ 452,679	\$ 4,955	\$ 80,156	\$ 81,087	\$ 106,808	\$ 44,263	\$ 44,263	\$ 12,723	\$ 9,625	\$ 804	\$ 2,883	\$ 1,075,492
Indirect Expenses:	\$ 16,489	\$ 11,740	\$ 54,321	\$ 596	\$ 9,619	\$ 9,730	\$ 12,817	\$ 5,312	\$ 5,312	\$ 1,527	\$ 1,155	\$ 96	\$ 345	\$ 129,059
TOTAL FUNDING USES:	\$ 153,900	\$ 109,575	\$ 507,000	\$ 5,551	\$ 89,775	\$ 90,817	\$ 119,625	\$ 49,575	\$ 49,575	\$ 14,250	\$ 10,780	\$ 900	\$ 3,228	\$ 1,204,551
CBHS MENTAL HEALTH FUNDING SOURCES														
MH STATE - MHSA (PEI) HMHMPROP63 PMHS63-1510	\$ 3,525	\$ 3,975	\$ 8,225	\$ 1,050	\$ 10,275	\$ 9,675	\$ 4,275	\$ 1,950	\$ 1,950	\$ 75	\$ 110	\$ 75	\$ 431	\$ 43,591
MH WORK ORDER - CFC Commission HMHMPROP10WO	\$ 8,825	\$ 5,400	\$ 43,500	\$ 75	\$ 825	\$ 4,500	\$ 7,725	\$ 3,000	\$ 3,000	\$ 75	\$ 110	\$ 75	\$ 559	\$ 77,469
MH WORK ORDER - CFC MH Pre-School HMHMCHFPAPWO	\$ 56,700	\$ 64,500	\$ 203,625	\$ 3,000	\$ 21,825	\$ 34,050	\$ 48,375	\$ 20,700	\$ 20,700	\$ 7,050	\$ 4,840	\$ 75	\$ 779	\$ 486,219
MH WORK ORDER - CFC School Readiness HMHMCHSRIPWO	\$ 14,325	\$ 13,875	\$ 30,675	\$ 975	\$ 20,025	\$ 6,600	\$ 10,725	\$ 4,275	\$ 4,275	\$ 1,125	\$ 220	\$ 150	\$ 504	\$ 107,749
MH WORK ORDER - HSA DMSF CH DHS Childcare HMHMCHCDHSWO	\$ 50,700	\$ 16,125	\$ 159,675	\$ 300	\$ 27,450	\$ 26,925	\$ 34,575	\$ 13,350	\$ 13,350	\$ 2,250	\$ 1,980	\$ 75	\$ 415	\$ 347,170
MH WORK ORDER - DCYF Child Care HMHMCHDCYFWO	\$ 20,025	\$ 5,700	\$ 63,300	\$ 150	\$ 9,375	\$ 7,500	\$ 13,950	\$ 6,300	\$ 6,300	\$ 3,675	\$ 3,520	\$ 450	\$ 540	\$ 140,785
MH COUNTY - Work Order CODB HMHMCP751594	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,568	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,568
														\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 153,900	\$ 109,575	\$ 507,000	\$ 5,550	\$ 89,775	\$ 90,818	\$ 119,625	\$ 49,575	\$ 49,575	\$ 14,250	\$ 10,780	\$ 900	\$ 3,228	\$ 1,204,551
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 153,900	\$ 109,575	\$ 507,000	\$ 5,550	\$ 89,775	\$ 90,818	\$ 119,625	\$ 49,575	\$ 49,575	\$ 14,250	\$ 10,780	\$ 900	\$ 3,228	\$ 1,204,551
Amounts Over Caps (If Any)														
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	2,052	1,461	6,760	74	1,197	1,211	1,595	661	661	190	98	12	29	16,001
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hours
Cost Per UOS - DPH Rate (DPH FUNDING SOURCES ONLY)	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00	
JOS - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	75.00	110.00	75.00	110.00	
Published Rate (Medi-Cal Providers Only):														Total UDC:
Unduplicated Clients (UDC):	3,198	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	3,198

TOTAL	General Fund (HMHMP751594)		MHSA - PEI (HMHMPROP83 PMHS63-1510)		SFCFC - HQCC (HMHMPROP10W0)		SFCFC - PFA (HMHMCHPFAPW0)		SFCFC - SRI (HMHMCHSRIPW0)		HSA (HMHMCHCDHSW0)		DCYF - HQCC (HMHMCHDCYFW0)			
	Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
Director	0.05	\$ 4,568	0.01	\$	0.00	165	0.00	294	0.02	1,844	0.00	409	0.01	1,317	0.01	534
Clinical Manager	1.00	\$ 73,500	0.00	95	0.04	2,660	0.06	4,727	0.40	29,668	0.09	6,575	0.29	21,184	0.12	8,591
Clinical Supervisor	0.23	\$ 15,652	0.00	21	0.01	566	0.01	1,007	0.09	6,318	0.02	1,400	0.07	4,511	0.03	1,829
Mental Health Consultant	13.00	\$ 633,654	0.01	825	0.47	22,931	0.84	40,763	5.25	255,775	1.16	56,681	3.75	182,629	1.52	74,060
Administrative Assistant	1.20	\$ 43,050	0.00	55	0.04	1,558	0.08	2,769	0.48	17,377	0.11	3,851	0.35	12,408	0.14	5,032
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Employee Fringe Benefits:	28.00%	\$215,718	27.97%	\$280	28.00%	\$7,806	28.00%	\$13,874	28.00%	\$87,075	28.00%	\$19,296	28.00%	\$62,174	28.00%	\$25,213
TOTAL SALARIES & BENEFITS		\$986,142		\$1,281		\$35,886		\$63,424		\$398,057		\$88,212		\$284,223		\$115,259

DPH 4: Operating Expenses Detail

Program Code: 3894
 Program Name: High Quality Childcare Initiative (Fu Yau)
 Document Date: 7/1/15

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Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCP751594)	MHSA - PEI (HMHMPROP63 PMHS63-1510)	SFCFC - HQCC (HMHMPROP10WO)	SFCFC - PFA (HMHMCHPFAPWO)	SFCFC - SRI (HMHMCHSRIPWO)	HSA (HMHMCHCDHSWO)	DCYF - HQCC (HMHMCHDCYFWO)
	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16
Occupancy:								
Rent	\$ 24,480	\$ 32	\$ 886	\$ 1,574	\$ 9,881	\$ 2,190	\$ 7,056	\$ 2,861
Utilities(telephone, electricity, water, gas)	\$ 13,500	\$ 17	\$ 489	\$ 868	\$ 5,449	\$ 1,208	\$ 3,891	\$ 1,578
Building Repair/Maintenance	\$ 2,000	\$ 3	\$ 72	\$ 129	\$ 807	\$ 179	\$ 576	\$ 234
Materials & Supplies:								
Office Supplies	\$ 4,170	\$ 6	\$ 151	\$ 268	\$ 1,683	\$ 373	\$ 1,202	\$ 487
Photocopying	\$ 1,000	\$ 2	\$ 36	\$ 64	\$ 404	\$ 89	\$ 288	\$ 117
Printing	\$ 1,000	\$ 2	\$ 36	\$ 64	\$ 404	\$ 89	\$ 288	\$ 117
Program Supplies	\$ 6,500	\$ 9	\$ 235	\$ 418	\$ 2,824	\$ 581	\$ 1,873	\$ 760
Computer hardware/software	\$ 2,000	\$ 3	\$ 72	\$ 129	\$ 807	\$ 179	\$ 576	\$ 234
General Operating:								
Training/Staff Development	\$ 6,000	\$ 8	\$ 217	\$ 386	\$ 2,422	\$ 537	\$ 1,729	\$ 701
Insurance	\$ 4,700	\$ 7	\$ 170	\$ 302	\$ 1,897	\$ 420	\$ 1,355	\$ 549
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel:								
Local Travel	\$ 13,000	\$ 18	\$ 470	\$ 836	\$ 5,247	\$ 1,163	\$ 3,747	\$ 1,519
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor:								
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other:								
Recruitment/Direct Staff Expenses	\$ 11,000	\$ 12	\$ 401	\$ 707	\$ 4,442	\$ 984	\$ 3,169	\$ 1,285
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 89,360	\$ 119	\$ 3,235	\$ 5,745	\$ 36,067	\$ 7,992	\$ 25,750	\$ 10,442

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

Contractor Name: Richmond Area Multi-Services, Inc.
 Provider Name: RAMS
 Provider Number: 3894

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 Document Date: 07/01/15
 Fiscal Year: FY15/16

Program Name:	MHSA WDET-Summer Bridge					
Program Code:	3894					
Mode/SFC (MH) or Modality (SA):	45/10-19					
Service Description:	OS-MH Promotion					TOTAL
FUNDING TERM:	07/01/15-06/30/16					
FUNDING USES						
Salaries & Employee Benefits:	\$32,747					32,747
Operating Expenses:	30,115					30,115
Capital Expenses:	-					-
Subtotal Direct Expenses:	62,862	-	-	-	-	62,862
Indirect Expenses:	7,543					7,543
TOTAL FUNDING USES:	70,405	-	-	-	-	70,405
BHS MENTAL HEALTH FUNDING SOURCES	Index Code					
MH STATE - MHSA (WET)	HMHMPROP63 PMHS63-1508	70,405	-			70,405
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	70,405	-	-	-	-	70,405
BHS SUBSTANCE ABUSE FUNDING SOURCES						-
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES						-
						-
						-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	70,405	-	-	-	-	70,405
NON-DPH FUNDING SOURCES						-
						-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	70,405	-	-	-	-	70,405
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR					
DPH Units of Service:	998					
Unit Type:	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	70.55					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	70.55					
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):	40					40

DPH 3: Salaries & Benefits Detail

Program Code: 3894
 Program Name: MHSA WDET-Summer Bridge
 Document Date: 7/1/15

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	TOTAL		General Fund		MHSA-WDET (HMHMPROP63 PMHS63-1508)							
	Term: 07/01/15-06/30/16		Term:		Term: 07/01/15-06/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Summer Bridge Supervisor/Director	0.06	\$ 5,075			0.06	5,075						
Summer Bridge Coordinator	0.22	\$ 11,233			0.22	11,233						
Summer Bridge Counselor	0.20	\$ 9,477			0.20	9,477						
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Employee Fringe Benefits:	27.00%	\$6,962	0.00%		27.00%	\$6,962	0.00%		0.00%		0.00%	
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TOTAL SALARIES & BENEFITS		\$32,747		\$0		\$32,747		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

Program Code: 3894
 Program Name: MHSA WDET-Summer Bridge
 Document Date: 7/1/15

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Expenditure Categories & Line Items	TOTAL	General Fund	MHSA-WDET (HMHMPROP63 PMHS63-1508)			
	07/01/15-06/30/16	Term: _____	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ -		\$ -			
Utilities(telephone, electricity, water, gas)	\$ 700		\$ 700			
Building Repair/Maintenance	\$ -		\$ -			
Materials & Supplies:						
Office Supplies	\$ 800		\$ 800			
Photocopying	\$ 130		\$ 130			
Printing	\$ -		\$ -			
Program Supplies	\$ 9,005		\$ 9,005			
Computer hardware/software	\$ -		\$ -			
General Operating:						
Training/Staff Development	\$ -		\$ -			
Insurance	\$ 180		\$ 180			
Professional License	\$ -		\$ -			
Permits	\$ -		\$ -			
Equipment Lease & Maintenance	\$ -		\$ -			
Staff Travel:						
Local Travel	\$ 100		\$ 100			
Out-of-Town Travel	\$ -		\$ -			
Field Expenses	\$ -		\$ -			
Consultant/Subcontractor:						
	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -			
Other:						
Recruitment/Direct Staff Expenses	\$ 200		\$ 200			
Stipends	\$ 19,000		\$ 19,000			
	\$ -		\$ -			
	\$ -		\$ -			

TOTAL OPERATING EXPENSE	\$	30,115	\$	-	\$	30,115	\$	-	\$	-	\$	-
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DPH 7: Contract-Wide Indirect Detail

Contractor Name: Richmond Area Multi-Services, Inc. Page 5

Document Date: 07/01/15

Fiscal Year: FY15/16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.25	\$ 43,549
Chief Financial Officer	0.25	\$ 39,559
Deputy Chief	0.24	\$ 29,239
Director of Operations	0.25	\$ 21,824
Director of Information Technologies	0.25	\$ 18,732
Director of Human Resources	0.25	\$ 20,070
Accounting/Finance Manager/Specialist	0.99	\$ 52,255
HR Benefit Specialist/HR Assistant	0.49	\$ 22,329
Operations Coordinator	0.25	\$ 11,348
Director of Training	0.20	\$ 17,114
Janitor/Custodian	0.01	\$ 345
Driver	0.07	\$ 1,788
SUBTOTAL SALARIES		\$ 278,152
EMPLOYEE FRINGE BENEFITS	27%	\$ 75,101
TOTAL SALARIES & BENEFITS		\$ 353,253

2. OPERATING COSTS

Expense line item:	Amount
Rent	\$ 21,194
Utilities	\$ 2,472
Building Repair/Maintenance	\$ 2,520
Office Supplies	\$ 15,345
Printing & Reproduction	\$ 2,308
Training/Staff Development	\$ 9,764
Insurance	\$ 11,355
Professional License Fee	\$ 2,965
Equipment Rental	\$ 865
Local Travel	\$ 3,143
Audit Fees	\$ 8,017
Bank Fees	\$ 2,301
Recruitment/Direct Staff Expenses	\$ 2,035
TOTAL OPERATING COSTS	\$ 84,284
TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)	\$ 437,537

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- ☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

- ☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated 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”).
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Agreement.
- D. 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 Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, 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



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San Francisco Department of Public Health
Business Associate Agreement

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.
- 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, 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 Agreement, 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** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This 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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

and 164.501. For the purposes of this Agreement, 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. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI 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)].
- b. **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 Contract [MOU] and Agreement, 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 Agreement 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. k. of the Agreement, 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



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San Francisco Department of Public Health
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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)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, 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 PHI 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 Contract.
- d. **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 Contract or this Agreement, 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).
- e. **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.d. 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.
- f. **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 six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. 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



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Business Associate Agreement

- (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.
- g. **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.
- h. **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)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to 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.
- j. **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.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **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 Agreement; 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,



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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)]

- m. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, 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 Agreement 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 Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, 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 CONTRACT and this Agreement 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 Agreement 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.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

- 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).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, 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 CONTRACT or this Agreement 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 Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement 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 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.

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F

Invoice

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: **Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: **M03 JL 15**

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **DPHM15000063** User Cd

Fund Source: **GF, SDMC Regular FFP, EPSDT State Match**

Invoice Period : **July 2015**

Final Invoice: ☐ (Check if Yes)

ACE Control Number:

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1b Children Outpatient SD PC# - 38947 (3894SD)												
15/ 01 - 09 OP - Case Mgt Brokerage	2,746				\$ 2.13	\$ -	0.000		0.00%		2,746.000	
15/ 10 - 57, 59 OP - MH Svcs	76,484				\$ 2.75	\$ -	0.000		0.00%		76,484.000	
15/ 60 - 69 OP - Medication Support	903				\$ 5.09	\$ -	0.000		0.00%		903.000	
15/ 70 - 79 OP - Crisis Intervention	360				\$ 4.09	\$ -	0.000		0.00%		360.000	
45/ 10 - 19 OS - MH Promotion	834				\$ 68.26	\$ -	0.000		0.00%		834.000	
B-1a Children Outpatient PC# - 38947												
45/ 10 - 19 OS - MH Promotion	533				\$ 68.26	\$ -	0.000		0.00%		533.000	
15/ 01 - 09 OP - Case Mgt Brokerage	1,951				\$ 2.13	\$ -	0.000		0.00%		1,951.000	
15/ 10 - 57, 59 OP - MH Svcs	111,185				\$ 2.75	\$ -	0.000		0.00%		111,185.000	
15/ 60 - 69 OP - Medication Support	2,865				\$ 5.09	\$ -	0.000		0.00%		2,865.000	
15/ 70 - 79 OP - Crisis Intervention	1,612				\$ 4.09	\$ -	0.000		0.00%		1,612.000	
B-1c EPSDT PC# - 38945												
15/ 01 - 09 OP - Case Mgt Brokerage	3,374				\$ 2.13	\$ -	0.000		0.00%		3,374.000	
15/ 10 - 57, 59 OP - MH Svcs	75,870				\$ 2.75	\$ -	0.000		0.00%		75,870.000	
15/ 60 - 69 OP - Medication Support	3,449				\$ 5.09	\$ -	0.000		0.00%		3,449.000	
15/ 70 - 79 OP - Crisis Intervention	19				\$ 4.09	\$ -	0.000		0.00%		19.000	
B-3a Children Wellness Center Mental Health PC# - 38946												
15/ 01 - 09 OP - Case Mgt Brokerage	9,778				\$ 2.13	\$ -	0.000		0.00%		9,778.000	
15/ 10 - 57, 59 OP - MH Svcs	16,352				\$ 2.75	\$ -	0.000		0.00%		16,352.000	
15/ 60 - 69 OP - Medication Support	127				\$ 5.09	\$ -	0.000		0.00%		127.000	
15/ 70 - 79 OP - Crisis Intervention	2				\$ 4.09	\$ -	0.000		0.00%		2.000	
TOTAL	308,444		0.000				0.000		0.00%		308,444.000	

Budget Amount		\$ 946,571.00	Expenses To Date	% of Budget	Remaining Budget
			\$ -	0.00%	\$ 946,571.00
SUBTOTAL AMOUNT DUE	\$ -	NOTES:			
Less: Initial Payment Recovery					
(For DPH Use) Other Adjustments					
NET REIMBURSEMENT	\$ -				

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:

Community Programs Budget/ Invoice Analyst

1380 Howard St., 4th Floor

San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond District Area Multi-Services Inc. Children

Address: 639 14th Avenue., San Francisco, CA 94118

Telephone No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER:

M05 JL 15

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

DPHM15000063

Fund Source:

MH Wotk Order - DCYF ChildCare

Invoice Period :

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - HHMCHDCYFWO												
45/ 10 - 19 Outreach Svcs Consultation Indiv	267				\$ 75.00	\$ -	0.000		0.00%		267.000	
45/ 10 - 19 Outreach Svcs Consultation Group	76				\$ 75.00	\$ -	0.000		0.00%		76.000	
45/ 10 - 19 Outreach Svcs Consultation Observ	844				\$ 75.00	\$ -	0.000		0.00%		844.000	
45/ 10 - 19 Outreach Svcs Staff Training	2				\$ 75.00	\$ -	0.000		0.00%		2.000	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	125				\$ 75.00	\$ -	0.000		0.00%		125.000	
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	121				\$ 75.00	\$ -	0.000		0.00%		121.000	
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	186				\$ 75.00	\$ -	0.000		0.00%		186.000	
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	84				\$ 75.00	\$ -	0.000		0.00%		84.000	
45/ 10 - 19 Svcs Systems Work (5% Cap)	84				\$ 75.00	\$ -	0.000		0.00%		84.000	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	49				\$ 75.00	\$ -	0.000		0.00%		49.000	
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	32				\$ 110.00	\$ -	0.000		0.00%		32.000	
45/ 10 - 19 Outreach Svcs MH Svcs Indiv/ Family	6				\$ 75.00	\$ -	0.000		0.00%		6.000	
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	5				\$ 110.00	\$ -	0.000		0.00%		5.000	
TOTAL	1,881		0.000				0.000		0.00%		1,881.000	
Budget Amount					\$ 142,353.00				% of Budget		Remaining Budget	
							Expenses To Date		0.00%		\$ 142,353.00	

SUBTOTAL AMOUNT DUE

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT

NOTES:

DCYF Work Order - HHMCHDCYFWO - \$140,785.00

GF - WO CODB - HHMCP751594 - \$1,568.00

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: _____

Title: _____

Send to:

Community Programs Budget/ Invoice Analyst

1380 Howard St., 4th Floor

San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: **Richmond Area Multi-Services, Inc. - Children**

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2015 - 06/30/2015

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: M08 JL 15

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM DPHM15000063

Fund Source: MH Work Order - CFC Commission

Invoice Period: July 2015

Final Invoice: (Check if Yes)

Acc Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 High Quality Childcare Initiative (Fu Yau) PC# - 3894 - HMHMPROP10WQ												
45/ 10 - 19 Outreach Svcs Consultation Indiv	115				\$ 75.00	\$ -	0.000		0.00%		115.000	
45/ 10 - 19 Outreach Svcs Consultation Grp	72				\$ 75.00	\$ -	0.000		0.00%		72.000	
45/ 10 - 19 Outreach Svcs Consultation Observ	580				\$ 75.00	\$ -	0.000		0.00%		580.000	
45/ 10 - 19 Outreach Svcs Staff Training	1				\$ 75.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	11				\$ 75.00	\$ -	0.000		0.00%		11.000	
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	60				\$ 75.00	\$ -	0.000		0.00%		60.000	
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	103				\$ 75.00	\$ -	0.000		0.00%		103.000	
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	40				\$ 75.00	\$ -	0.000		0.00%		40.000	
45/ 10 - 19 Svcs Systems Work (5% Cap)	40				\$ 75.00	\$ -	0.000		0.00%		40.000	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	1				\$ 75.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	1				\$ 110.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 Outreach Svcs MH Svcs Indiv/ Family	1				\$ 75.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	5				\$ 110.00	\$ -	0.000		0.00%		5.000	
TOTAL	1,030		0.000				0.000		0.00%		1,030.000	

Budget Amount		\$ 77,469.00		Expenses To Date	% of Budget	Remaining Budget
				\$ -	0.00%	\$ 77,469.00
SUBTOTAL AMOUNT DUE			\$ -	NOTES:		
Less: Initial Payment Recovery						
(For DPH Use) Other Adjustments						
NET REIMBURSEMENT			\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: **Richmond Area Multi-Services, Inc.- Children**

Address: 639 14th Avenue., San Francisco, CA 94118

Tel No.: (415) 668-5955

Fax No.: (415) 668-0246

Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER : M11 JL 15

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM DPHM15000063

Fund Source: MH Work Order - HSA DMSF

Invoice Period : July 2015

Final Invoice: (Check if Yes)

ACE Control Number:

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 High Quality Childcare Initiative (Fu Yau) PC# - 389404 - HMMCHCDHSWG												
45/ 10 - 19 Outreach Svcs Consultation Indiv	676				\$ 75.00	\$ -	0.000		0.00%		676.000	
45/ 10 - 19 Outreach Svcs Consultation Grp	215				\$ 75.00	\$ -	0.000		0.00%		215.000	
45/ 10 - 19 Outreach Svcs Consultation Observ	2,129				\$ 75.00	\$ -	0.000		0.00%		2,129.000	
45/ 10 - 19 Outreach Svcs Staff Training	4				\$ 75.00	\$ -	0.000		0.00%		4.000	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	366				\$ 75.00	\$ -	0.000		0.00%		366.000	
45/ 10 - 19 Outreach Svcs Early Ref/ Linkage	359				\$ 75.00	\$ -	0.000		0.00%		359.000	
45/ 10 - 19 Svcs Consultant Train/Supv (10% Cap)	461				\$ 75.00	\$ -	0.000		0.00%		461.000	
45/ 10 - 19 Outreach Svcs Evaluation (5% Cap)	178				\$ 75.00	\$ -	0.000		0.00%		178.000	
45/ 10 - 19 Svcs Systems Work (5% Cap)	178				\$ 75.00	\$ -	0.000		0.00%		178.000	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	30				\$ 75.00	\$ -	0.000		0.00%		30.000	
45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	18				\$ 110.00	\$ -	0.000		0.00%		18.000	
45/ 10 - 19 Outreach Svcs MH Svcs Indv/ Family	1				\$ 75.00	\$ -	0.000		0.00%		1.000	
45/ 10 - 19 Svcs MH Svcs Group (5% Cap)	4				\$ 110.00	\$ -	0.000		0.00%		4.000	
TOTAL	4,619		0.000				0.000		0.00%		4,619.000	
Budget Amount							Expenses To Date		% of Budget		Remaining Budget	
						\$ 347,170.00	\$ -		0.00%		\$ 347,170.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix J

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/26/2015

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

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

PRODUCER
Arthur J. Gallagher & Co.
Insurance Brokers of CA, Inc. LIC # 0726293
505 N Brand Blvd, Suite 500
Glendale CA 91203

CONTACT NAME: Michelle Gonzalez
PHONE (A/C, Ho, Ext): 818-539-2300 **FAX (A/C, No):** 818-539-2301
E-MAIL ADDRESS: Michelle_Bielen@ajg.com

INSURED
Richmond Area Multi Service
dba: RAMS, Inc.
639 14th Avenue
San Francisco CA 94118

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Company	41297
INSURER B: Riverport Insurance Company	36684
INSURER C: Zurich American Insurance Company	16535
INSURER D: Quality Comp Inc	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1193611391

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	OPS0065756	7/1/2015	7/1/2016	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/PROP AGG \$4,000,000 Abuse Liab: \$250k/\$1m
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	RIC001464B	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	0150580715	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Crime		MPL576139700	7/1/2013	7/1/2016	Limit \$1,500,000
A	Professional Liab.		OPS0065756	7/1/2015	7/1/2016	Per Occurrence \$3,000,000

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

City & County of San Francisco Its Officers Agents & Employees are named additional insured with respect to the General/Automobile Liability policy but only insofar as the operations under contract are concerned per attached endorsements. Such policies are primary insurance to any other insurance available to the additional insured with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage is excluded. Evidence Only. - Auto Endorsement to Follow

CERTIFICATE HOLDER

CANCELLATION

City & County of San Francisco Dept of Public Health
101 Grove Street, #307
San Francisco CA 94102 USA

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

AUTHORIZED REPRESENTATIVE

Roy Chyan

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CERTIFICATE OF LIABILITY INSURANCE

RICHARE-01

VSSURESH

DATE (MM/DD/YYYY)

12/23/2014

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

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

PRODUCER License # 0726293
Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.
505 N Brand Blvd, Suite 600
Glendale, CA 91203

CONTACT

NAME:

PHONE (A/C, No. Ext): (818) 539-2300

FAX (A/C, No.): (818) 539-2301

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Quality Comp Inc

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Richmond Area Multi Services
3626 Balboa St.
San Francisco, CA 94121

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

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

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
							\$
	DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		0150580715	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence Only.

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

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POLICY NUMBER: OPS0066756

COMMERCIAL GENERAL LIABILITY

CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

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

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

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

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

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



SCOTTSDALE INSURANCE COMPANY®

**ENDORSEMENT
NO.**

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0086756	07/01/2015	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name of Person or Organization:

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

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

RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - AUTOMOBILE

This endorsement modifies coverage under your:

BUSINESS AUTO COVERAGE PART

SECTION II - LIABILITY COVERAGE, Paragraph A. COVERAGE, Item 1. WHO IS AN INSURED is amended to include the person or organization named below, but only with respect to acts or actions of the named insured, that is, acts arising out of occurrences with respect to vehicles hired or used by the named insured, and not to acts or actions of the following named additional insured(s), its or their employees, agents or representatives.

<u>NAME OF PERSON OR ORGANIZATION</u>	<u>DESCRIPTION OF AUTOMOBILE</u>
CITY & COUNTY OF SAN FRANCISCO DEPT OF PUBLIC HEALTH 101 GROVE STREET #307 SAN FRANCISCO CA 94102	AS THEIR INTEREST MAY APPEAR
CITY & COUNTY OF SAN FRANCISCO HUMAN SERVICES AGENCY, OFFICE OF GRANT MANAGEMENT SAN FRANCISCO CA 94120	AS THEIR INTEREST MAY APPEAR
STATE OF CALIFORNIA STATE DEPT OF REHABILITATION 721 CAPITOL MALL SACRAMENTO CA 95814	AS THEIR INTEREST MAY APPEAR
STATE OF CALIFORNIA STATE DEPT OF VOCATIONL REHAB 301 HOWARD ST., 7TH FLR SAN FRANCISCO CA 94105	AS THEIR INTEREST MAY APPEAR

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

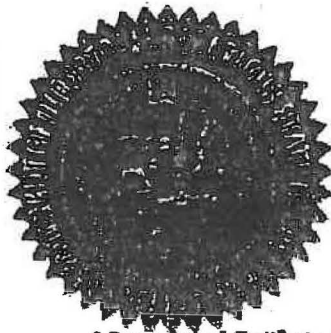
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December, 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


JOHN M. REA

DIRECTOR


MARK T. JOHNSON

MANAGER

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.



RE: Quality Comp, Inc. – Group Workers' Compensation Program

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California. The company is rated "A" Category "VIII" by A.M. Best & Company (NAIC#16608).

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000

Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2015

Expiration: January 1, 2016

Please contact me if you should have any questions or require additional information. Thank you.

Sincerely,

Jacqueline Harris
Director of Underwriting



**THIS DOCUMENT CHANGES THE PARTICIPANT'S LEGAL RIGHTS OF
MEMBERSHIP. PLEASE READ IT CAREFULLY.**

Change No. 001

This change, effective 12:01 AM January 1, 2015

Forms a part of Self-Insured Group No. 4515

Issued to Richmond Area Multi-Services, Inc.

Expiration: December 31, 2015

NOTICE TO MEMBER

This change modifies coverage provided under this Workers' Compensation and Employer's Liability Self-Insured Group.

Additional contribution due from the member for this change in coverage is: \$250.00.
This contribution may be adjusted at final audit.

A handwritten signature in cursive script, reading "Samantha McCullough", is written over a horizontal line.

Samantha McCullough, Program Administrator, Authorized Representative



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2015, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Richmond Area Multi-Services, Inc.

By Quality Comp, Inc.

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

The additional premium for this change shall be \$250.00.

Schedule

Person or Organization

City & County of San Francisco
Dept of Public Health/Behavioral Health Services
1380 Howard Street
San Francisco, CA 94103

Job Description

Administrative employees and behavioral health/vocational rehab/peer counselors

Countersigned by 
Samantha McCullough, Program Administrator, Authorized Representative



FORM 3: CMD COMPLIANCE AFFIDAVIT

1. I will ensure that my firm complies fully with the provisions of Chapter 14B of the San Francisco Administrative Code and its implementing Rules and Regulations and attest to the truth and accuracy of all information provided regarding such compliance.
2. Upon request, I will provide the CMD with copies of contracts, subcontract agreements, certified payroll records and other documents requested so the HRC and CMD (as applicable) may investigate claims of discrimination or non-compliance with either Chapter 12B or Chapter 14B.
3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.
4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

Signature of Owner/Authorized Representative:

A handwritten signature in black ink, appearing to read "K. Ghane Bassiri".

Owner/Authorized Representative (Print)

Kavoos Ghane Bassiri

Name of Firm (Print)

Richmond Area Multi-
Services, Inc. (RAMS)

Title and Position

President & CEO

Address, City, ZIP

3626 Balboa Street, San
Francisco, CA 94121

Federal Employer Identification Number (FEIN):

23-7389436

Date:

6/11/2014