

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **July 1, 2017**, in San Francisco, California, by and between **Richmond Area Multi-Services, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ11-2015** issued **April 16, 2015** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **41068-14/15 on December 21, 2015**;

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 **January 1, 2016** between Contractor and City, as amended by:

First Amendment dated July 1, 2016 and this second amendment

1b. 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 Article 2 - Term of the Agreement of the Agreement currently reads as follows:

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) January 1, 2016; or (ii) the Effective Date and expire on December 31, 2017, unless earlier terminated as otherwise provided herein.

2.2 The City has three (4) options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

- Option 1: 1/01/2017 – 12/31/2017 Exercised
- Option 2: 1/01/2018 – 12/31/2018
- Option 3: 1/01/2019 – 12/31/2019
- Option 4: 1/01/2020 – 12/31/2020

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

Article 2 Term of the Agreement

2.3 The term of this Agreement shall commence on the latter of: (i) January 1, 2016; or (ii) the Effective Date and expire on October 31, 2020, unless earlier terminated as otherwise provided herein.

2.4 The City has three (4) options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

- Option 1: 1/01/2017 – 12/31/2017 Exercised
- Option 2: 1/01/2018 – 12/31/2018 Exercised
- Option 3: 1/01/2019 – 12/31/2019 Exercised
- Option 4: 1/01/2020 – 12/31/2020 Exercised

2b. Article 3 Financial Matters, Section 3.3 Compensation, Section 3.3.1 of the Agreement currently reads as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Five Hundred Fifty-Eight Thousand Two Hundred Eighty Eight Dollars (\$9,558,288)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.3 Compensation.

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Two Million Six Hundred Three Thousand Nine Hundred Thirty Dollars (\$22,603,930)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2c. The Appendices listed below are amended as follows:

- 1) Add Appendix A-1 through A-5 dated 7/1/2017 for FY 2017/2018 to Agreement as amended.
- 2) Delete Appendix B - Calculation of Charges and replace in its entirety with Appendix B - Calculation of Charges dated 7/1/2017 to Agreement as amended.
- 3) Add Appendix B-1 through B-5 dated 7/1/2017 for FY 2017/2018 to Agreement as amended.
- 4) Delete Appendix E - HIPAA Business Associate Agreement and replace in its entirety with Appendix E - HIPAA Business Associate Agreement dated April 22, 2016 to Agreement as amended.

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2017.

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

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

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.

Barbara A. Garcia, MPA / Date
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By _____ / Date
Kathy Murphy
Deputy City Attorney

Jorge Wong / Date
Chief Executive Officer
639 14th Avenue
San Francisco, CA 94118

Approved:

City vendor number: 15706

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

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| CONTRACTOR NAME: RICHMOND Area Multi-Services, Inc. | Appendix A-1 |
| Program Name: Hire-Ability Janitorial Services | Contract Term: 07/01/17-06/30/18 |
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1. Identifiers:

Program Name: Hire-Ability Janitorial Services
 Program Address: 1234 Indiana Street
 City, State, ZIP: San Francisco, CA 94107
 Telephone/FAX: (415) 282-9675 (415) 920-6877
 Website Address: www.ramsinc.org / www.hire-ability.org
 Contractor Address (if different from above): RAMS Administration, 639 14th Avenue
 City, State, ZIP: San Francisco, CA 94118
 Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Email Address: angelatang@ramsinc.org
 Program Code(s) (if applicable): Not Applicable

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

To provide employment and internship opportunities within the janitorial field for qualified and work ready consumers within the community behavioral health system.

To improve the emotional/physical well-being and quality of life, positive community engagement, increase self-sufficiency, and to obtain & retain employment.

4. Target Population:

San Francisco residents age 18 and over, adults & older adults including transitional age youth, , , who are currently receiving behavioral health services through BHS. Particular outreach will be made to underserved populations and those interested in the janitorial industry.

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

See CBHS Appendix B, CRDC pages.

6. Methodology:

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving about 18,000 adults, children, youth & families at over 90 sites, citywide.

Specifically for Hire-Ability Janitorial Services, the program promotes open janitorial positions within the system of care by outreach and recruitment activities through linkages with BHS community agencies, Department of Rehabilitation (DOR), Co-Operative partners within the BHS

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Vocational Services system, and to other employment linkages that directly outreach to consumers within BHS. Targeted recruitment for employment also includes participants who have completed the Hire-Ability Vocational Services 4-month long Occupational Skills Training Certificate program in janitorial, funded by Department of Rehabilitation which prepares graduates for competitive employment within the janitorial field. Outreach and recruitment for this program includes community outreach presentations at BHS (and contract) clinics, participating in group presentations with the DOR/BHS vocational co-op, and announcements (emails, flyers) through the DOR/BHS vocational co-op partners. Hire-Ability also holds an open house orientation once per month to introduce services to potential applicants. Graduates of this program are provided employment services assistance, working directly with employment consultants to prepare for competitive employment through a variety of activities such as interview preparation, resume development, and job development and coaching assistance. The employment services program follows the *Individual Placement & Support* Model, which is strengths- and evidenced-based supported employment model that has been successful for individuals with chronic behavioral health issues. Graduates of this program and applicants that meet qualifications for janitorial positions are provided opportunities and assistance to apply and interview for open positions.

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

Employment:

The employment portion of Hire-Ability Janitorial Services works in conjunction with the Janitorial Services internship program, Department of Rehabilitation, BHS clinics, and Employment Services partners and linkages to refer qualified participants to open employment positions within this program. The process is equivalent to other competitive employment positions within RAMS which include screening of applicants which may result in face to face interviews and potential employment offers.

Internship:

The internship portion of Hire-Ability Janitorial Services accommodates referrals from BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who then provides the individual with the necessary information to apply to the program. The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets include basic demographic information (name, contact information), reference contact information, referral form, and resume. Individuals who qualify under the initial screening (a coordinated effort of review by staff including the Vocational Rehabilitation Services Coordinator, Associate Director of Vocational Services, and internship site manager) are invited for a face-to-face interview with the Vocational Rehabilitation Services Coordinator and Associate Director of Vocational Services. These initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g. residential). If an individual is not accepted into the program based on suitability for these program services, the Vocational Rehabilitation Services Coordinator makes a referral to one of Hire-Ability Programs or to another service provider.

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- 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.

Hire-Ability program hours are Monday to Friday (9:00 am – 5:00 pm); however, on-the-job hours may vary, depending on the job site's needs.

Employment:

Janitorial Services employment program provides on-the-job training and supervision to employees within this program. RAMS Management also coordinates coverage for vacancies or absences. Employees are provided with a robust and comprehensive job retention support system with close coordination of supervision and support between the RAMS Janitorial Manager, Administrative Coordinator, Associate Director, and BHS site managers. All employees receive an initial orientation by RAMS human resources department upon hire. The employee is then oriented to their individual position through on-site supervision and time limited job coaching for employees receiving employment services. Employees participate in regular, interactive individual and group supervision meetings. In addition, there are regular quarterly trainings in various areas such as health and safety, ergonomics, blood borne pathogen, and other pertinent trainings such as communication and professionalism, boundaries, and other pertinent work related trainings as well as RAMS sponsored health and wellness retreats. Site specific trainings usually take place on a monthly basis or as needed. Employees may also access and/or be linked to the Employee Assistance Program (EAP) to assist with a variety of life building resources. In addition, starting in 2015, RAMS secured funding (from another source) to operate a peer workforce support services program which offers 24/7 telephone and online support as well as group and individual support (e.g. monthly drop-in groups, WRAP groups); the services are targeted towards peers and family members with an emphasis on issues relating to work.

To gather information and feedback on janitorial services, RAMS continuously engages CBHS site managers in various methods such as in-person meetings and telephone calls, at least quarterly. The Hire-Ability Janitorial Services fosters a work environment that promotes healthy behaviors, a sense of hope and belonging, responsibility and strengthens roles of consumers through employment and professional development activities.

Internship:

The Janitorial Services internship program design includes providing culturally competent, consumer-driven, strengths-based workforce development activities and vocational services including but not limited to: vocational assessments, job skills training, on-site work experience, vocational counseling, and job coaching. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

The internship duration is six to nine months with each intern receiving 10-20 hours per week of paid, on-the-job training with work hours varying, depending on the individual's availability & support needs. Internship components include general office cleaning; floor & carpet care; and restroom cleaning. Each intern is assigned a Vocational Rehabilitation Case Manager, and a Peer Job Coach as needed; and works with the Janitorial Manager and/or Site Supervisor for orientation to the tasks. The Vocational Rehabilitation Case Manager conducts vocational assessments, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and provides job counseling & guidance. The Peer Job Coach and Janitorial Manager and/or Site Supervisor provides job training and coaching,

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coordinate training and support needs with the Vocational Case Manager and BHS site manager, and provide feedback and vocational support to the intern.

At the start of services and at regular intervals, a vocational assessment is completed with each intern. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the intern in the identification of goals leading towards vocational development. These areas, as they relate to employment, include: work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the Vocational Rehabilitation Case Manager and intern discuss how strengths can be utilized to make changes on their current conditions, to promote & sustain healthy mental health, and obtain and retain employment. The Vocational Rehabilitation Case Manager also gathers relevant information from the intern and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation and on a quarterly basis thereafter, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. The assessment/evaluation and plan development includes the intern's input through self-evaluation sections as well as the Vocational Rehabilitation Case Manager's appraisal and feedback from the Peer Job Coach and BHS site manager. RAMS engages BHS site managers in various methods including in-person meetings and telephone calls, at least quarterly. The comprehensive vocational plan also considers the intern's environment and entire support structure as well as specific employment goals, and takes into account collateral information (e.g. behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the intern's therapist, implements the appropriate interventions. Together, the Vocational Rehabilitation Case Manager and intern set goals and identify strategies that are attainable & measureable. RAMS also facilitates linkages for support services (e.g. transportation, child care).

Vocational training and skills building is provided through various capacities. The Janitorial Manager and/or Site Supervisor serves as the primary trainer. The Peer Job Coach provides additional assistance as needed and in coordination with the Vocational Rehabilitation Case Manager maintains written evaluations and progress reports on interns' skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, and work endurance. As the primary trainer, the Peer Job Coach is thoroughly familiar with the intern's daily progress and can provide consistent feedback and support. The Vocational Rehabilitation Case Manager observes the intern at the internship site weekly and obtains feedback from the Peer Job Coach and BHS site manager so as to provide consistent feedback and support to the intern.

RAMS is committed to client involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and ensures cultural competency. The best informant for the culturally relevant curriculum and program development is the target population, themselves. Throughout the internship period, the Vocational Rehabilitation Case Manager meets individually with the intern to discuss progress and solicit feedback regarding their experience, and at the end of the internship period interns are given anonymous written satisfaction surveys regarding the intake & admission process, internship structure & activities, support services, and professional development.

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A focus group is also conducted to solicit similar feedback regarding the structure of the program, recruitment process, accessibility, and effectiveness. All feedback is compiled and reviewed (by Hire-Ability management and RAMS executive management), informs the program design (development & adjustments, implementation), and is incorporated, as appropriate.

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

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: BHS and BHS clinics (as these are the primary internship host sites); engaging in the Job Developers Huddle – One Stop Western Addition; Potrero /Dogpatch Merchants Association and ongoing relationship/collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the BHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative). Furthermore, the Vocational Rehabilitation Case Manager provides support and coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

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

Employment:

For consumers who are employees within this program, employment is at-will and on-going based on employee performance. If an employee resigns or is terminated for any reason, RAMS will take every effort, if applicable, to engage in a process of linkage to Employee Assistance or other helpful resources to ensure the employee is able transition appropriately from their position at RAMS.

Internship:

Janitorial Services interns successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, interns will have more competitive skills for today's job market, and referral can be to competitive employment, volunteer internships, additional training, education, college enrollment, or salaried employment. In this pursuit, the Vocational Rehabilitation Case Manager may assist with linkage assistance to job placement programs, employment counseling and guidance, and coordination with other support services to ensure effective transition, as part of post internship case management support. As Hire-Ability offers a full spectrum of vocational services, interns may transition into the Employment Services Program, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with

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California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment.

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

See CBHS Appendix B.

7. Objectives and Measurements:

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 17-18.

B. Individualized Objectives

Employment:

- By the end of the fiscal year, 80% of survey responses from janitorial sites will express satisfaction rating of “3” or above with services, as evidenced by program satisfaction survey which are analyzed by the associate director and reviewed by the program director. Summary of results are shared with RAMS executive leadership and available to stakeholders upon request.
- By the end of the fiscal year, 100% of janitorial employees will be provided with a staff satisfaction survey, as evidenced by distribution memos and announcements.
- By the end of the fiscal year, 80% of janitorial employees will have participated in at least one wellness training and or received wellness training materials. (Topics include community resources, stress management/coping and problem solving). This will be evidenced by training attendance records and sign – off sheets to acknowledge receipt of wellness training materials.
- By the end of the fiscal year, 100% of applicable janitorial employees will have an annual performance evaluation which measures the employee’s competence and skills as well as capacity to problem solve and take responsibility and accountability for their own performance. This is evidenced by the annual performance evaluation, which includes the employee and supervisor/program director’s ratings.

Internship:

- By the end of the fiscal year, 65% of program participants eligible to complete the internship cycle within the fiscal year will successfully complete the training or have exited the program early due to obtaining employment, transferring to another training/internship program to further increase readiness for employment, or enrolling in education to continue professional development. Inclusion criteria are only participants having received services for at least three months; the statuses of those who exit the program prior to three months are accounted separately. This will be evidenced by program case closure records and reasons for discharge; the Vocational Rehabilitation Case Manager’s termination documents are reviewed and approved by the Associate Director.
- By the end of the fiscal year, 75% of intern graduates will have reported an increased ability to manage symptoms in the workplace, as evidenced by focus group feedback and post-program survey responses.

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- By the end of the fiscal year, 75% of intern graduates will have reported an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training program, employment, volunteer work, etc.), as evidenced by focus group feedback and post-program survey responses.

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 service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. The program director and associate director work directly with human resources to address employee performance needs as well as work collaboratively with BHS operations team to coordinate work flow and operational duties related to our janitorial services employees. Hire-Ability management team and BHS operations teams meet monthly.

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

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

The program director and other members of the Hire-Ability management team meet regular with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys from service sites are also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. Within the first 30 days of admission and after every re-assessment period thereafter, the client's chart is reviewed by the Vocational Case Manager or Associate Director / Program Director, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

In addition to the program's documentation review, the RAMS Quality Council formally conducts an annual review of randomly selected charts to monitor adherence to documentation standards and protocols. The review committee includes the Council Chair (RAMS Director of Operations), Deputy

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Chief/Director of Clinical Services, and another council member (or designee). Feedback is provided directly to staff as well as general summaries at staff meetings.

C. Cultural competency of staff and services.

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

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

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

D. Satisfaction with services.

Employment:

RAMS disseminates an annual employee satisfaction survey. RAMS further solicits feedback from other stakeholders including contracted service sites, business customers, and funders through satisfaction surveys as well as face to face meetings. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation.

Internship:

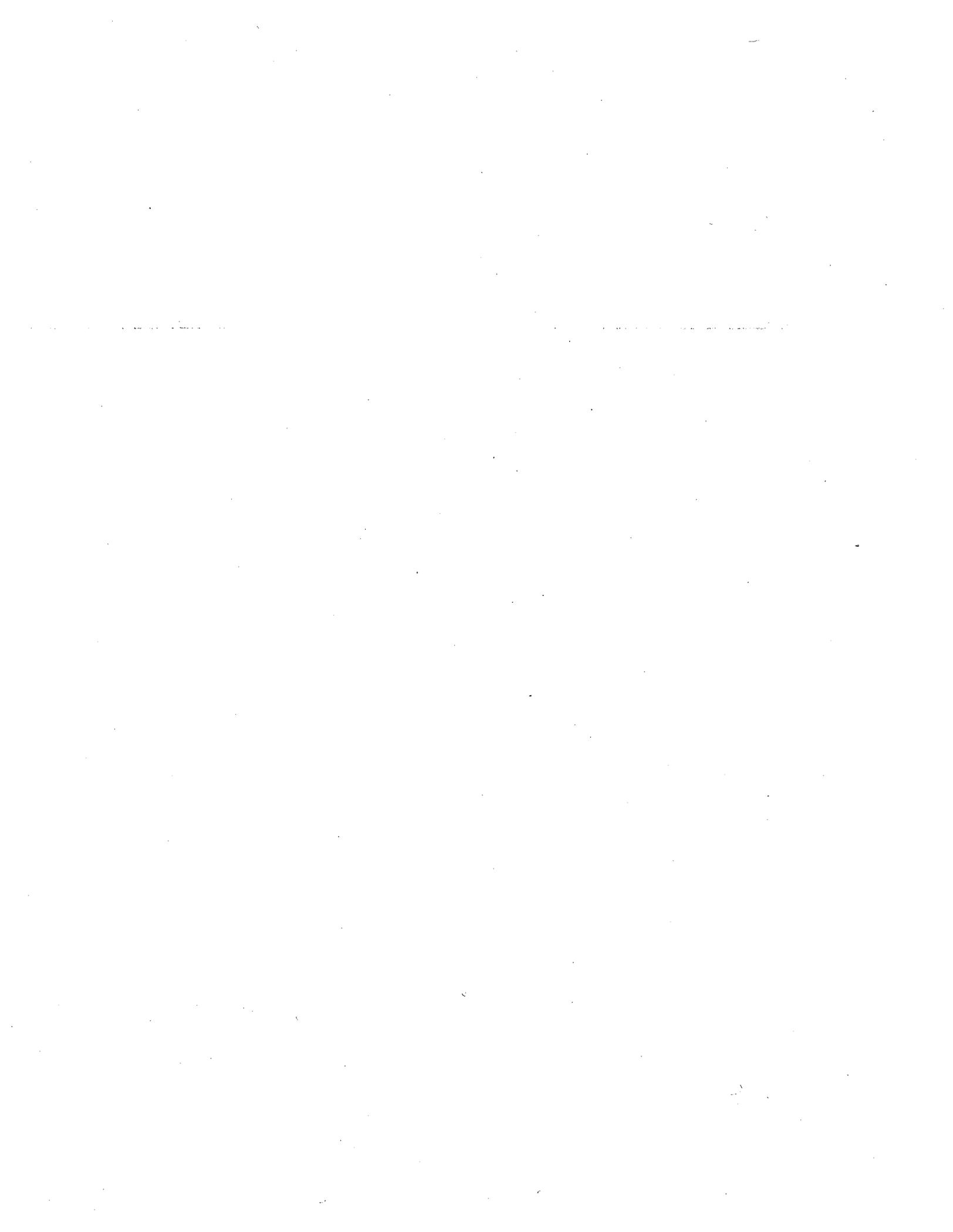
For the Janitorial Service internship program, RAMS adheres to the BHS satisfaction survey protocols which may include dissemination annually or biannually. In addition, Hire-Ability administers its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post-program evaluations, client focus groups, client advisory council meetings, community meetings open to all clients at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation.

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

Not Applicable.

9. Required Language:

Not Applicable.



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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-2 |
| Program Name: Hire-Ability Clerical & Mailroom Services | Contract Term: 07/01/17 – 06/30/18 |
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1. Identifiers:

Program Name: Hire-Ability Clerical & Mailroom Services

Program Address: 1234 Indiana Street

City, State, ZIP: San Francisco, CA 94107

Telephone: (415) 282-9675

Fax: (415) 920-6877

Website Address: www.ramsinc.org / www.hire-ability.org

Contractor Address: RAMS Administration, 639 14th Avenue

City, State, ZIP: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Fax: (415) 751-7336

Email Address: angelatang@ramsinc.org

Program Code(s): Not Applicable

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

To provide employment and internship opportunities in the areas of business operations support such as clerical, mailroom, reception, messenger and driving positions for those with personal experience with the community behavioral health system.

To increase work skills, improve emotional/physical well-being and quality of life, positive community engagement, increase self-sufficiency, and obtain & retain employment.

4. Target Population:

San Francisco residents who are adults 18 and over including transitional age youth, , who are currently receiving behavioral health services through BHS. Particular outreach will be made to underserved populations and those interested in an administrative field.

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

See BHS Appendix B, CRDC pages.

6. Methodology:

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

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

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and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 18,000 adults, children, youth & families at over 90 sites, citywide.

Specifically for Hire-Ability Clerical & Mailroom Services, the program promotes open positions within the system of care by outreach and recruitment activities through linkages with BHS community agencies, Department of Rehabilitation (DOR), Co-Operative partners within the BHS Vocational Services system, and to other employment linkages that directly outreach to consumers within BHS. Targeted recruitment for employment also includes participants who have completed the Clerical & Mailroom Services internship in clerical/administrative support positions. Graduates of this program and applicants that meet qualifications for positions (DOR, Co-Op partners) are provided opportunities and assistance to apply and interview for open positions.

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

Employment:

The employment portion of Hire-Ability Clerical & Mailroom Services works in conjunction with the Clerical & Mailroom Services internship program, and referrals for employment opportunities are through RAMS Employment Services Program, Department of Rehabilitation and our Co-Operative contract partners. Positions are competitive in nature and follows RAMS protocol for internal job announcements, recruitment, and hiring.

Internship:

The internship portion of Hire-Ability Clerical & Mailroom Services accommodates referrals from BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who then provides the individual with the necessary information to apply to the program. The program has an application process by which interested individuals are to submit their completed application packet within the indicated deadline. Application packets include basic demographic information (name, contact information), reference contact information, referral form, and resume. Individuals who qualify under the initial screening (a coordinated effort of review by staff including the Vocational Rehabilitation Services Coordinator, Associate Director of Vocational Services, and internship site manager) are invited for a face-to-face interview with the Vocational Rehabilitation Services Coordinator and Associate Director of Vocational Services. These initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g. residential). A secondary assessment interview is held with the internship site to determine appropriate match for the site needs. If an individual is not accepted into the program based on suitability for these program services, the Vocational Rehabilitation Services Coordinator makes a referral to one of Hire-Ability Programs or to another service provider.

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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.

Hire-Ability program hours are Monday to Friday (9:00 am – 5:00 pm); however, on-the-job hours may vary, depending on the job site’s needs.

Employment:

Clerical & Mailroom Services employment program provides on-site training and supervision to employees within this program. RAMS management also coordinates coverage for vacancies or absences. Employees are provided with a robust and comprehensive job retention support system with close coordination of supervision and support between the RAMS Vocational Rehabilitation Coordinator, Associate Director, and with BHS site managers. All employees receive an initial orientation by RAMS human resources department upon hire. The employee is then oriented to their individual position through on-site supervision and time limited job coaching for employees receiving employment services. Regular group and individual supervision meetings are an integral part of the Clerical & Mailroom Services program, continuous engagement as well as professional development activities are provided in a structured manner. Monthly staff meetings as well as quarterly trainings address critical areas needed for successful and meaningful employment which can include topics such as professional communication and boundaries, ergonomics at the work place, handling stress on the job and work life balance, as well as RAMS sponsored health and wellness retreats. Employees may also access and/or be linked to the Employee Assistance Program (EAP) to assist with a variety of life building resources. In addition, starting in 2015, RAMS secured funding (from another source) to operate a peer workforce support services program which offers 24/7 telephone and online support as well as group and individual support (e.g. monthly drop-in groups, WRAP groups); the services are targeted towards peers and family members with an emphasis on issues relating to work.

To gather information and feedback on Clerical & Mailroom Services, RAMS continuously engages BHS site managers in various methods such as in-person meetings and telephone calls, at least quarterly. The Hire-Ability Clerical & Mailroom Services fosters a work environment that promotes healthy behaviors, a sense of hope and belonging, responsibility and strengthens roles of consumers through employment and professional development activities.

Internship:

Clerical & Mailroom Services internship program design includes providing culturally competent, consumer-driven, strengths-based workforce development activities and vocational services including but not limited to: vocational assessments, job skills training, on-site work experience, vocational counseling, and job coaching. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries.

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The internship duration is six to nine months with each intern receiving 10-20 hours per week of paid, on-the-job training with work hours varying, depending on the individual's availability and support needs. Internship components include general office support; customer service; mailroom & distribution; reception functions (answering phones, greeting and assisting visitors); filing, copying/faxing; and light data entry (depending on internship site). Each intern is assigned a Vocational Rehabilitation Case Manager, and a Peer Job Coach as needed. The Vocational Rehabilitation Case Manager conducts vocational assessments, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and provides job counseling & guidance. The Peer Job Coach provides job training and coaching, coordinates training and support needs with the Vocational Case Manager and BHS site manager, and provides feedback and vocational support to the intern.

At the start of services and at regular intervals, a vocational assessment is completed with each intern. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the intern in the identification of goals leading towards vocational development. These areas, as they relate to employment, include: work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the Vocational Rehabilitation Case Manager and intern discuss how strengths can be utilized to make changes on their current conditions, to promote & sustain healthy mental health, and obtain and retain employment. The Vocational Rehabilitation Case Manager also gathers relevant information from the intern and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation and on a quarterly basis thereafter, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. The assessment/evaluation and plan development includes the intern's input through self-evaluation sections as well as the Vocational Rehabilitation Case Manager's appraisal and feedback from the Peer Job Coach and BHS site manager. RAMS engages BHS site managers in various methods including in-person meetings and telephone calls, at least quarterly. The comprehensive vocational plan also considers the intern's environment and entire support structure as well as specific employment goals, and takes into account collateral information (e.g. behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the intern's therapist, implements the appropriate interventions. Together, the Vocational Rehabilitation Case Manager and intern set goals and identify strategies that are attainable & measureable. RAMS also facilitates linkages for support services (e.g. transportation, child care).

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Vocational training and skills building is provided through various capacities. The Peer Job Coach serves as the primary trainer and in coordination with the Vocational Rehabilitation Case Manager maintains written evaluations and progress reports on interns' skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, and work endurance. As the primary trainer, the Peer Job Coach is thoroughly familiar with the intern's daily progress and can provide consistent feedback and support. The Vocational Rehabilitation Case Manager observes the intern at the internship site weekly and obtains feedback from the Peer Job Coach and BHS site manager so as to provide consistent feedback and support to the intern.

RAMS is committed to client involvement and community input in all elements of program operations, including planning, implementation, and evaluation. This process ensures quality programming, increases effectiveness, and ensures cultural competency. The best informant for the culturally relevant curriculum and program development is the target population, themselves. Throughout the internship period, the Vocational Rehabilitation Case Manager meets individually with the intern to discuss progress and solicit feedback regarding their experience, and at the end of the internship period interns are given anonymous written satisfaction surveys regarding the intake & admission process, internship structure & activities, support services, and professional development. A focus group is also conducted to solicit similar feedback regarding the structure of the program, recruitment process, accessibility, and effectiveness. All feedback is compiled and reviewed (by Hire-Ability management and RAMS executive management), informs the program design (development & adjustments, implementation), and is incorporated, as appropriate.

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

RAMS continuously engages with various systems to increase the program trainees' knowledge and networking possibilities regarding jobs/internships, further educational opportunities, etc. Such systems that Hire-Ability specifically works with includes, but is not limited to: BHS and BHS clinics (as these are the primary internship host sites); engaging in Job Developers Huddle – One Stop Western Addition; Potrero/Dogpatch Merchants Association and ongoing relationship/collaboration with California State Department of Rehabilitation (for which Hire-Ability maintains a separate contract); and involvement in the BHS Co-Operative group (streamlined referral system amongst RAMS Hire-Ability, Caminar, State Department of Rehabilitation, Citywide Forensic Collaborative).

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Furthermore, the Vocational Rehabilitation Case Manager provides support and coaching into the workforce and connects participants to additional resources (e.g. Department of Rehabilitation, RAMS Hire-Ability Employment Services, educational/training resources, housing).

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

As the Clerical & Mailroom Services employment program operates to train, support, and retain employment for consumer-filled positions in Clerical & Mailroom Services, there is not any exit criteria. If an employee resigns or is terminated for any reason, RAMS will take every effort, if applicable, to engage in a process of linkage to Employee Assistance or other helpful resources to ensure the employee is able transition appropriately from their position at RAMS.

Clerical & Mailroom Services interns successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, interns will have more competitive skills for today’s job market, and referral can be to competitive employment, volunteer internships, additional training, education, college enrollment, or salaried employment. In this pursuit, the Vocational Rehabilitation Case Manager may assist with linkage assistance to job placement programs, employment counseling and guidance, and coordination with other support services to ensure effective transition, as part of post internship case management support. As Hire-Ability offers a full spectrum of vocational services, interns may transition into the Employment Services Program, which is funded through a contract/agreement with the California State Department of Rehabilitation. This program provides a higher level of individualized job preparation using classroom and individual meetings, job development, individualized plans & job placement, and follow-along services to consumers. Hire-Ability also maintains a cooperative agreement with California Department of Rehabilitation (since 1998) to connect employers with trained individuals; thus, supporting job placements for program participants with employment. Interns may also enter other vocational trainings available through the system of care.

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

See CBHS Appendix B.

7. Objectives and Measurements:

A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 17-18.

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B. Individualized Objectives

Employment:

- By the end of the fiscal year, 80% of survey responses from Clerical & Mailroom Services sites will express satisfaction rating of “3” or above with services, as evidenced by program satisfaction survey which are analyzed by the Associate Director and reviewed by the Program Director. Summary of results are shared with RAMS executive leadership and available to stakeholders upon request.
- By the end of the fiscal year, 100% of Clerical & Mailroom Services employees will be provided with a staff satisfaction survey, as evidenced by distribution memos and announcements.
- By the end of the fiscal year, 80% of Clerical & Mailroom Services employees will have participated in at least one wellness training and or received wellness training materials. (Topics such as community resources, stress management/coping, problem solving). This will be evidenced by training attendance records and sign-off sheets to acknowledge receipt of wellness training materials received.
- By the end of the fiscal year, 100% of applicable Clerical & Mailroom Services employees will have an annual performance evaluation which measures the employee’s competence and skills as well as capacity to problem solve and take responsibility and accountability for their own performance. This is evidenced by the annual performance evaluation, which includes the employee and supervisor/program director’s ratings.

Internship:

- By the end of the fiscal year, 65% of program participants eligible to complete the internship cycle within the fiscal year will successfully complete the training or have exited the program early due to obtaining employment, transferring to another training/internship program to further increase readiness for employment, or enrolling in education to continue professional development. Inclusion criteria are only participants having received services for at least three months; the statuses of those who exit the program prior to three months are accounted separately. This will be evidenced by program case closure records and reasons for discharge; the Vocational Rehabilitation Case Manager’s termination documents are reviewed and approved by the Associate Director.
- By the end of the fiscal year, 75% of intern graduates will have reported an increased ability to manage symptoms in the workplace, as evidenced by focus group feedback and post-program survey responses.
- By the end of the fiscal year, 75% of intern graduates will have reported an increase in readiness for additional meaningful activities related to vocational services (e.g. educational program, advanced internship, advanced training program, employment,

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volunteer work, etc.), as evidenced by focus group feedback and post-program survey responses.

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 service outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. The Program Director and Associate Director work directly with human resources to address employee performance needs as well as work collaboratively with BHS operations team to coordinate work flow and operational duties related to our Clerical & Mailroom Services employees. Hire-Ability management team and BHS operations teams meet monthly.

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

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

The Program Director and other members of the Hire-Ability management team meet regular with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys from service sites are also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. Within the first 30 days of admission and after every re-assessment period thereafter, the client's chart is reviewed by the

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Vocational Case Manager or Associate Director/Program Director, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

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

C. Cultural competency of staff and services.

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

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

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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. Satisfaction with services);

- 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 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.

Employment:

RAMS disseminates an annual employee satisfaction survey. RAMS further solicits feedback from other stakeholders including contracted service sites, business customers, and funders through satisfaction surveys as well as face to face meetings. Results of the survey are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation.

Internship:

For the Staffing Service internship program, RAMS adheres to the BHS satisfaction survey protocols which may include dissemination annually or biannually. In addition, Hire-Ability administers its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post-program evaluations, client focus groups, client advisory council meetings, community meetings open to all clients at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation.

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

Not Applicable.

9. Required Language:

Not Applicable.

1. Identifiers:

Program Name: Peer-to-Peer Vocational Linkage
Program Address: 639 14th Avenue (administrative address)
City, State, Zip: San Francisco, CA 94121
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
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

To support clients at SFDPH BHS sites and assist clinicians by connecting their clients with community services by utilizing peer providers who have identified themselves as consumers (or former consumers) of behavioral health services.

4. Target Population

The target population for this program is the adult/older adult clients served by selected SFDPH Behavioral Health Services clinics.

5. Modality(ies)/Interventions

See BHS Appendix B, CRDC pages.

RAMS' Peer-to-Peer Vocational Linkage program, which is integrated into the RAMS Division of Peer-Based Services, enhances treatment services by providing supportive case management and resource linkage to clients at contracted SF DPH behavioral health clinics. Services, delivered by Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery.

During the fiscal year, RAMS will conduct the following activities:

- RAMS' Peer-to-Peer Vocational Linkage Program will provide at least 1,000 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies

- At least 200 unduplicated individuals will receive services through the Peer-to-Peer Vocational Linkage Program

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond its own walls to reach people of all ages and backgrounds in its community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to vocational services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families, annually serving approximately 18,000 adults, children, youth & families at over 90 sites, citywide.

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

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

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

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

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

The Service Coordinator works with the client to support them in the access and utilization of available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

- *Transportation and Mobility*
- *Affordable Housing*
- *Assistive Technology*
- *Language Interpretation*
- *Government Services and Programs*

- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*
- *Substance Use services*

The Service Coordinators focus on providing the clients with assistance in: acknowledging the available services; understanding the implications of the services; making an informed decision on selecting services; successfully navigating eligibility and accessing systems; maximizing utilization of resources; following up on service progress, remaining on track with recovery goals, and achieving individual and vocational goals.

Service Coordinators may work with the same client several times regarding different needs and issues; the frequency of service may also vary depending on the service needed and the resources available.

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

Clients may be discharged from this program when their initial referral and/or other identified needs for service coordination have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

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

See BHS Appendix B.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY17-18.

B. Individualized Program Objectives

- During the fiscal year, the Division's Director/Manager will conduct at least quarterly site visits to meet with Service Coordinator and Site Supervisors to receive updates regarding Peer-to-Peer Vocational Linkage staff, assess whether Service Coordinators are meeting the needs of the clinic (satisfaction), and address any concerns with the program. Should there be

significant findings as a result of these meetings, a plan of action will be developed and implemented to address any program concerns.

- During the fiscal year, 75% of site/clinic/program satisfaction survey responses will express satisfaction with services. This will be evidenced by program satisfaction surveys.
- During the fiscal year, 75% of the clients receiving Peer-to-Peer Vocational Linkage will express overall satisfaction with services. This will be evidenced by client satisfaction surveys. The Division management will compile, review, and analyze results from the satisfaction survey.
- During the fiscal year, 80% of client satisfaction survey responses will indicate an increased knowledge about the community, health and cultural resources available to them. This will be evidenced by client satisfaction surveys.
- During the fiscal year, 75% of clients receiving Peer-to-Peer Vocational Linkage will report increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants. This will be evidenced by documentation/reports that summarize the service plan outcomes.

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 service outcomes. The Division's Director/Manager monitors service progress by collecting information during regular group supervision meetings, data submission by Service Coordinators, chart reviews, and agency site visits. Furthermore, each Service Coordinator receives regular individual supervision from an on-site supervisor at their assigned clinic. On-site supervisors meet with staff weekly or on an as-needed basis to review caseload with regard to service strategies, service plans & progress, productivity, etc. On a regular basis, the Division's Director/Manager conducts a joint supervision with on-site supervisor to discuss each Service Coordinator's overall performance and their progress in meeting contract objections. Should there be concerns regarding Service Coordinator(s)' ability to fulfill contract requirement based on information gathered from the various sources mentioned above, the Division's Director/Manager will work directly with Service Coordinator(s) and on-site supervisor to develop a plan of action to address concerns.

With regards to management monitoring, the Division Director meets with executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer) each month to report progress/status towards each contract objective.

b. Quality of documentation, including frequency and scope of internal chart audits.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by Division Director/Manager on a quarterly basis; based on these reviews, determinations/ recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & clinical needs. Feedback is provided to direct staff members.

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

c. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by regular group supervision. Furthermore, RAMS annually holds agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of annual objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division 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 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 Peer-to-Peer Vocational Linkage Program conducts an annual client satisfaction survey at each clinic-site to solicit program feedback. The Division management compiles, analyzes, and presents the results of surveys to staff, each program site-supervisor, RAMS Executive Management, and the RAMS Quality Council. The Division Director also collaborates with RAMS Executive Management, Quality Council, and clinics to develop and implement plans to address issues related to client satisfaction as appropriate.

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

ANSA data is not applicable for this specific contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive outcomes. As staff are providing services to BHS clients, they work in collaboration with the primary counselors to support positive outcomes and achievable of treatment goals.

9. Required Language

Not applicable.

1. Identifiers:

Program Name: Hire-Ability Information Technology (i-Ability)
Program Address: 1234 Indiana Street
City, State, Zip Code: San Francisco, CA 94107
Telephone/Fax: (415) 282-9675 / (415) 920-6877
Website Address: www.ramsinc.org / www.hire-ability.org

Contractor Address: RAMS Administration, 639 14th Avenue
City, State, ZIP: San Francisco, CA 94118

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

Program Code(s) (if applicable): Not Applicable

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

5. Modality(ies)/Interventions

This fiscal year represents the continued operations of i-Ability components:

- (a) Avatar Helpdesk (entry): Continued operation
- (b) Desktop (entry): Continued operation
- (c) Advanced Avatar Helpdesk: Continued operation
- (d) Advanced Desktop: Continued operation
- (e) Consumer Portal Help Desk: Initial rollout

Workforce Development (MHSA Modality)

- For the Avatar Helpdesk (entry), this contract term includes two cohorts with each cohort enrolling at least eight trainees after the two week visitation period (total 16 trainees)

- For the Desktop Training (entry), this contract term includes two cohorts with each cohort enrolling at least seven trainees after the two week visitation period (total 14 trainees)
- For the Advanced Avatar Helpdesk Training, this contract term includes two cohorts with each enrolling at least five trainees after the two week visitation period (total 10 trainees)
- For the Advanced Desktop, this contract term includes one cohort with two trainees
- For Avatar Helpdesk, Desktop, and Advanced Avatar Helpdesk components, a full cohort's training duration is nine months; for Advanced Desktop component, a full cohort's training duration is one year.
- Trainees/interns engage in workforce development activities (classroom and on-the-job training) intended to develop a diverse and competent workforce; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the healthcare information technology workforce.
- Each Avatar Helpdesk, Desktop & Advanced Avatar Helpdesk trainee/intern receives at least 7-16 hours/week of paid, on-the-job workforce development training; work hours vary, according to the individual's availability & support needs.
- There are additional activity hours for program planning, providing individualized and/or group trainee support (Vocational Rehabilitation Counselor and/or IT Trainer), preparing & reviewing/adjusting training materials (per Avatar system updates), etc.

During this fiscal year, there will be the initial implementation of the Consumer Portal Help Desk. The Consumer Portal provides clients of SFDPH-BHS access to selected portions of their clinical record. This help desk will specifically support end users of the Consumer Portal.

6. Methodology

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

RAMS' responsibility and commitment to mental health care quality and education extends beyond our own walls to reach people of all ages and backgrounds in our community through outreach and serving them in their own environments. This philosophy of care has always been central to the agency's approach. RAMS is uniquely well-positioned and has the expertise to outreach, engage, and retain diverse consumers, underrepresented constituents, and community organizations with regards to Hire-Ability services & resources and raising awareness about mental health and physical well-being. As an established community services provider, RAMS comes into contact with significant numbers of consumers & families with each year serving approximately 18,000 adults, children, youth & families at over 90 sites, citywide. Hire-Ability's primary referral sources are SFDPH outpatient behavioral health services; as such, the program's staff regularly performs outreach activities and coordinates within RAMS programs and other agencies' management.

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

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

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

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

The i-Ability, Vocational IT program has the following components:

- 1) Avatar Helpdesk, a single point of contact for end users of the -BHS electronic health record system ("Avatar") to receive support. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where they gain skills regarding troubleshooting basic user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 2) Desktop, a single point of contact for end users of BHS computers/hardware to receive support and maintenance within BHS computing environment. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where trainees gain skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is nine months with no overlap.
- 3) Advanced Avatar Helpdesk, a single point of contact for end users of the BHS electronic health record system ("Avatar") to receive support. Additionally, interns will provide additional support to the Avatar Super User Community. The initial unpaid classroom training varies from 2-4 weeks in which after, trainees engage in paid, on-the-job training where interns increase their skills regarding troubleshooting basic and super user issues, engaging & interacting with end users (customer service), logging & triaging more complicated issues, healthcare confidentiality policies & practices, etc. The interns will assist with mentoring the Helpdesk trainees by shadowing frontline activities and providing structured peer support as facilitated by the trainer of the program. Each cohort cycle is nine months; cohorts overlap to maintain continuity of helpdesk support.
- 4) Advanced Desktop, a single point of contact for end users of BHS computers/hardware to receive support and maintenance within BHS computing environment. Trainees engage in paid, on-the-job training to gain advanced skills regarding hardware repair and support (break-fix), technical troubleshooting, healthcare confidentiality policies & practices, etc. Each cohort cycle is one year with no overlap.

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

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

The IT Trainers (Avatar Helpdesk, Desktop/Advanced Desktop, Advanced Avatar Helpdesk) are the primary staff persons responsible for classroom and on-the-job training, providing direct support and supervision (individual, group) to trainees/interns. The classroom training is primarily provided during the first two to four weeks of the cohort; thereafter, training and support is provided on a regular, ongoing basis (weekly). The IT Trainers may also serve as additional frontline coverage; the IT Manager, along with the Director of Vocational Services/Program Director, provides as needed coverage and oversees quality control & management for the i-Ability program. Furthermore, all trainees/interns are assigned a Vocational Rehabilitation Counselor. The Counselor conducts a comprehensive vocational assessment (job readiness/interest, skills development, other work-related issues), vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, job searches, and placement assistance, as well as job coaching, counseling & guidance.

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

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

Furthermore, this fiscal year includes the initial implementation of the Consumer Portal Help Desk. The Consumer Portal provides clients of SFDPH-BHS access to selected portions of their clinical record. This help desk will specifically support end users of the Consumer Portal. This Portal will consist of Supervisors and Frontline staff, all of which are employee positions.

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

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

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

See CBHS Appendix B.

F. Mental Health Services Act Programs

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

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

During the cohort on-the-job training, all trainees are paid. Furthermore, i-Ability Vocational IT maintains an advisory committee that is multi-disciplinary and reflects the diversity of the community. Membership includes consumer representation, CBHS, and RAMS with involvement from program participants (graduates). This committee schedules to meet quarterly and evaluates program components while advising on its further development and implementation.

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

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

3. MHS Vision: Collaboration with different systems increases opportunities for jobs, education, housing, etc.

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

7. Objectives and Measurements

a. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY17-18.

b. Individualized Objectives

- At program completion, 75% of trainee graduates will indicate improvements to their coping abilities; this will be evidenced by post-program evaluations and satisfaction surveys, collected by RAMS staff and analyzed by the Program Director
- For each component, 75% of enrolled trainees will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field, thus increasing readiness for entry-level employment/internship/volunteerism in the information

technology/behavioral health field; this will be evidenced by program completion records that is documented by the Vocational Rehabilitation Counselor

- At program completion, 75% of trainees will express overall satisfaction with the program; this will be evidenced by the post-program satisfaction surveys, collected by RAMS staff and analyzed by the Program Director
- At program completion, at least 75% of trainees will participate in exit interviews through focus groups or one-on-one interview to solicit feedback regarding the curriculum of the program, recruitment process, accessibility, and effectiveness; this will be evidenced by feedback summary notes, collected by BHS IT management and RAMS staff.
- At least 75% of trainee graduates will respond/ participate in the three-month post-program survey to assess the program's impact on work and/or education placements

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

RAMS monitors contract performance objectives through several methods such as daily data analysis and monthly review of consumer individual vocational goals/objectives, regular weekly meetings between the Vocational Rehabilitation Counselor and consumer served, regular individual supervision between supervisors and supervisee's to discuss consumer caseload with regard to intervention strategies, vocational plans & progress, documentation, productivity and overall contract objectives. Other significant activities to ensure achievement of contract performance objectives include regular weekly program staff meetings and program management meetings where issues related to overcoming any barriers to achieving performance objectives are discussed.

Monthly reports from each program coordinator to the program director and in turn to the Deputy Chief of RAMS address the ongoing progress and/or barriers towards contract objectives. Corrective action activities are documented which includes the identification of the issue, plan of action and steps and timelines for completion of the plan. RAMS Quality Council which represents a small group of RAMS supervisors, supervisees, consumers and executive leadership staff meet quarterly, is designed to advise on program quality assurance and improvement activities.

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 program outcomes; majority of program objectives are measured by participant scores, program evaluations, and/or post-program surveys. With regards to management monitoring, the Program Director reports progress/ status towards each contract objective to executive management (Deputy Chief/Director of Clinical Services and Chief Executive Officer) in a written monthly report. If the projected progress has not been achieved for the month, the Program Director identifies barriers and develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of accomplishing program goals/objectives), program exit reasons, and service/resource utilization. RAMS also conducts various random file/chart reviews to review adherence to objectives as well as service documentation requirements.

- b. Quality of documentation, including a description of the frequency and scope of internal chart audits

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

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

- c. Cultural competency of staff and services

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

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

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

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

e. Timely completion and use of outcome data

Not applicable.

9. Required Language

Not applicable.

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
| Program Name: TAY Vocational Services | Contract Term: 07/01/17 – 06/30/18 |

1. Identifiers:

Program Name: TAY Vocational Services
 Program Address: 1234 Indiana Street
 City, State, ZIP: San Francisco, CA 94107
 Telephone/FAX: Tel: (415) 282-9675 Fax: (415) 920-6877
 Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue
 City, State, ZIP: San Francisco, CA 94118
 Person Completing this Narrative: Angela Tang, RAMS Director of Operations
 Telephone: (415) 800-0699
 Fax: (415) 751-7336
 Email Address: angelatang@ramsinc.org

Program Code(s) (if applicable): Not Applicable

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

To provide vocational/occupational assessment, time-limited paid internships in order to provide healthy activities, provide entry-level work exploration and experience, and support TAY who are receiving services in the SFDPH-BHS system of care achieve resiliency and maximize recovery.

4. Target Population:

San Francisco residents that are transitional age youth, ages 15-18 and TAY young adults, ages 18-25, currently receiving behavioral health services at SFDPH-BHS system of care. Outreach will be made to underserved populations and those who are involved in multiple systems including behavioral health, juvenile justice, human services and the educational system. Particular outreach will be made to all BHS Adult Providers, CYF SOC Providers, organizations that serve transitional aged youth which may include Larkin Street, Huckleberry House, SFUSD Wellness Center, etc.

5. Modality(s)/Intervention(s)

See BHS Appendix B, CRDC pages.

6. Methodology:

The Hire-Ability TAY Vocational Services Program contains four main components:

- Assessment – Vocational/occupational and interest assessment. The program will provide a developmentally appropriate interactive assessment in order to engage youth in full participation.

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| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
| Program Name: TAY Vocational Services | Contract Term: 07/01/17 – 06/30/18 |

- Case Management – The program will provide ongoing case management, including linkage and referral when needed, to support participants in minimizing barriers and maximizing participation and recovery.
- Group Training – Three month initial group training which may include soft skills, fieldtrip to potential internship sites, inspirational and career related speakers, group cohesion and learning, etc.; and ongoing group learning activities throughout the program year for each cohort.
- Internship/Work Experience – Each participant will be placed at an internship site that best fits his/her interest, ability, availability, and experience, for nine months. Site may be within RAMS and in the community. Internship may range from 4-20 hours/week depending on site availability, participant’s school and other schedule, and program design.

All participants will receive San Francisco minimum wage pay/stipend during program duration. As this is the first cohort and a pilot program, outreach started during FY 2015-16 with focus groups which also served as outreach to the TAY community and their families. Outreach for 2016-17 will take place in July through September; notice of acceptance and program start in October 2016 for the first cohort.

This is a 12-month program with an additional 2-month retention follow-up, which will roll over to the following fiscal year. The second cohort will start in spring 2017. With two cohorts staggered to allow smaller cohorts, yet ability to serve more youth, and be more flexible for youth to start at two different time span.

A mid- and end-program survey will be administered. The mid-program survey is an opportunity to provide more timely feedback to be considered for program improvement.

7. Objectives and Measurements:

A. Standardized Objectives

Any applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 17-18.

B. Individualized Objectives

RAMS TAY Vocational Services has established the following objectives for FY 2017-18:

- At least 15 TAY youth will be enrolled in the program
- At least 75% of participants will complete the program (e.g. graduate)
- To complete the program, participants must meet a 75% participation rate
- At least 75% of program graduates will indicate, on an exit survey, an increase of readiness for additional meaningful activities related to vocational services. This may be collected in fiscal year 2017-18; however, a mid-program survey will be administered to elicit feedback.
- At least 75% of program graduates will indicate, on an exit survey, overall program satisfaction. This may be collected in fiscal year 2017-18; however, a mid-program survey will be administered to elicit feedback for program improvement.

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 program outcomes; majority of program objectives are measured by participant scores, program evaluations, and/or post-program surveys. With regards to management monitoring, the Program Director reports progress/status towards each contract objective to executive management (Deputy Chief/Director of Clinical Services and Chief Executive Officer) in a written monthly report. If the projected progress has not been achieved for the month, the Program Director identifies barriers and develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of accomplishing program goals/objectives), program exit reasons, and service/resource utilization. RAMS also conducts various random file/chart reviews to review adherence to objectives as well as service documentation requirements.

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

The program director and other members of the Hire-Ability Vocational Services management team meet regular with staff for supervision meetings. Documentation of meetings, trainings, performance evaluations is noted and, as appropriate, may be filed directly in the employees personnel file with human resources. Feedback through surveys are also analyzed and evaluated and reported to RAMS executive leadership. Information from the outcomes is used for program improvement purposes.

RAMS utilizes various mechanisms to review documentation quality. Chart reviews are conducted by supervisors; based on their review, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & vocational/clinical needs. Feedback is provided to direct staff members. Furthermore, supervisors monitor the service documentation of their supervisees; staff meets weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. Charts are reviewed at regular intervals, to monitor quality & timeliness. Feedback is provided directly to staff as well as general summaries at staff meetings.

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

C. Cultural competency of staff and services.

| | |
|--|---|
| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
| Program Name: TAY Vocational Services | Contract Term: 07/01/17 – 06/30/18 |

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

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

| | |
|--|---|
| Contractor Name: Richmond Area Multi-Services, Inc. | Appendix A-5 |
| Program Name: TAY Vocational Services | Contract Term: 07/01/17 – 06/30/18 |

- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO 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 BHS satisfaction survey protocols which include dissemination annually or biannually, as applicable. In addition, the Hire-Ability administered its program-developed client satisfaction surveys. Furthermore, client feedback is obtained during post-program evaluations, client advisory council meetings, community meetings at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program facilitates focus groups with clients. All satisfaction survey methods and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

Not Applicable.

9. Required Language:

Not Applicable.

Appendix B
Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 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 Service0 (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Hire - Ability Janitorial Services

Appendix B-2 Hire - Ability Clerical & Mailroom Services

Appendix B-3 Peer-to-Peer Vocational Linkage

Appendix B-4 Hire-Ability Information Technology

Appendix B-5 TAY Vocational Services

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 Two Million Six Hundred Three Thousand Nine Hundred Thirty Dollars (\$22,603,930)** for the period of **January 1, 2016 through October 31, 2020.**

CONTRACTOR understands that, of this maximum dollar obligation \$1,739,102 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, not withstanding 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.

| <u>Term</u> | <u>Amount</u> |
|---|-------------------|
| 01/01/16 - 06/30/16 | 2,024,552 |
| 07/01/16 - 06/30/17 | 4,347,756 |
| 07/01/17 - 06/30/18 | 4,347,756 |
| 07/01/18 - 06/30/19 | 4,347,756 |
| 07/01/19 - 06/30/20 | 4,347,756 |
| 07/01/20 – 10/31/20 | <u>1,449,252</u> |
| Sub. Total of January 2016 through October 31, 2020 | 20,864,828 |
| Contingency Available | <u>1,739,102</u> |
| Total of January 2016 through October 31, 2020 | <u>22,603,930</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.

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.

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

CBHS BUDGET DOCUMENT

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

| DHCS Legal Entity Number (MH) 00343 | | | | | | Summary Page # 1 of 1 | |
|---|---------------------|--------------------------------|--------------------------|------------------------|-------------------------|------------------------------------|---------------------|
| DHCS Legal Entity Name (MH)/Contractor-Name (SA) Richmond Area Multi-Services, Inc. | | | | | | Fiscal Year 2017-18 | |
| Contract CMS # 7640 | | | | | | Funding Notification Date 07/01/17 | |
| Contract Appendix Number | B-1 | B-2 | B-3 | B-4 | B-5 | B-# | |
| Provider Number | 3894 | 3894 | 3894 | 3894 | 3894 | | |
| Program Name(s) | Janitorial Services | Clerical and Mailroom Services | Peer to Peer Voc Linkage | Information Technology | TAY Vocational Services | | |
| Program Code(s) | N/A | N/A | N/A | N/A | N/A | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | 07/01/17-06/30/18 | 07/01/17-06/30/18 | 07/01/17-06/30/18 | 07/01/17-06/30/18 | TOTAL | |
| FUNDING USES | | | | | | | |
| Salaries | \$ 622,871 | \$ 641,927 | \$ 185,750 | \$ 825,241 | \$ 83,217 | \$ 2,359,006 | |
| Employee Benefits | \$ 330,122 | \$ 288,867 | \$ 77,086 | \$ 313,592 | \$ 32,039 | \$ 1,041,706 | |
| Subtotal Salaries & Employee Benefits | \$ 952,993 | \$ 930,794 | \$ 262,836 | \$ 1,138,833 | \$ 115,256 | \$ - | \$ 3,400,712 |
| Operating Expenses | \$ 177,989 | \$ 132,478 | \$ 26,845 | \$ 55,585 | \$ 81,173 | \$ 474,070 | |
| Capital Expenses | | | | | | \$ - | |
| Subtotal Direct Expenses | \$ 1,130,982 | \$ 1,063,272 | \$ 289,681 | \$ 1,194,418 | \$ 196,429 | \$ - | \$ 3,874,782 |
| Indirect Expenses | \$ 135,718 | \$ 127,593 | \$ 34,762 | \$ 143,330 | \$ 23,571 | \$ 464,974 | |
| Indirect % | 12.0% | 12.0% | 12.0% | 12.0% | 12.0% | 0.0% | 12.0% |
| TOTAL FUNDING USES | \$ 1,266,700 | \$ 1,190,865 | \$ 324,443 | \$ 1,337,748 | \$ 220,000 | \$ - | \$ 4,339,756 |
| | | | | | | Employee Fringe Benefits % 42.3% | |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| MH COUNTY Adult - General Fund | \$ 715,430 | \$ 581,346 | | | | \$ 1,296,776 | |
| MH CYF COUNTY General Fund | \$ 2,383 | \$ 7,918 | | | | \$ 10,301 | |
| MH STATE Adult 1991 MH Realignment | \$ 121,669 | \$ 344,570 | | | | \$ 466,239 | |
| MH STATE CYF 1991 Realignment | \$ 3,653 | \$ 10,347 | | | | \$ 14,000 | |
| MH GRANT SAMSHA Adult SOC, CFDA #93.958 | | | \$ 324,443 | | | \$ 324,443 | |
| MH MHSA (CSS) | \$ 423,565 | \$ 246,684 | | | \$ 220,000 | \$ 890,249 | |
| MH MHSA (IT) Information Technology | | | | \$ 1,337,748 | | \$ 1,337,748 | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | \$ 1,266,700 | \$ 1,190,865 | \$ 324,443 | \$ 1,337,748 | \$ 220,000 | \$ - | \$ 4,339,756 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| OTHER DPH FUNDING SOURCES | | | | | | | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| | | | | | | \$ - | |
| TOTAL OTHER DPH FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL DPH FUNDING SOURCES | \$ 1,266,700 | \$ 1,190,865 | \$ 324,443 | \$ 1,337,748 | \$ 220,000 | \$ - | \$ 4,339,756 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| | | | | | | \$ - | |
| TOTAL NON-DPH FUNDING SOURCES | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | \$ 1,266,700 | \$ 1,190,865 | \$ 324,443 | \$ 1,337,748 | \$ 220,000 | \$ - | \$ 4,339,756 |

Prepared By Ken Choi, Chief Financial Officer

Phone Number 415-800-0699 x205

CBHS BUDGET DOCUMENT

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

| | | | | | | |
|--|--|-------------------------|-------------------------|-------------------------|------------------------------------|------------------|
| DHGS Legal Entity Name (MH)/Contractor Name (SA) 00343 | | | | | Appendix #: B-1 | |
| Provider Name RAMS | | | | | Page # 1 | |
| Provider Number 3894 | | | | | Fiscal Year 2017-18 | |
| | | | | | Funding Notification Date 07/01/17 | |
| Program Name | Janitorial Services | Janitorial Services | | | | |
| Program Code | N/A | N/A | | | | |
| Mode/SFC (MH) or Modality (SA) | 10/30-39 | 10/30-39 | | | | |
| Service Description | DS-Vocational | DS-Vocational | | | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | | | TOTAL |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits | 634,328 | 318,665 | | | | 952,993 |
| Operating Expenses | 118,471 | 59,518 | | | | 177,989 |
| Capital Expenses | | | | | | - |
| Subtotal Direct Expenses | 752,799 | 378,183 | - | - | - | 1,130,982 |
| Indirect Expenses | 90,336 | 45,382 | | | | 135,718 |
| TOTAL FUNDING USES | 843,135 | 423,565 | - | - | - | 1,266,700 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| MH COUNTY Adult - General Fund | HMHMCC730515 | 715,430 | | | | 715,430 |
| MH CYF COUNTY General Fund | HMHMCP751594 | 2,383 | | | | 2,383 |
| MH STATE Adult 1991 MH Realignment | HMHMCC730515 | 121,669 | | | | 121,669 |
| MH STATE CYF 1991 Realignment | HMHMCP751594 | 3,653 | | | | 3,653 |
| MH MSA (CSS) | PMHS63-1705 | | 423,565 | | | 423,565 |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 843,135 | 423,565 | - | - | 1,266,700 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 843,135 | 423,565 | - | - | 1,266,700 |
| NON-DPH FUNDING SOURCES | | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 843,135 | 423,565 | - | - | 1,266,700 |
| 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) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | |
| Payment Method | | | | | | |
| DPH Units of Service | 1,886 | 948 | | | | |
| Unit Type | Client Full Day | Client Full Day | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 447.00 | \$ 447.00 | \$ - | \$ - | \$ - | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 447.00 | \$ 447.00 | \$ - | \$ - | \$ - | |
| Published Rate (Medi-Cal Providers Only) | | | | | | Total UDC |
| Unduplicated Clients (UDC) | N/A | N/A | | | | N/A |

CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Janitorial Services
 Program Code: N/A

Appendix #: B-1
 Page #: 3

Fiscal Year: 2017-18

Funding Notification Date: 07/01/17

| Expense Categories & Line Items | TOTAL | General Fund (HMHMCC730515, HMHMCP751594, HMHMCC730515, HMHMCP751594) | MH MSA (CSS) (PMHS63-1705) | Accounting Code 3 (Index Code or Detail) | Accounting Code 4 (Index Code or Detail) | Accounting Code 5 (Index Code or Detail) | Accounting Code 6 (Index Code or Detail) |
|---|-------------------|---|-------------------------------|--|--|--|--|
| Term (mm/dd/yy-mm/dd/yy): | | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | | | |
| Rent | \$ - | \$ - | \$ - | | | | |
| Utilities(telephone, electricity, water, gas) | \$ - | \$ - | \$ - | | | | |
| Building Repair/Maintenance | \$ - | \$ - | \$ - | | | | |
| Occupancy Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Office/Program Supplies | \$ 158,166 | \$ 105,278 | \$ 52,888 | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| Materials & Supplies Total: | \$ 158,166 | \$ 105,278 | \$ 52,888 | \$ - | \$ - | \$ - | \$ - |
| Training/Staff Development | \$ 1,000 | \$ 666 | \$ 334 | | | | |
| Insurance | \$ 5,500 | \$ 3,661 | \$ 1,839 | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| General Operating Total: | \$ 6,500 | \$ 4,327 | \$ 2,173 | \$ - | \$ - | \$ - | \$ - |
| Local Travel | \$ 5,000 | \$ 3,328 | \$ 1,672 | | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | \$ - | | | | |
| Staff Travel Total: | \$ 5,000 | \$ 3,328 | \$ 1,672 | \$ - | \$ - | \$ - | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary) | \$ - | \$ - | \$ - | | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | | | |
| Recruitment & Direct Staff Expenses | \$ 3,500 | \$ 2,330 | \$ 1,170 | | | | |
| Client-Related Food | \$ 4,000 | \$ 2,662 | \$ 1,338 | | | | |
| Client-Related Other Activities | \$ 823 | \$ 546 | \$ 277 | | | | |
| Other Total: | \$ 8,323 | \$ 5,538 | \$ 2,785 | \$ - | \$ - | \$ - | \$ - |
| TOTAL OPERATING EXPENSE | \$ 177,989 | \$ 118,471 | \$ 59,518 | \$ - | \$ - | \$ - | \$ - |

CBHS BUDGET DOCUMENT

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343 | | Appendix #: B-2 | | | | |
|--|---|------------------------------------|-------------------------|-------------------------|-------------------------|------------------|
| Provider Name RAMS | | Page # 1 | | | | |
| Provider Number 3894 | | Fiscal Year 2017-18 | | | | |
| | | Funding Notification Date 07/01/17 | | | | |
| Program Name | Clerical and Mailroom Services | Clerical and Mailroom Services | | | | |
| Program Code | N/A | N/A | | | | |
| Mode/SFC (MH) or Modality (SA) | 10/30-39 | 10/30-39 | | | | |
| Service Description | DS-Vocational | DS-Vocational | | | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | | | TOTAL |
| FUNDING USES | | | | | | |
| Salaries & Employee Benefits | 737,983 | 192,811 | | | | 930,794 |
| Operating Expenses | 105,035 | 27,443 | | | | 132,478 |
| Capital Expenses | | | | | | - |
| Subtotal Direct Expenses | 843,018 | 220,254 | - | - | - | 1,063,272 |
| Indirect Expenses | 101,163 | 26,430 | | | | 127,593 |
| TOTAL FUNDING USES | 944,181 | 246,684 | - | - | - | 1,190,865 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| MH COUNTY Adult - General Fund | HMHMCC730515 | 581,346 | | | | 581,346 |
| MH CYF COUNTY General Fund | HMHMCP751594 | 7,918 | | | | 7,918 |
| MH STATE Adult 1991 MH Realignment | HMHMCC730515 | 344,570 | | | | 344,570 |
| MH STATE CYF 1991 Realignment | HMHMCP751594 | 10,347 | | | | |
| MH MHSA (CSS) | PMHS63-1705 | | 246,684 | | | 246,684 |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 944,181 | 246,684 | - | - | 1,190,865 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | |
| | Accounting Code (Index Code or Detail) | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 944,181 | 246,684 | - | - | 1,190,865 |
| NON-DPH FUNDING SOURCES | | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 944,181 | 246,684 | - | - | 1,190,865 |
| 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) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | |
| Payment Method | 2,675 | 699 | | | | |
| DPH Units of Service | Client Full Day | Client Full Day | 0 | 0 | 0 | |
| Unit Type | | | | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 353.00 | \$ 353.00 | \$ - | \$ - | \$ - | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 353.00 | \$ 353.00 | \$ - | \$ - | \$ - | |
| Published Rate (Medi-Cal Providers Only) | | | | | | Total UDC |
| Unduplicated Clients (UDC) | N/A | N/A | | | | N/A |

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Clerical and Mailroom Services
 Program Code: N/A

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2017-18
 Funding Notification Date: 07/01/17

| Expense Categories & Line Items | TOTAL | General Fund (HMHMCC730515, HMHMCP751594, HMHMCC730515, HMHMCP751594) | MH MSA (CSS) (PMHS63-1705) | Accounting Code 3 (Index Code or Detail) | Accounting Code 4 (Index Code or Detail) | Accounting Code 5 (Index Code or Detail) | Accounting Code 6 (Index Code or Detail) |
|---|-------------------|---|-------------------------------|--|--|--|--|
| Term (mm/dd/yy-mm/dd/yy): | | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | | | |
| Rent | \$ 9,500 | \$ 7,532 | \$ 1,968 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 12,000 | \$ 9,514 | \$ 2,486 | | | | |
| Building Repair/Maintenance | \$ 5,000 | \$ 3,964 | \$ 1,036 | | | | |
| Occupancy Total: | \$ 26,500 | \$ 21,010 | \$ 5,490 | \$ - | \$ - | \$ - | \$ - |
| Office/Program Supplies | \$ 69,078 | \$ 54,769 | \$ 14,309 | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| Materials & Supplies Total: | \$ 69,078 | \$ 54,769 | \$ 14,309 | \$ - | \$ - | \$ - | \$ - |
| Training/Staff Development | \$ 5,000 | \$ 3,964 | \$ 1,036 | | | | |
| Insurance | \$ 4,800 | \$ 3,806 | \$ 994 | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| | \$ - | \$ - | \$ - | | | | |
| General Operating Total: | \$ 9,800 | \$ 7,770 | \$ 2,030 | \$ - | \$ - | \$ - | \$ - |
| Local Travel | \$ 3,600 | \$ 2,854 | \$ 746 | | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | \$ - | | | | |
| Staff Travel Total: | \$ 3,600 | \$ 2,854 | \$ 746 | \$ - | \$ - | \$ - | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary) | \$ - | \$ - | \$ - | | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | | | |
| Recruitment & Direct Staff Expenses | \$ 5,500 | \$ 4,361 | \$ 1,139 | | | | |
| Client-Related Food | \$ 12,000 | \$ 9,514 | \$ 2,486 | | | | |
| Client-Related Other Activities | \$ 6,000 | \$ 4,757 | \$ 1,243 | | | | |
| Other Total: | \$ 23,500 | \$ 18,632 | \$ 4,868 | \$ - | \$ - | \$ - | \$ - |
| TOTAL OPERATING EXPENSE | \$ 132,478 | \$ 105,035 | \$ 27,443 | \$ - | \$ - | \$ - | \$ - |

CBHS BUDGET DOCUMENT

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

| | | | | | | | | |
|--|--------------------------|---|------|------|------|------|---------------------------|----------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343 | | | | | | | Appendix #: | B-3 |
| Provider Name RAMS | | | | | | | Page # | 1 |
| Provider Number 3894 | | | | | | | Fiscal Year | 2017-18 |
| | | | | | | | Funding Notification Date | 07/01/17 |
| Program Name | Peer to Peer Voc Linkage | | | | | | | |
| Program Code | N/A | | | | | | | |
| Mode/SFC (MH) or Modality (SA) | 10/30-39 | | | | | | | |
| Service Description | DS-Vocational | | | | | | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | | | | | | TOTAL | |
| FUNDING USES | | | | | | | | |
| Salaries & Employee Benefits | 262,836 | | | | | | 262,836 | |
| Operating Expenses | 26,845 | | | | | | 26,845 | |
| Capital Expenses | | | | | | | - | |
| Subtotal Direct Expenses | 289,681 | - | - | - | - | - | 289,681 | |
| Indirect Expenses | 34,762 | | | | | | 34,762 | |
| TOTAL FUNDING USES | 324,443 | - | - | - | - | - | 324,443 | |
| BHS MENTAL HEALTH FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| MH GRANT SAMSHA Adult SOC, CFDA #93.958 | HMM007-1701 | 324,443 | | | | | 324,443 | |
| | | | | | | | - | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 324,443 | - | - | - | - | 324,443 | |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| | | | | | | | - | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - | |
| OTHER DPH FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - | - | |
| TOTAL DPH FUNDING SOURCES | | 324,443 | - | - | - | - | 324,443 | |
| NON-DPH FUNDING SOURCES | | | | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 324,443 | - | - | - | - | 324,443 | |
| 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) | | | | | | | |
| Payment Method | DPH Units of Service | 758 | | | | | | |
| Unit Type | Client Full Day | 0 | 0 | 0 | 0 | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ | 428.00 | \$ - | \$ - | \$ - | \$ - | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ | 428.00 | \$ - | \$ - | \$ - | \$ - | | |
| Published Rate (Medi-Cal Providers Only) | | | | | | | Total UDC | |
| Unduplicated Clients (UDC) | N/A | | | | | | N/A | |

CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Peer to Peer Voc Linkage
 Program Code: N/A

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2017-18
 Funding Notification Date: 07/01/17

| Expense Categories & Line Items | TOTAL | MH GRANT SAMSHA ADULT (HMM007-1701) | Accounting Code 2 (Index Code or Detail) | Accounting Code 3 (Index Code or Detail) | Accounting Code 4 (Index Code or Detail) | Accounting Code 5 (Index Code or Detail) | Accounting Code 6 (Index Code or Detail) |
|---|------------------|---|--|--|--|--|--|
| Term (mm/dd/yy-mm/dd/yy): | | 07/01/17-06/30/18 | | | | | |
| Rent | \$ 6,000 | \$ 6,000 | | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 6,000 | \$ 6,000 | | | | | |
| Building Repair/Maintenance | \$ 1,000 | \$ 1,000 | | | | | |
| Occupancy Total: | \$ 13,000 | \$ 13,000 | \$ - |
| Office/Program Supplies | \$ 1,527 | \$ 1,527 | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| Materials & Supplies Total: | \$ 1,527 | \$ 1,527 | \$ - |
| Training/Staff Development | \$ 1,500 | \$ 1,500 | | | | | |
| Insurance | \$ 870 | \$ 870 | | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| General Operating Total: | \$ 2,370 | \$ 2,370 | \$ - |
| Local Travel | \$ 5,000 | \$ 5,000 | | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | | |
| Field Expenses | \$ - | \$ - | | | | | |
| Staff Travel Total: | \$ 5,000 | \$ 5,000 | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary) | \$ - | | | | | | |
| | \$ - | | | | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | | | |
| Recruitment & Direct Staff Expenses | \$ 2,000 | \$ 2,000 | | | | | |
| Client-Related Food | \$ 2,448 | \$ 2,448 | | | | | |
| Client-Related Other Activities | \$ 500 | \$ 500 | | | | | |
| Other Total: | \$ 4,948 | \$ 4,948 | \$ - |
| TOTAL OPERATING EXPENSE | \$ 26,845 | \$ 26,845 | \$ - |

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

| | | | | | |
|--|---------------------------------|--------------------------------|--|------------------------------------|------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343 | | | | Appendix #: B-4 | |
| Provider Name RAMS | | | | Page # 1 | |
| Provider Number 3894 | | | | Fiscal Year 2017-18 | |
| | | | | Funding Notification Date 07/01/17 | |
| Program Name | Information Technology Helpdesk | Information Technology Desktop | Information Technology Advanced Helpdesk/Desktop | | |
| Program Code | N/A | N/A | N/A | | |
| Mode/SFC (MH) or Modality (SA) | 10/30-39 | 10/30-39 | 10/30-39 | | |
| Service Description | DS-Vocational | DS-Vocational | DS-Vocational | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | TOTAL |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits | 402,622 | 374,636 | 361,575 | | 1,138,833 |
| Operating Expenses | 18,528 | 18,528 | 18,529 | | 55,585 |
| Capital Expenses | | | | | - |
| Subtotal Direct Expenses | 421,150 | 393,164 | 380,104 | - | 1,194,418 |
| Indirect Expenses | 50,538 | 47,180 | 45,612 | | 143,330 |
| TOTAL FUNDING USES | 471,688 | 440,344 | 425,716 | - | 1,337,748 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| MH MHSA (IT) Information Technology | PMHS63-1712 | 471,688 | 440,344 | 425,716 | 1,337,748 |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | 471,688 | 440,344 | 425,716 | - | 1,337,748 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | 471,688 | 440,344 | 425,716 | - | 1,337,748 |
| NON-DPH FUNDING SOURCES | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 471,688 | 440,344 | 425,716 | - | 1,337,748 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | | | |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Payment Method | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | | |
| DPH Units of Service | 640 | 460 | 380 | | |
| Unit Type | Client Full Day | Client Full Day | Client Full Day | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 737.01 | \$ 957.27 | \$ 1,120.31 | \$ - | \$ - |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 737.01 | \$ 957.27 | \$ 1,120.31 | \$ - | \$ - |
| Published Rate (Medi-Cal Providers Only) | | | | | Total UDC |
| Unduplicated Clients (UDC) | 16 | 14 | 10 | | 40 |

CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Information Technology
 Program Code: N/A

Appendix #: B-4
 Page #: 3
 Fiscal Year: 2017-18
 Funding Notification Date: 07/01/17

| Expense Categories & Line Items | TOTAL | Helpdesk MH MSA (IT) (PMHS63-1712) | Desktop MH MSA (IT) (PMHS63-1712) | Advanced Helpdesk/Desktop MH MSA (IT) (PMHS63-1712) | Accounting Code 4 (Index Code or Detail) | Accounting Code 5 (Index Code or Detail) | Accounting Code 6 (Index Code or Detail) |
|---|------------------|--|---|--|--|--|--|
| Term (mm/dd/yy-mm/dd/yy): | | 07/01/17-06/30/18 | 07/01/17-06/30/18 | 07/01/17-06/30/18 | | | |
| Rent | \$ 7,600 | \$ 2,533 | \$ 2,533 | \$ 2,534 | | | |
| Utilities(telephone, electricity, water, gas) | \$ 5,500 | \$ 1,833 | \$ 1,833 | \$ 1,834 | | | |
| Building Repair/Maintenance | \$ 750 | \$ 250 | \$ 250 | \$ 250 | | | |
| Occupancy Total: | \$ 13,850 | \$ 4,616 | \$ 4,616 | \$ 4,618 | \$ - | \$ - | \$ - |
| Office/Program Supplies | \$ 25,635 | \$ 8,545 | \$ 8,545 | \$ 8,545 | | | |
| | \$ - | \$ - | \$ - | \$ - | | | |
| | \$ - | \$ - | \$ - | \$ - | | | |
| | \$ - | \$ - | \$ - | \$ - | | | |
| Materials & Supplies Total: | \$ 25,635 | \$ 8,545 | \$ 8,545 | \$ 8,545 | \$ - | \$ - | \$ - |
| Training/Staff Development | \$ 3,500 | \$ 1,167 | \$ 1,167 | \$ 1,166 | | | |
| Insurance | \$ 4,100 | \$ 1,367 | \$ 1,367 | \$ 1,366 | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | \$ - | | | |
| | \$ - | \$ - | \$ - | \$ - | | | |
| | \$ - | \$ - | \$ - | \$ - | | | |
| General Operating Total: | \$ 7,600 | \$ 2,534 | \$ 2,534 | \$ 2,532 | \$ - | \$ - | \$ - |
| Local Travel | \$ 1,000 | \$ 333 | \$ 333 | \$ 334 | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | \$ - | | | |
| Field Expenses | \$ - | \$ - | \$ - | \$ - | | | |
| Staff Travel Total: | \$ 1,000 | \$ 333 | \$ 333 | \$ 334 | \$ - | \$ - | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary) | \$ - | \$ - | \$ - | \$ - | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | | | |
| Recruitment & Direct Staff Expenses | \$ 3,500 | \$ 1,167 | \$ 1,167 | \$ 1,166 | | | |
| Client-Related Food | \$ 3,000 | \$ 1,000 | \$ 1,000 | \$ 1,000 | | | |
| Client-Related Other Activities | \$ 1,000 | \$ 333 | \$ 333 | \$ 334 | | | |
| Other Total: | \$ 7,500 | \$ 2,500 | \$ 2,500 | \$ 2,500 | \$ - | \$ - | \$ - |
| TOTAL OPERATING EXPENSE | \$ 55,585 | \$ 18,528 | \$ 18,528 | \$ 18,529 | \$ - | \$ - | \$ - |

CBHS BUDGET DOCUMENT

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

| | | | | | | | | |
|--|-------------------------|---|----------------|------|------|---|---------------------------|----------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343 | | | | | | | Appendix #: | B-5 |
| Provider Name RAMS | | | | | | | Page # | 1 |
| Provider Number 3894 | | | | | | | Fiscal Year | 2017-18 |
| | | | | | | | Funding Notification Date | 07/01/17 |
| Program Name | 1AY Vocational Services | | | | | | | |
| Program Code | N/A | | | | | | | |
| Mode/SFC (MH) or Modality (SA) | 10/30-39 | | | | | | | |
| Service Description | DS-Vocational | | | | | | | |
| Funding Term (mm/dd/yy - mm/dd/yy) | 07/01/17-06/30/18 | | | | | | TOTAL | |
| FUNDING USES | | | | | | | | |
| Salaries & Employee Benefits | 115,256 | | | | | | 115,256 | |
| Operating Expenses | 81,173 | | | | | | 81,173 | |
| Capital Expenses | | | | | | | - | |
| Subtotal Direct Expenses | 196,429 | - | - | - | - | - | 196,429 | |
| Indirect Expenses | 23,571 | | | | | | 23,571 | |
| TOTAL FUNDING USES | 220,000 | - | - | - | - | - | 220,000 | |
| BHS MENTAL HEALTH FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| MH MHSA (CSS) | | - PMHS63-1704 | 220,000 | | | | 220,000 | |
| | | | | | | | - | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | 220,000 | - | - | - | 220,000 | |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| | | | | | | | - | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | - | - | - | - | - | |
| OTHER DPH FUNDING SOURCES | | Accounting Code (Index Code or Detail) | | | | | | |
| | | | | | | | - | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL OTHER DPH FUNDING SOURCES | | | - | - | - | - | - | |
| TOTAL DPH FUNDING SOURCES | | | 220,000 | - | - | - | 220,000 | |
| NON-DPH FUNDING SOURCES | | | | | | | | |
| This row left blank for funding sources not in drop-down list | | | | | | | - | |
| TOTAL NON-DPH FUNDING SOURCES | | | - | - | - | - | - | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | 220,000 | - | - | - | 220,000 | |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | | |
| SA Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | | |
| SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | | |
| Payment Method | Cost Reimbursement (CR) | | | | | | | |
| DPH Units of Service | 594 | | | | | | | |
| Unit Type | Client Full Day | 0 | 0 | 0 | 0 | | | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | \$ 370.37 | \$ - | \$ - | \$ - | \$ - | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 370.37 | \$ - | \$ - | \$ - | \$ - | | | |
| Published Rate (Medi-Cal Providers Only) | | | | | | | Total UDC | |
| Unduplicated Clients (UDC) | 15 | | | | | | 15 | |

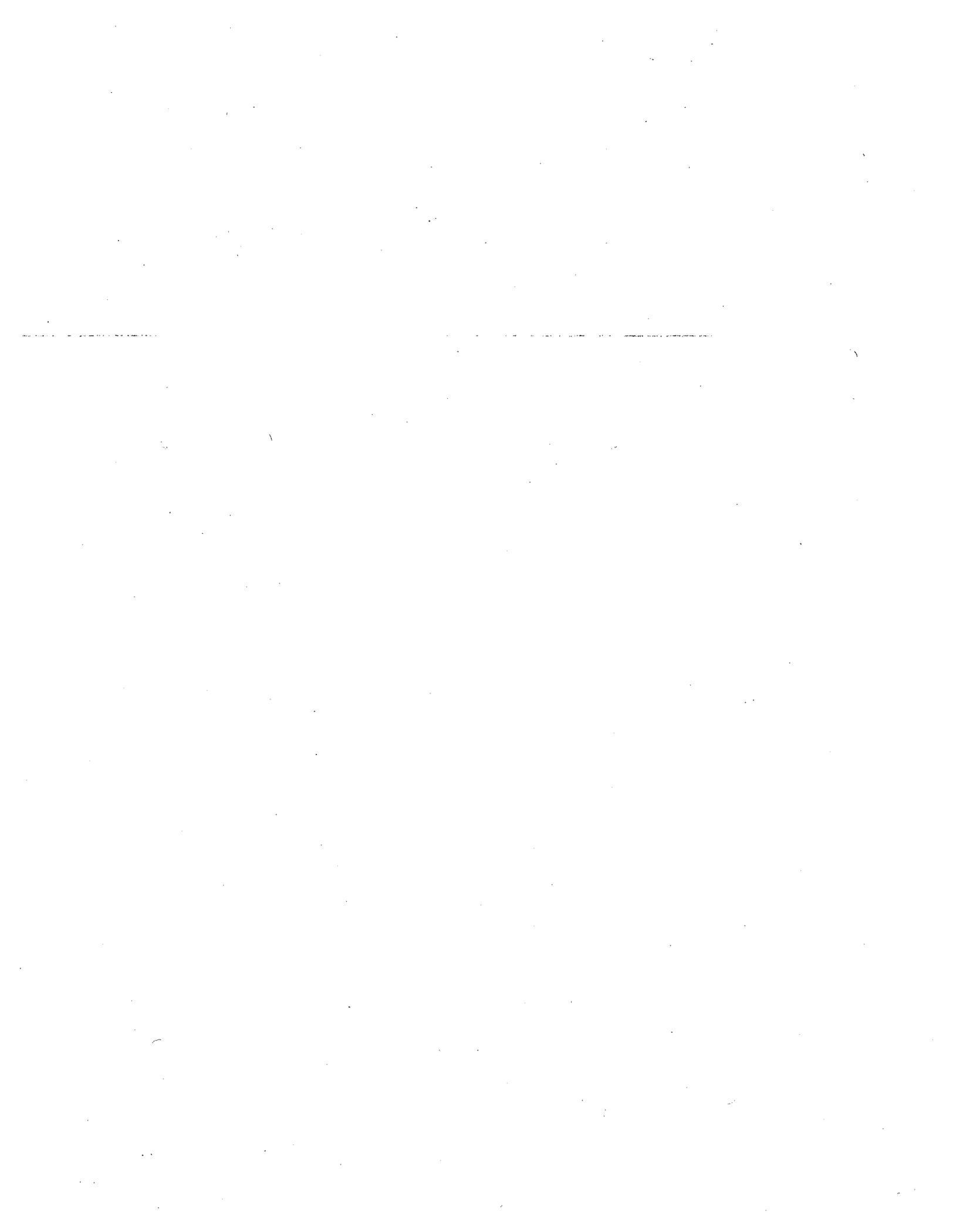
CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY Vocational Services
 Program Code: N/A

Appendix #: B-5
 Page #: 3
 Fiscal Year: 2017-18
 Funding Notification Date: 07/01/17

| Expense Categories & Line Items | TOTAL | MH MSA (CSS) (PMHS63-1604) | Accounting Code 2 (Index Code or Detail) | Accounting Code 3 (Index Code or Detail) | Accounting Code 4 (Index Code or Detail) | Accounting Code 5 (Index Code or Detail) | Accounting Code 6 (Index Code or Detail) |
|---|------------------|----------------------------|--|--|--|--|--|
| Term (mm/dd/yy-mm/dd/yy): | | 07/01/17-06/30/18 | | | | | |
| Rent | \$ 4,600 | \$ 4,600 | | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 4,000 | \$ 4,000 | | | | | |
| Building Repair/Maintenance | \$ 1,000 | \$ 1,000 | | | | | |
| Occupancy Total: | \$ 9,600 | \$ 9,600 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Office/Program Supplies | \$ 3,000 | \$ 3,000 | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| Materials & Supplies Total: | \$ 3,000 | \$ 3,000 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Training/Staff Development | \$ 500 | \$ 500 | | | | | |
| Insurance | \$ 850 | \$ 850 | | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| | \$ - | \$ - | | | | | |
| General Operating Total: | \$ 1,350 | \$ 1,350 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Local Travel | \$ 1,400 | \$ 1,400 | | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | | |
| Field Expenses | \$ - | \$ - | | | | | |
| Staff Travel Total: | \$ 1,400 | \$ 1,400 | \$ - | \$ - | \$ - | \$ - | \$ - |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary) | \$ - | \$ - | | | | | |
| Consultant/Subcontractor Total: | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Other (provide detail): | | | | | | | |
| Recruitment & Direct Staff Expenses | \$ 700 | \$ 700 | | | | | |
| Client Stipends | \$ 54,123 | \$ 54,123 | | | | | |
| Client-Related Food | \$ 6,000 | \$ 6,000 | | | | | |
| Client-Related Other Activities | \$ 5,000 | \$ 5,000 | | | | | |
| Other Total: | \$ 65,823 | \$ 65,823 | \$ - | \$ - | \$ - | \$ - | \$ - |
| TOTAL OPERATING EXPENSE | \$ 81,173 | \$ 81,173 | \$ - | \$ - | \$ - | \$ - | \$ - |





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 (“Contract”) by and between the City and County of San Francisco, the Covered Entity (“CE”), and YMCA of San Francisco (“Contractor”), the Business Associate (“BA”), dated **October 1, 2016 (CMS #7884)**. To the extent that the terms of the Contract are inconsistent with the terms of this Agreement, the terms of this Agreement shall control.

RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the 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”).

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

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this 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.



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San Francisco Department of Public Health

Business Associate Agreement

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 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



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

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

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



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Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. The BA will be required to complete and return to CE (and retain in BA's records for a period of seven years) the following forms, incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2) and Compliance (Attachment 3) within ninety (90) calendar days from the execution of the Contract. If CE makes changes to any of these forms during the term of the Contract that CE believes are substantial, the BA will be required to complete and return CE's updated forms to CE within ninety (90) calendar days from the date that CE provides BA with written notice of such changes.

b. User Agreements. The BA shall maintain proof that it has required all of its employees or agents that will access SFDPH PHI have signed and completed the following forms prior to accessing SFDPH PHI for the first time and annually thereafter during the term of the Contract (and retain in BA's records for a period of seven years): the SFDPH User Agreement for Confidentiality, Data Security and Electronic Signature (Attachment 4) and the SFDPH Code of Conduct (Attachment 5), incorporated by reference as though fully set forth herein.

c. 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)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the 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



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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 satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose 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.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the 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



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is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.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.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least 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 (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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



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Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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

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

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

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

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the 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



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

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this 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



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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.

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

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



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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.

Attachment 1 – SFDPH Privacy Attestation, version 10/29/15

Attachment 2 – SFDPH Data Security Attestation, version 10/29/15

Attachment 3 – SFDPH Compliance Attestation, version 10/29/15

Attachment 4 – SFDPH User Agreement for Confidentiality, Data Security and Electronic
Signature, version 4/23/15

Attachment 5 – SFDPH Code of Conduct, version 6/17/15

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

| | | | |
|--------------------|--|-----------------|--|
| Organization Name: | | Contractor City | |
| | | Vendor ID | |

SFDPH PRIVACY ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement (BAA) in compliance with the Health Information Portability and Accountability Act (HIPAA) and other patient confidentiality laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

| Yes | No* | DOES YOUR ORGANIZATION... | | | | |
|---------|----------------------|---|---------|----------------------|---------|--------|
| A | | Have formal Privacy Policies? (use of SFDPH Privacy Policies will suffice for "yes") | | | | |
| B | | Have a designated Privacy Officer? The Privacy Officer is your organization's designated person who will authorize your employee's "Systems Access Request (SAR) Form". [Note: SARs will NOT be processed by SFDPH without this person's signature.] | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">If yes:</td> <td style="width: 40%;">Privacy Officer Name</td> <td style="width: 20%;">Phone #</td> <td style="width: 30%;">Email:</td> </tr> </table> | If yes: | Privacy Officer Name | Phone # | Email: |
| If yes: | Privacy Officer Name | Phone # | Email: | | | |
| C | | Require Privacy Training for all employees who have access to PHI upon hire and annually thereafter? (Use of SFDPH Privacy/Data Security Training will suffice for "yes"). [Beginning in FY1516, DPH will require document retention for 7 years.] | | | | |
| D | | Have proof that employees upon hire, and annually thereafter, have signed the SFDPH "User Confidentiality, Security, and Electronic Signature Form"? [Beginning in FY1516, DPH will require document retention for 7 years.] | | | | |
| E | | Have evidence that SFDPH was notified to de-provision employees who have access to SFDPH PHI within 2 business days for regular terminations and within 24 hours for terminations due to cause? | | | | |
| F | | Assure that staff who download, create, or transfer PHI offsite (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that PHI is only transferred or created on devices that are encrypted? | | | | |
| G | | Have (or will have if/when applicable) <u>BAAs</u> with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI. | | | | |

Does your organization serve patients/clients for or on behalf of DPH? If YES, answer h-k. If NO, these questions are not applicable, please go directly to ATTEST.

| Yes | No* | DOES YOUR ORGANIZATION... |
|-----|-----|---|
| H | | Have evidence in each patient's/client's chart or electronic file that the Privacy Notice was provided in the patient's language (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms are available from SFDPH). |
| I | | Have visibly posted the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility? |
| J | | Have documented each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations? |
| K | | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Federal Privacy Rule) are obtained PRIOR to releasing a patient's/clients health information? |

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

| | | | | | | |
|--|--------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer | Name (print) | | Signature | | Date | |
| ATTESTED by CEO / Exec Director | Name (print) | | Signature | | Date | |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) | | Signature | | Date | |

* **EXCEPTIONS:** If you have answered "NO" to any question in A-G or H-K (if applicable), please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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

| | | | |
|--------------------|--|-----------------|--|
| Organization Name: | | Contractor City | |
| | | Vendor ID | |

SFDPH DATA SECURITY ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with the Health Information Portability and Accountability Act (HIPAA, ADMINISTRATIVE 45 CFR 164.308(a)(8)), Health Information Technology for Economic and Clinical Health Act (HITECH), and the American Institute of Certified Public Accountants (AICPA) requirements. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

| YES | NO* | DOES YOUR ORGANIZATION... |
|-----|-----|--|
| A | | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/ HITECH at least every two years? [Beginning in FY1516, DPH will require document retention for 7 years.] |
| B | | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans? Date of last Data Security Risk Assessment/Audit Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report |
| C | | Have a formal Data Security Awareness Program? |
| D | | Have a designated Security Officer? If yes: IT Security Officer Phone # Email: |
| E | | Require Data Security training for all employees who have access to PHI upon hire and annually thereafter? (Use of <u>SFDPH Privacy/Data Security Training</u> will suffice for "yes".) [Beginning in FY1516, DPH will require document retention for 7 years.] |
| F | | Have policies and procedures to detect, contain, and correct security violations? (Use of <u>SFDPH Privacy Policies</u> will suffice for "yes".) |
| G | | Have (or will have if/when applicable) <u>Business Associate Agreements</u> with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI. |
| H | | Have (or will have if/when applicable) a diagram (of how SFDPH data flows between your organization and this downstream or 3rd party entity (including named users, access methods, on-premise data hosts, processing systems, etc.)?) |

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

| | | | | | | |
|--|--------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer | Name (print) | | Signature | | Date | |
| ATTESTED by CEO / Exec Director | Name (print) | | Signature | | Date | |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) | | Signature | | Date | |

* **EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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

| | | | |
|--------------------|--|-----------------|--|
| Organization Name: | | Contractor City | |
| | | Vendor ID | |

SFDPH COMPLIANCE ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with Medicare Medicaid Conditions of Participation, False Claims Act and other ethics/compliance laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

| YES | NO* | DOES YOUR ORGANIZATION... |
|-----|-----|---|
| A | | Have a formal Compliance Program? |
| B | | Have a designated Compliance Officer? If yes: Compliance Officer Name Phone # Email: |
| C | | Require all employees who have access to SFDPH Systems or PHI to take Compliance training upon hire and annually thereafter? (Use of SFDPH <u>compliance training will suffice</u> for "yes".) [Beginning in FY1516, DPH will require you to retain these records for 7 years.] |
| D | | Have proof that employees upon hire, and annually thereafter, have signed agreement to the SFDPH " <u>Code of Conduct</u> "? [Beginning in FY1516, DPH will require document retention for 7 years.] |
| E | | Have mechanisms in place to identify and promptly respond to compliance deficiencies and report to the SFDPH all identified compliance deficiencies related to services that were billed by SFDPH or that could jeopardize your organization's continued participation in government health care programs, including Medicare or Medi-Cal funded programs? |
| F | | Publicize and promote the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the <u>City's Whistleblower Program</u> including posting a <u>notice of</u> |
| G | | Have a Code of Conduct or Ethics policy that includes a mechanism for staff to confidentially and anonymously report potential compliance concerns as well as a strict non-retaliation policy (Use of SFDPH <u>Compliance policies</u> will suffice for "yes".)? |
| H | | Have mechanisms in place to review the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, or governing body member responsible for administering or delivering Federal Healthcare Program services is excluded from (may not work in) a federal health care program? [False Claims Act] |
| I | | Require (or will require, if/when applicable) subcontractors/vendors to comply with all requirements in this Attestation? |

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

| | | | | | | |
|--|--------------|--|-----------|--|------|--|
| ATTESTED by Compliance Officer | Name (print) | | Signature | | Date | |
| ATTESTED by CEO / Exec Director | Name (print) | | Signature | | Date | |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) | | Signature | | Date | |

* **EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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



City and County of San Francisco Department of Public Health

User Agreement for Confidentiality, Data Security and Electronic Signature

Individuals with access to SFDPH confidential information and data systems have a legal and ethical responsibility to protect the security and confidentiality of personal, medical, financial, personnel and protected health information, and to use that information and those systems only in the performance of their jobs. The following applies to confidential, restricted, or protected SFDPH information and assets that are accessed, received or sent in any format, including digital, paper, voice, facsimile, photos, electronic signatures, etc.

By signing this document, I understand and hereby agree to the following terms and conditions:

1. **Violations:** Non-adherence to this Agreement may result in disciplinary action up to and including termination of employment or contractual relationship with SFDPH. Violation of state and federal laws regarding patient privacy may subject me to substantial monetary penalties and/or make me the subject of a civil or criminal action pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Medical Information Act, the LPS Act, the Welfare and Institutions Code Section 14100.2, and other federal and state privacy laws.
2. **Policies:** I have access to and I agree to abide by SFDPH Privacy and Data Security Policies found at <http://www.sfdph.org/DPH/privacy>
3. **Patient Protections:** I understand that patient information is protected in every form, such as written records and correspondence, oral communications and computer programs, applications and data. I will only access, discuss, or divulge confidential SFDPH information as required for the performance of my job duties. I agree not to use, copy, make notes regarding, remove, release or disclose patient information unless it is permitted by SFDPH policy and local, state, and/or Federal Law.
4. **Releasing Information:** I agree to take all reasonable precautions to assure that SFDPH information or information entrusted to SFDPH by third parties (such as patients) will not be disclosed to unauthorized persons. I understand I am not authorized to use this information for my own purposes, nor am I at liberty to provide this information to third parties without the express written consent of the SFDPH Program Director. I agree not to publish or otherwise make public any information regarding persons receiving services without prior authorization or as required by law. Providers may need to use all of an individual's health information in the provision of patient care.
5. **Accessing Systems:** I agree not to access or attempt to access any system, nor allow access by another person or group, without specific authorization from a local Information System Director. I agree not to demonstrate the operation of systems to anyone without express authorization of a local Information System Director. SFDPH information systems maintain internal logs of applications and data accessed, indicating who viewed, added, edited, printed or deleted information. I may be asked to justify my use of specific information contained in or managed by SFDPH information systems.
6. **Information Assets:** In order to ensure the integrity and security of SFDPH systems, I agree not to disclose any portion of the organization's information assets to any unauthorized person. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens, documentation or intellectual capital created, licensed or owned by SFDPH. I agree to forward any request for such information to my supervisor and/or the SFDPH Public Information Officer.
7. **Devices.** I will not download or maintain patient information on my privately-owned portable devices. If using a SFDPH- or UCSF-provided and password-protected device, I will delete patient information (and empty it from my device's recycle bin) promptly when it is no longer needed to fulfill my job responsibilities. I understand that the risk of privacy being breached increases with the mobility of that data and I recognize extra precautions must be used when using handheld computers and/or smart phones to store or transmit sensitive information.

~ SFDPH Privacy Toll-free Hotline 1-855-729-6040 ~ SFDPH Compliance Hotline 415-642-5790 ~
 ~ SFDPH Data Security Office, 415-759-3577 ~

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City and County of San Francisco Department of Public Health

User Agreement for Confidentiality, Data Security and Electronic Signature

8. **User IDs and Passwords:** Individuals requiring access to SFDPH information systems will be given a user ID and password. It is my responsibility to maintain the confidentiality of patient and other information to which I have access. I agree to keep my user IDs and passwords secret and secure by taking reasonable security measures to prevent them from being lost or inappropriately acquired, modified or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of them, or of any media on which information about them are stored. If I suspect that my user ID or password has been stolen or inappropriately acquired, lost, used by an unauthorized party, or otherwise compromised, I will immediately notify the appropriate Information Systems Help Desk and request that my electronic signature be revoked. I agree to choose a difficult-to-guess password, not to share this password with any other person and not to write this password down as described in SFDPH Data Security Policies.
9. **Property Rights.** The hardware, software, data and outputs of SFDPH information system are the property of the SFDPH and must be appropriately licensed for installation on a SFDPH computer. I will obtain prior authorization from a SFDPH information systems administrator before installing personal software on a SFDPH computer. SFDPH has the right to review and remove personal or unlicensed software and data on any SFDPH computer or information system.
10. **Electronic Signatures:** When my signature or co-signature is required for "a financial, program or medical record" under California or Federal law, California or Federal regulation, or organizational policy or procedure, my user ID and password together shall constitute an electronic signature. For the purposes of authorizing and authenticating electronic health records, my electronic signature has the full force, effect, and responsibility of a signature affixed by hand to a paper document. My electronic signature establishes me as the signer or co-signer of electronic documents. My electronic signature will be valid for the length of time specified in the SFDPH Password Security Policy (or the database administrator, whichever is shorter) from date of issuance, or earlier if it is revoked or terminated per the terms of the user agreement. Prior to the expiration date, I will receive a system alert when my password is due to expire and be given the opportunity to renew it. Setting a new password for my user-ID (electronic signature) renews the terms of this agreement.
11. **Upon Termination:** At the end of my employment or contract with SFDPH, I agree to return to SFDPH all information to which I have had access as a result of my position with SFDPH.
12. **Reporting:** I will report any suspected privacy or data security violations to the Privacy Hotline and any other types of misconduct to the Compliance Hotline.

I understand that looking at patient information without having a business purpose is against the law. I also understand that violation of any of the requirements set forth in this User Agreement may result in termination of my employment, reporting to regulatory bodies, and reporting to my professional board.

| | |
|----------------------|--------------------|
| USER NAME (PRINT) | USER DEPARTMENT |
| USER SIGNATURE | DATE SIGNED |

NOTE: This form to be signed at time of hire, each time authorization to access a SFDPH data system is given, and annually thereafter. Signed forms are to be retained a minimum of 7 years post de-provisioning the individual's access to a SFDPH data system and/or termination of employment.

~ SFDPH Privacy Toll-free Hotline 1-855-729-6040 ~ SFDPH Compliance Hotline 415-642-5790 ~

~ SFDPH Data Security Office, 415-759-3577 ~

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City and County of San Francisco
Edwin M. Lee, Mayor

San Francisco Department of Public Health Office of Compliance and Privacy Affairs

San Francisco Department of Public Health Compliance Program - Code of Conduct

DPH Compliance Program Mission and Goals

The mission of the DPH Compliance Program is to ensure integrity in DPH clinical and business activities. This mission is carried out through a Compliance Office that is dedicated to the following goals:

- To promote an understanding of and compliance with Medicare, Medi-Cal, and other applicable federal and state laws and regulations;
- To use education and training to improve compliance with billing and reimbursement rules and regulations; and
- To work with providers, managers, and staff to integrate compliance into the daily operations of DPH.

Business Ethics

All employees, contractors, and agents must demonstrate integrity in their business practices in order to instill and preserve trust on the part of our patients. Actions which may be construed as violations of our business ethics include the personal possession and/or use of goods or services that were purchased solely for the Department or its divisions.

Conflict of Interest

Employees, contractors, and agents must not engage in decisions which may result in a personal or financial interest. All business with patients, payers, vendors, contractors, and customers must be conducted without accepting offers, gifts, favors or other improper invitations in exchange for their influence or assistance. Employees, contractors, and agents must consider and avoid actual conflicts, as well as the appearance of conflicts of interest.

Reimbursement Claiming Practices and the False Claims Act

The purpose of documentation is to accurately reflect clinical effort, demonstrate medical necessity, and obtain appropriate reimbursement. Failure to abide by these procedures can lead to criminal and civil liability for the City. As a recipient of Medicare and Medi-Cal funds, and federal and state grants and subventions, DPH has an obligation to comply with all federal and state laws, rules, and regulations.

The principal statute impacting our billing and cost claiming practices is the federal False Claims Act (FCA). Under the Act, it is a felony to make or present a claim for payment, to any United States agency, that is knowingly false, fictitious, or fraudulent.

Actions which may be construed as violations of the FCA, include:

- The refusal to return/refund money to which DPH or City is not entitled;
- The submission of a claim, invoice, or cost report, for reimbursement for goods or services that were not delivered to the Department, were previously reimbursed under a separate program, or that were expended in violation of applicable federal, state, or private foundation grants, or state subventions awarded to the City.

Privacy and Security

All employees, contractors, and agents are required to protect patient health information at all times. Availability to a patient's electronic health record is limited to those whose duties require access. Under no circumstances should electronic health record passwords be shared.

Compliance Hotline

Every Compliance Program needs to have a method, outside of the line of command, for those times when a person prefers not to, or is unable to approach a supervisor, with a question concerning a policy or activity. For this reason, DPH has established a Compliance Hotline. This hotline is intended to be used to report activity and/or conduct that may be in violation of the Code of Conduct, including but not limited to:

- Billing or reimbursement regulations, fraudulent transactions
- Misuse of federal or state grant funds
- Patient Confidentiality
- Conflict of Interest
- Falsification of documents
- Sharing passwords to access Electronic Health Record
- Misuse of DPH funded or supported property, facilities and equipment

The number for the DPH Compliance Hotline is (855) 729-6040 toll-free.

Acknowledgement of the Code of Conduct

My electronic signature and/or my hand-written signature on this Code acknowledges that I have read and understand the standards that are included in this Code.

I agree to comply fully with these standards.

I understand that violations of the principles embodied in this Code may result in disciplinary action, up to and including discharge.

Name: _____

Class # & Job Title: _____

Division: _____

Signature & Date: _____