

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

Amendment Number One

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 amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 46266-14/15 on June 6/15/15 and 49279-17/18 on 11/20/17;

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 July 1, 2015 from RFQ 18-2014, dated August 27, 2014, Contract Numbers BPHM16000001, between Contractor and City, as amended by this first amendment.

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

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

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

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

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from July 1, 2015 to December 31, 2017.

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

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from July 1, 2015 to June 30, 2020.

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Two Hundred Eighteen Thousand three Hundred Thirty Nine Dollars (\$9,218,339)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nineteen Million Forty Seven Hundred Four Hundred Sixty Four Dollars (\$19,047,464)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. Delete Appendix A – Services to be provided by Contractor and replace in its entirety with Appendix A - Scope of Services dated 7/1/2017 to Agreement as amended.

2d. Add Appendix A-1 through A-4 dated 7/1/2017 for FY 2017/18 to Agreement as amended.

2e. 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.

- 2f.** Add Appendix B-1 through B-4 dated 7/1/2017 for FY 2017/18 to Agreement as amended.
- 2g.** Add Appendix F for FY2017/18 to Agreement as amended.
- 2h.** Delete Appendix E - HIPAA Business Associate Agreement and replace in its entirety with Appendix E - HIPAA Business Associate Agreement dated June 21, 2017 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.

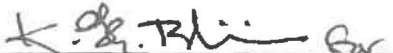
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR


Recommended by:

Richmond Area Multi-Services, Inc.

 / 9/14/17
Barbara A. Garcia, MPA / Date
Director of Health
Department of Public Health

Approved as to Form:


Dennis J. Herrera
City Attorney

By  / 9/19/17
David K. Per / Date
Deputy City Attorney

Approved:

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

3054-18

 / 09/13/17
Jorge Wong / Date
Chief Executive Officer
639 14th Avenue
San Francisco, CA 94118

City Supplier ID Number: 0000012195

**Appendix A
Scope of Services**

1. Terms

A. Contract Administrator:

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

B. Reports:

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all

such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate

policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

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

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

H. Acknowledgment of Funding:

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1, A-3, A-4 Peer to Peer Employment

Appendix A-2 Peer Specialist Mental Health Certificate

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

1. Identifiers:

Program Name: Peer to Peer Employment

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue

City, State, Zip: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ New

☒ Renewal

☐ Modification

3. Goal Statement

RAMS, in collaboration with SFDPH BHS and consumers, is responsible for the design and implementation of a cohesive and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS and community settings. RAMS also operates and evaluates the service delivery system and peer-to-peer services that are received by behavioral health consumers. RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community.

The RAMS Division of Peer-Based Services consist of several components: *Peer Counseling & Outreach Services, Peer Internship; Peer Wellness Center;* and Peer Specialist Mental Health Certificate (funded by a separate SFDPH-BHS contract). For FY 2017-2018, RAMS Division of Peer-Based Services will expand its existing services to individuals exiting the jail system and initial temporary housing by providing resources and community linkage assistance; also working alongside with SFDPH Transitions Division as part of the Shelter Health and Street Medicine teams, assessing needs of homeless individuals in the shelters and providing assistance to medical/non-medical appointments; all in part of the Whole Person Care model that is now being initiated into the SFDPH System of Care to assist the most vulnerable of individuals experiencing homelessness and lack of early medical care.

4. Target Population

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

Population Served by Peers: Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to participants and users of residential, community, mental health care, primary care, substance abuse, jail and hospital settings within SFDPH services.

5. Modality(ies)/Interventions

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

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

1. Peer Counseling & Outreach Services
2. Peer Internship
3. Peer Wellness Center
4. Peer Specialist Mental Health Certificate (funded by a separate SFDPH BHS/MHSA contract)

In addition, RAMS is working in collaboration with BHS and the peer community to develop a pilot program to train and support interested peers to bill Medi-Cal related services in Avatar.

See also BHS Appendix B, CRDC pages.

6. Methodology

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

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

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

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

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

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

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

Peer Counseling & Outreach Services

This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted SFDPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters & navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery. Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and support clients to maintaining overall wellness. Currently, RAMS provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in DRA groups (Dual Recovery Anonymous). In FY 17-18, Peer Counseling & Outreach Services is expanding to include new peer positions in assisting clients, who are exiting the jail systems and graduating from temporary housing, with linkages to community resources such as vocational, educational; applying for benefits and permanent housing; coordination with appointments for primary, behavioral health and court mandated appointments with the goal of reducing recidivism. Additional peer positions will also support SFDPH Transitions Unit, primarily Street Medicine and Shelter Health teams, to assist homeless individuals using shelters and navigation centers to connect to primary and behavioral health care services.

Peer Internship Program

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

The internship is a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

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

Peer Wellness Center

This component is the membership drop-in Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive linkages to a variety of behavioral health and primary health resources and services; and 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; 4) A milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities.

This center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Wellness/Drop-In Center activities may include, but are not limited to: Individual Peer Counseling, Peer-to-Peer Support Groups such as Dual Recovery Groups (DRA) Women's & Men's groups and LGBT group, Creative Arts Activities, Mindfulness groups, Music appreciation, Cultural events, Outdoor walking groups and field trips and Resource/Service Linkage.

The Peer Wellness Center is centrally located in the Mid-Market/Civic Center neighborhood and is easily accessible to public transportation and SFDPH-BHS headquarters. The hours and days of operation are Monday Wednesday & Friday from 9am to 5pm; Tuesdays and Thursdays from 9am-7pm with plans to expand to Saturdays from 10am-2pm.

D. Discharge planning and exit criteria and process

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

E. Program staffing

See BHS Appendix B.

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

7. Objectives and Measurements

During Fiscal Year 2017-2018, the RAMS Division of Peer-Based Services (*for all components*) shall have the following objectives:

- At least 80% of the clients will express overall satisfaction with services; this will be evidenced by client/participant surveys, and analyzed and summarized by the program
- At least 75% of program employees (working 16+ hours/week) will participate in at least four or more skills development and/or wellness trainings/sessions (e.g. enrolling in the certificate or advanced degree program; participating in trainings on counseling and engagement skills, community resources, stress management/coping, etc.). This will be evidenced by program attendance records, and compiled and summarized in program reports.
- At least 75% of program employees will have an annual performance evaluation which measures the employee's skills and professional development. This is evidenced by the annual performance evaluation, which includes the employee and supervisor/program director's ratings.

During Fiscal Year 2017-2018, the RAMS Division components of *Peer Counseling & Outreach Services* and *Peer Wellness/Drop-In Center* shall have the following objectives:

- At least 75% of clients/participants will report improvement in their overall quality of life; this will be evidenced by client/participant surveys, and analyzed and summarized by the program
- At least 75% of clients/participants of group services and/or Wellness Center services will report that they have maintained or increased feelings of social connectedness; this will be evidenced by client/participant surveys, and analyzed and summarized by the program
- At least 75% of sites/clinics/programs will express overall satisfaction with services; this will be evidenced by site satisfaction surveys, and analyzed and summarized by the program

During Fiscal Year 2017-2018, the RAMS Division component of *Peer Internship* shall have the following objectives:

- At least nine interns will be enrolled in the program; this will be evidenced by program enrollment records, and compiled and summarized in program reports
- At least 75% of enrolled interns will successfully complete (i.e. graduate) the training or have exited the program early due to obtaining employment related to this field; this will be evidenced by program enrollment records, and compiled and summarized in program reports
- At program completion, 75% of intern graduates will indicate improvements in their abilities to cope and manage symptoms in the workplace; this will be evidenced by post-program evaluations and satisfaction surveys, and analyzed and summarized by the program

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

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

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

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

c. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Division Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and, 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

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

e. Measurement, analysis, and use of ANSA data

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

9. Required Language

Not applicable.

1. **Identifiers:**

Program Name: Peer Specialist Mental Health Certificate

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue

City, State, Zip: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

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

☐ New

☒ Renewal

☐ Modification

3. **Goal Statement**

The primary goal of the Peer Specialist Mental Health Certificate Program is to prepare consumers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning.

4. **Target Population**

The RAMS Peer Specialist Mental Health Certificate Program's target population includes underserved and underrepresented San Francisco mental health consumers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training.

The target population will include those of diverse backgrounds, with a balance between men and women, and at least 50% of participants will be from underserved & underrepresented communities. The underserved and underrepresented San Francisco mental health consumers and their family members include African Americans, Asian & Pacific Islanders, Latinos/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ). At least 20% of the participants enrolled in the certificate program will be newly employed or entering employment in the RAMS Division of Peer-Based Services. At least 65% of the participants enrolled in the advanced level peer training programs will be employed, entering employment in the RAMS Division of Peer-Based Services or providing direct services within the system of care through a variety of ways (volunteering, internship).

While this program is open to any residents of San Francisco, services are primarily delivered in zip code 94103.

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

The Peer Specialist Mental Health Certificate is integrated into the RAMS Division of Peer-Based Services which consist of several programs: Peer Specialist Mental Health Certificate, *Peer Counseling & Outreach Services*, *Peer Internship*, *Peer Wellness Center* (funded by a separate SFDPH-BHS contract).

The RAMS Peer Specialist Mental Health Certificate offers three components:

- 1) Entry Level Certificate: 12-week course designed to prepare consumers and/or family members with the basic skills & knowledge for entry-level employment in the behavioral/mental health system of care and with academic/career planning that supports success in institutions of higher learning. This component is operated in collaboration with San Francisco State University, Department of Counseling
- 2) Advanced Level Certificate: 8-week course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing (or have recently provided) peer services and/or community advocacy
- 3) Leadership Academy: Offers monthly trainings to further support and educate peers working in the behavioral health field.

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

Workforce Development (MHSA Modality #6)

- At least 50 adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Entry & Advanced Course).
- At 100 adults will receive workforce development skills through attending the Leadership Academy
- The Entry Level Certificate will provide at least 190 program hours, while the Advanced Level Certificate provides 96 program activity hours, directly to adults intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; increase the number of consumers and family members in the behavioral health workforce. These hours are the Peer Specialist Mental Health Certificate program operations (4 hours/day; 2 days/week; 12 weeks total for the Entry Level & 3 hours/day; 2 days/week; 8 weeks total for the Advanced Level) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff hours.
- The Leadership Academy will provide 36 hours of seminar hours.

Wellness Promotion (MHSA Modality #3)

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

Outreach and Engagement (MHSA Modality #1)

- Coordinate and hold at least two career and resource fairs (connecting/linking to opportunities for employment, volunteer, advocacy, and further education) intended for outreach and engagement; includes activities intended to raise awareness about mental health; reduce stigma and discrimination; establish/ maintain relationships with individuals and introduce them to available services; or

facilitate referrals and linkages to health and social services (e.g. health fairs, street outreach, speaking engagements).

6. Methodology

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

RAMS is uniquely positioned well and has the expertise to promote & outreach to and recruit program participants of culturally & linguistically diverse consumers, underrepresented constituents, and community organizations. As a service provider, RAMS comes into contact with significant numbers of consumers and families with each year serving approximately 18,000 adults, children, youth and families offering over 30 programs (integrated into 11 core programs) and reaching to over 90 sites (schools, childcare centers, child development centers, and neighborhood and cultural centers) throughout San Francisco. In particular, RAMS is also operating the Peer-to-Peer Employment Program (integrated in the SFPD BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. It is through these close partnerships with BHS and the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in the Certificate Program. RAMS also outreaches within the Summer Bridge Project (aimed to foster the interest of health care field within high school-aged youth) while utilizing its connections with consumer advocacy groups (e.g. Mental Health Association of SF, National Alliance on Mental Illness). RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. Moreover, since the inception of the program in 2010, RAMS has developed additional relationships with members in the behavioral health community who have promoted and recruited participants from their client-base. Some of these members include: SOMA Mental Health, Conard House, UCSF Citywide Case Management, Progress Foundation, HealthRight 360, Behavioral Health Court, SF First, Larkin Street Youth, etc.

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

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

To be eligible for the Certificate program, participants must be:

- At least 18 years old
- A resident of San Francisco
- A high school graduate (or have GED)
- A consumer or family member of behavioral health services
- A high school graduate/GED (only required for Entry and Advanced Level components)

To apply for the Entry and Advanced Level Certificate components, interested participants are required to complete and submit an application packet by the application deadline. The application packet includes the following components:

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

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

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

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

Entry Level & Advanced Certificate Components:

The Entry Level component is a 12-week course, with two cohorts per fiscal year (Fall, Spring). Classes are held twice a week, generally on Tuesdays and Thursdays, from 10:00 a.m. to 2:00 p.m. The Advanced Level component is an 8-week course, with two cohorts per fiscal year (Winter, Summer). Classes are held twice a week, generally on Tuesdays and Thursdays, from 3:00pm-6:00pm. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes:* Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- *Shadow Experience Project (Entry Level only):* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.
- *Advocacy Project (Advanced Level only):* Students submit a report about the advocacy work they are doing during the duration of the course.
- *Written Report:* Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- *Quizzes and Exams:* Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams
- *Individual Support & Advising/Counseling:* Course Instructor and Teaching Assistant serve as advisor to students, focusing on overall well-being (psychological & academic). S/he offers weekly open office hours where students can seek support.

- **Cohort Support & Counseling:** Course Instructor plans two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events also connect current students with graduates of the program to facilitate networking and sharing of resources.
- **Job Placement & Support:** Course Instructor organizes a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the Course Instructor continues to offer support & coaching into the workforce and connects participants to additional resources such as RAMS Hire-Ability Vocational Service, Department of Rehabilitation, peer job opportunities in the community, etc.
- **Program Completion Incentive:** Financial incentives are provided to all participants completing the program, which further supports students with financial assistance and serves as motivation. The incentives are estimated up to \$250 per student.
- **Educational Materials Scholarship:** All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increase program accessibility.
- **Accessibility:** SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

The Leadership Academy provides short-term training, generally a 2-3 hour course, in specific topics and offer courses frequently throughout the year (possibly monthly) at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component teaches peers and consumers basic education in the areas of, but not limited to, peer counseling best practices, self-care and burnout prevention, boundaries & ethics, de-escalation techniques, wellness and recovery, trauma-informed training, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component provides unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses help peers and consumers develop skills to feel better equipped when participating in activities that request consumer input.

D. Discharge planning and exit criteria and process

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

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

E. Program staffing

See CBHS Appendix B.

F. Mental Health Services Act Programs

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

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

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

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

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

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

The fundamental objectives and principles of the program are based on concepts of Wellness and Recovery for consumers of behavioral health services. In providing consumers the skills and training to become providers of services that they have once received themselves, the program takes strengths-based approach that promotes a sense of empowerment, self-direction, and hope, which are all fundamental components of the wellness and recovery model. The program operates on the basis that consumers can recover from their struggles and not only have the ability to find a stable vocation, but the ability to commit to a very noble vocation of helping those who are experiencing similar circumstances as they had in the past. Moreover, the program intends for graduates to continue to grow professionally far beyond this training. Some graduates have experienced the Peer Specialist Mental Health Certificate program as a first step to a life-long commitment to helping others and have moved onto being enrolled in Masters-level programs in the field of human services.

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

7. Objectives and Measurements

For the Entry Level Certificate component:

- Upon completion of the Entry Level Certificate component, at least 75% of participants will indicate their plans on pursuing a career (job, volunteer, further education) in the health & human services field (behavioral health, health, community services). This will be evidenced by post-program evaluations administered by RAMS administrators upon the completion of each program cohort (2 times/year); the collected data will be tabulated and summarized. Results will be analyzed by Division/program management and presented to the Program Advisory Committee.
- During the contract year, at least 19 program participants will complete the Entry Level Certificate component (i.e. graduate) thus increasing readiness for entry-level employment/internship/volunteerism in the behavioral health system. This will be evidenced by program participant completion records collected by the Program Coordinator. This number will be reported to the Program Advisory Committee.
- At least 75% of graduates of the Entry Level Certificate component who respond to the six months follow-up survey will indicate higher-level of engagement within the health and human services field in the following manners: obtain employment or volunteer positions/activities (e.g. direct services, advocacy), achieve career advancement (e.g. promotions, changes in rank, increase of job responsibilities), and/or pursue further education/training. This will be evidenced by the post-program six-month follow-up survey; the collected data will be tabulated and summarized. Results will be analyzed by Division/program management and presented to the Program Advisory Committee.
- Upon completion of the Entry Level Certificate component, at least 80% of program participants will express overall satisfaction with the program. This will be evidenced by post-program evaluations administered by RAMS administrators upon the completion of each program cohort (2 times/year) the collected data will be tabulated and summarized. Results will be analyzed by Division/program management and presented to the Program Advisory Committee.
- Upon completion of the Entry Level Certificate component, at least 75% of participants will engage in a focus group which solicits feedback on the program curriculum and structure as well as identifies areas of strength and improvement. Facilitated by RAMS administrators, this will be evidenced by focus group notes and documentation. The collected data will be summarized and analyzed by Division/program management and presented to the Program Advisory Committee.

For the Advanced Level Certificate component:

- During the contract year, at least 15 program participants will successfully graduate thus increasing readiness for advancement in employment/internship/volunteerism in the behavioral health system. This will be evidenced by program participant completion records collected by the Program Coordinator. This number will be reported to the Program Advisory Committee.
- Upon completion of the Advanced Level Certificate, at least 80% of program participants will express overall satisfaction with the program. This will be evidenced by post-program evaluations administered by RAMS administrators upon the completion of each program cohort and the collected data will be tabulated and summarized. Results will be analyzed by the Division/program management and presented to the Program Advisory Committee.
- Upon completion of the Advanced Level Certificate, at least 75% of participants will have expressed an increase in skills and knowledge due to participation in the program. This will be evidenced by post-program evaluations administered by RAMS and the collected data will be tabulated and summarized. Results will be analyzed by the Division/program management and presented to the Program Advisory Committee.

For Leadership Academy seminars/conferences:

- During the contract year, at least 80% of Leadership Academy seminar participants will express overall satisfaction with the seminar. This will be evidenced by post-seminar evaluations from which the collected data will be tabulated and summarized. Results will be analyzed by the Division/program management and presented to the Program Advisory Committee.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives and productivity

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

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

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

C. Measurement of cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency annually administers a staff satisfactions survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. Measurement of client satisfaction

The Peer Specialist Mental Health Certificate program, for each cohort, conducts a written participant satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; collected data is tabulated and summarized. The Division Director compiles, analyzes, and presents the results of surveys to staff, RAMS Executive Management, and the RAMS Quality Council. The Program Director also collaborates with staff, RAMS Executive Management, and Quality

Council to assess, develop, and implement plans to address issues related to client satisfaction as appropriate.

E. Measurement, analysis, and use of ANSA data

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

9. Required Language

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 25% of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1, B-3, B-4 Peer to Peer Employment

Appendix B-2 Peer Specialist Mental Health Certificate

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 **Nineteen Million Forty Seven Hundred Four Hundred Sixty Four Dollars (\$19,047,464)** for the period of July 1, 2015 through June 30, 2020.

CONTRACTOR understands that, of this maximum dollar obligation **\$1,298,106** 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.

July 1, 2015 through June 30, 2016	\$3,366,500
July 1, 2016 through June 30, 2017	\$3,565,304
July 1, 2017 through June 30, 2018	\$4,118,395
July 1, 2018 through June 30, 2019	\$4,118,395

July 1, 2019 through June 30, 2020	<u>\$2,580,764</u>
Sub. Total of July 1, 2015 through June 30, 2020	\$17,749,358
Contingency Available	<u>\$1,298,106</u>
Total of July 1, 2015 through June 30, 2020	\$19,047,464

(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 DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc. Contract CMS # 7524					Summary Page # 1 of 1 Fiscal Year 2017-2018 Funding Notification Date 08/16/17	
Contract Appendix Number	B-1	B-2	B-3	B-4	B-#	B-#
Provider Number	3894	3894	3894	3894		
			Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)	Whole Person Care Shelter Care Coord Services		
Program Code(s)	Peer-to-Peer Services TBD	Peer Specialist MH Certificate 3894IN	TBD	TBD		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/17-06/30/18	07/01/17-06/30/18	07/01/17-06/15/18	07/01/17-06/30/18		TOTAL
FUNDING USES						
Salaries	\$ 1,731,046	\$ 148,827	\$ 86,250	\$ 229,166		\$ 2,195,289
Employee Benefits	\$ 649,142	\$ 46,137	\$ 38,381	\$ 75,625		\$ 809,285
Subtotal Salaries & Employee Benefits	\$ 2,380,188	\$ 194,964	\$ 124,631	\$ 304,791	\$ - \$ -	\$ 3,004,574
Operating Expenses	\$ 478,998	\$ 116,420	\$ 15,961	\$ 63,696		\$ 675,075
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 2,859,186	\$ 311,384	\$ 140,592	\$ 368,487	\$ - \$ -	\$ 3,679,649
Indirect Expenses	343,102	37,366	16,871	44,219		\$ 441,558
Indirect %	12.0%	12.0%	12.0%	12.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 3,202,288	\$ 348,750	\$ 157,463	\$ 412,706	\$ - \$ -	\$ 4,121,207
					Employee Fringe Benefits %	35.8%
BHS MENTAL HEALTH FUNDING SOURCES						
MH STATE - MHSA (WET)		348,750				\$ 348,750
MH STATE - MHSA (CSS)	2,311,005					\$ 2,311,005
MH COUNTY - General Fund	269,455					\$ 269,455
MH STATE - 1991 MH Realignment	221,871					\$ 221,871
MH FED - SAMHSA Dual Diag CFDA#93.958	150,266					\$ 150,266
MH GRANT SAMSHA Adult SOC, CFDA #93.958	249,691					\$ 249,691
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,202,288	\$ 348,750	\$ -	\$ -	\$ -	\$ 3,551,038
BHS SUBSTANCE ABUSE FUNDING SOURCES						
State BSCC (Prop 47) Grant			\$ 154,651			\$ 154,651
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ 154,651	\$ -	\$ -	\$ 154,651
OTHER DPH FUNDING SOURCES						
Whole Person Care-DPH				\$ 412,706		\$ 412,706
						\$ -
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ 412,706	\$ -	\$ 412,706
TOTAL DPH FUNDING SOURCES	\$ 3,202,288	\$ 348,750	\$ 154,651	\$ 412,706	\$ -	\$ 4,118,395
NON-DPH FUNDING SOURCES						
NON DPH In-Kind (RAMS 2% Indirect Expenses)			\$ 2,812			\$ 2,812
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ 2,812	\$ -	\$ -	\$ 2,812
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,202,288	\$ 348,750	\$ 157,463	\$ 412,706	\$ -	\$ 4,121,207
Prepared By Ken Choi/CFO				Phone Number 415-800-0699 x205		

CBHS BUDGET DOCUMENT

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: <u>Richmond Area Multi-Services, Inc.</u>	Indirect Detail Page: <u>1 of 1</u>
Contract CMS #: <u>7524</u>	Fiscal Year: <u>2017-2018</u>
	Funding Notification Date: <u>8/16/17</u>

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.18	\$ 34,685
Chief Financial Officer	0.18	\$ 32,606
Deputy Chief	0.18	\$ 23,754
Medical Director	0.04	\$ 10,683
Director of Operations	0.18	\$ 18,116
IT Analyst/Coordinator/Manager	0.53	\$ 28,783
Director of Human Resources	0.18	\$ 16,305
Accounting/Finance Manager/Specialist	0.89	\$ 50,729
HR Benefit Specialist/HR Assistant	0.53	\$ 26,449
Operations/Contract Coordinator	0.36	\$ 19,610
Director of Training	0.15	\$ 15,081
Janitor/Facility Technician/Lead	0.27	\$ 17,481
Driver	0.18	\$ 7,190
Subtotal:	3.84	\$ 301,472
Employee Fringe Benefits:	28.0%	\$ 84,413
Total Salaries and Benefits:		\$ 385,885

2. OPERATING COSTS

Expense line item:	Amount
Rent	\$ 12,661
Utilities	\$ 710
Building Repair/Maintenance	\$ 5,079
Office Supplies	\$ 4,588
Training/Staff Development	\$ 6,496
Insurance	\$ 11,335
Professional License Fee (Membership)	\$ 1,423
Equipment Rental	\$ 1,215
Local Travel	\$ 368
Audit Fees	\$ 8,064
Bank Fees	\$ 1,121
Recruitment/Indirect Staff Expenses	\$ 2,613
Total Operating Costs	\$ 55,673
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 441,558

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-1
Provider Name Richmond Area Multi-Services, Inc.						Page #	1
Provider Number 3884						Fiscal Year	2017-2018
						Funding Notification Date	08/16/17
Program Name	Peer-to-Peer Services	Peer-to-Peer Services	Peer-to-Peer Services	Peer-to-Peer Services			
Program Code	TBD	TBD	TBD	TBD			
Mode/SFC (MH) or Modality (SA)	10/30-39	10/30-39	10/30-39	10/30-39			
Service Description	DS-Vocational	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	07/01/17-06/30/18			
							TOTAL
FUNDING USES							
Salaries & Employee Benefits	365,193	1,717,717	111,689	185,589			2,380,188
Operating Expenses	73,491	345,680	22,477	37,350			478,998
Capital Expenses							-
Subtotal Direct Expenses	438,684	2,063,397	134,166	222,939			2,859,188
Indirect Expenses	52,642	247,808	16,100	28,752			343,102
TOTAL FUNDING USES	491,326	2,311,005	150,266	249,691			3,202,288
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)						
MH STATE - MHSA (CSS)	HMHMPPROP63/PMHS63-1805		2,311,005				2,311,005
MH COUNTY - General Fund	HMHMCC730515	269,455					269,455
MH STATE - 1991 MH Realignment	HMHMCC730515	221,871					221,871
MH GRANT SAMSHA Adult SOC, CFDA #93.958	HMHMRCGRANT/SHMMO 07-1801				249,691		249,691
MH FED - SAMSHA Dual Diag CFDA#93.958	HMHMRCGRANT/SHMMO 07-1805			150,266			150,266
This row left blank for funding sources not in drop-down list							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		491,326	2,311,005	150,266	249,691		3,202,288
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)						
							-
							-
							-
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		491,326	2,311,005	150,266	249,691		3,202,288
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)		491,326	2,311,005	150,266	249,691		3,202,288
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)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	989	4,650	302	502			
Unit Type	Client Full Day	Client Full Day	Client Full Day	Client Full Day			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 497.00	\$ 497.00	\$ 497.00	\$ 497.00	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 497.00	\$ 497.00	\$ 497.00	\$ 497.00	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 497.00	\$ 497.00	\$ 497.00	\$ 497.00			Total UDC
Unduplicated Clients (UDC)	N/A						N/A

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #:	B-1
Page #	2
Fiscal Year:	2017-2018
Funding Notification Date:	08/16/17

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CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Peer-to-Peer Services
Program Code: TBD

Appendix #: B-1
Page #: 3
Fiscal Year: 2017-2018
Funding Notification Date: 08/16/17

Expense Categories & Line Items	TOTAL	General Fund (HMMHCC730515)	(MHSA-CSS HMMHROP63/PMHS6 3-1805)	(SAMHSA Dual Diag HMMHRCGRANTS/HMM007- 1805)	(SAMHSA Adult SOC HMMHRCGRANTS/HM M007-	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	07/01/17-06/30/18	07/01/17-06/30/18		
Rent	\$ 188,900	\$ 28,983	\$ 136,324	\$ 8,864	\$ 14,729		
Utilities/telephone, electricity, water, gas)	\$ 25,000	\$ 3,836	\$ 18,042	\$ 1,173	\$ 1,949		
Building Repair/Maintenance	\$ 10,000	\$ 1,534	\$ 7,217	\$ 469	\$ 780		
Occupancy Total:	\$ 223,900	\$ 34,353	\$ 161,583	\$ 10,506	\$ 17,458	\$ -	\$ -
Office/Program Supplies	\$ 38,598	\$ 5,921	\$ 27,855	\$ 1,812	\$ 3,010		
	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 38,598	\$ 5,921.00	\$ 27,855	\$ 1,812	\$ 3,010	\$ -	\$ -
Training/Staff Development	\$ 10,000	\$ 1,534	\$ 7,217	\$ 469	\$ 780		
Insurance	\$ 12,500	\$ 1,917	\$ 9,021	\$ 587	\$ 975		
Equipment Lease & Maintenance	\$ 5,000	\$ 767	\$ 3,608	\$ 235	\$ 390		
	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -	\$ -		
General Operating Total:	\$ 27,500	\$ 4,218	\$ 19,846	\$ 1,291	\$ 2,145	\$ -	\$ -
Local Travel	\$ 3,500	\$ 539	\$ 2,525	\$ 163	\$ 273		
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		
Staff Travel Total:	\$ 3,500	\$ 539	\$ 2,525	\$ 163	\$ 273	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 7,500	\$ 1,150	\$ 5,413	\$ 352	\$ 585		
Client Stipends (10 Clients x 20hrs/wk x 45wks x \$14/hr)	\$ 126,000	\$ 19,332	\$ 90,931	\$ 5,912	\$ 9,825		
Client-Related Food (\$500 per week)	\$ 26,000	\$ 3,990	\$ 18,763	\$ 1,220	\$ 2,027		
Client-Related Other Activities (\$500 per week)	\$ 26,000	\$ 3,988	\$ 18,764	\$ 1,221	\$ 2,027		
Other Total:	\$ 185,500	\$ 28,460	\$ 133,871	\$ 8,705	\$ 14,464	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 478,998	\$ 73,491	\$ 345,680	\$ 22,477	\$ 37,350	\$ -	\$ -

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 Richmond Area Multi-Services, Inc.		Page # 1	
Provider Number 3894		Fiscal Year 2017-2018	
		Funding Notification Date 08/16/17	
Program Name	Peer Specialist MH		
Program Code	Certificate		
Mode/SFC (MH) or Modality (SA)	3894IN		
Service Description	10/30-39		
Funding Term (mm/dd/yy - mm/dd/yy)	DS-Vocational		
	07/01/17-06/30/18		TOTAL
FUNDING USES			
Salaries & Employee Benefits	194,964		194,964
Operating Expenses	116,420		116,420
Capital Expenses			-
Subtotal Direct Expenses	311,384	-	311,384
Indirect Expenses	37,366		37,366
TOTAL FUNDING USES	348,750	-	348,750
BHS MENTAL HEALTH FUNDING SOURCES			
Accounting Code (Index Code or Detail)			
MH STATE - MHSA (WET)	HMHMPROP63/PM HS63-1808	348,750	348,750
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	348,750	-	348,750
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	348,750	-	348,750
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)	348,750	-	348,750
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	388		
Unit Type	Client Full Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 900	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 900	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 900		
Unduplicated Clients (UDC)	162		Total UDC 162

Appendix B - DPH 3: Salaries & Benefits Detail

Funding Notification Date: 08/16/17

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CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Peer Specialist MH Certificate
Program Code: TBD

Appendix #: B-2
Page #: 3
Fiscal Year: 2017-2018
Funding Notification Date: 08/16/17

Expense Categories & Line Items	TOTAL	(MHA-WET HMHMPROP63/PMHS63- 1808)	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	07/01/17-06/30/18					
Rent	\$ 36,000	\$ 36,000					
Utilities(telephone, electricity, water, gas)	\$ 4,700	\$ 4,700					
Building Repair/Maintenance	\$ 2,000	\$ 2,000					
Occupancy Total:	\$ 42,700	\$ 42,700	\$ -	\$ -	\$ -	\$ -	\$ -
Office/Program Supplies	\$ 4,390	\$ 4,390					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
Materials & Supplies Total:	\$ 4,390	\$ 4,390	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,000	\$ 2,000					
Insurance	\$ 1,200	\$ 1,200					
Equipment Lease & Maintenance	\$ 700	\$ 700					
	\$ -	\$ -					
	\$ -	\$ -					
General Operating Total:	\$ 3,900	\$ 3,900	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 880	\$ 880					
	\$ -	\$ -					
	\$ -	\$ -					
Staff Travel Total:	\$ 880	\$ 880	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 1,550	\$ 1,550					
Tuitions for Clients (26 Students x \$1,000)	\$ 26,000	\$ 26,000					
Guest Lecturers	\$ 9,000	\$ 9,000					
Student Stipends: (Regular: 26 Students x \$250 = \$6,500 Advanced: 12 Students x \$500 = \$6,000)	\$ 18,500	\$ 18,500					
Client -Related Food	\$ 7,500	\$ 7,500					
Client-Related Other Activities	\$ 2,000	\$ 2,000					
Other Total:	\$ 64,550	\$ 64,550	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 116,420	\$ 116,420	\$ -	\$ -	\$ -	\$ -	\$ -

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		Provider Name Richmond Area Multi-Services, Inc.		Appendix # B-3	
Provider Number 3894				Page # 1	
				Fiscal Year 2017-2018	
				Funding Notification Date 08/16/17	
	Program Name	Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)	Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)		
	Program Code	TBD	TBD		
	Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29		
	Service Description	OS-Cmnty Client Svcs	OS-Cmnty Client Svcs		
	Funding Term (mm/dd/yy - mm/dd/yy)	07/01/17-08/15/18	07/01/17-08/15/18		TOTAL
FUNDING USES					
	Salaries & Employee Benefits	124,631	-		124,631
	Operating Expenses	15,961	-		15,961
	Capital Expenses				-
	Subtotal Direct Expenses	140,592	-	-	140,592
	Indirect Expenses	14,059	2,812		16,871
	TOTAL FUNDING USES	154,651	2,812	-	157,463
	Accounting Code (Index Code or Detail)				
BHS MENTAL HEALTH FUNDING SOURCES					
					-
					-
					-
This row left blank for funding sources not in drop-down list					-
	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-
	Accounting Code (Index Code or Detail)				
BHS SUBSTANCE ABUSE FUNDING SOURCES					
	State BSCG (Prop 47) Grant	HMHSRCGRANTS/HCSA16-1800	154,651		154,651
					-
This row left blank for funding sources not in drop-down list					-
	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	154,651	-	-	154,651
	Accounting Code (Index Code or Detail)				
OTHER DPH FUNDING SOURCES					
	HCSA16-1800	-			-
This row left blank for funding sources not in drop-down list					-
	TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-
	TOTAL DPH FUNDING SOURCES	154,651	-	-	154,651
NON-DPH FUNDING SOURCES					
	NON DPH In-Kind (RAMS 2% Indirect Expenses)		2,812		2,812
This row left blank for funding sources not in drop-down list					-
	TOTAL NON-DPH FUNDING SOURCES	-	2,812	-	2,812
	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	154,651	2,812	-	157,463
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)		
	DPH Units of Service	3,032	0		
	Unit Type	Staff Hour	Staff Hour		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 51	\$ -	\$ -	\$ -
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 51	\$ -	\$ -	\$ -
	Published Rate (Medi-Cal Providers Only)	\$ 51			
	Unduplicated Clients (UDC)	44			44
	Total UDC				44

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-3Page # 2

Fiscal Year: 2017-2018

Funding Notification Date: 08/16/17

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CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)

Program Code: TBD

Appendix #: B-3

Page #: 3

Fiscal Year: 2017-2018

Funding Notification Date: 08/16/17

Expense Categories & Line Items	TOTAL	State-BSCC (Prop 47) Grant (HMHSRCGRANTS/HCSA 16-1800)	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	07/01/17-06/30/18					
Rent	\$ -	\$ -					
Utilities(telephone, electricity, water, gas)	\$ 4,000	\$ 4,000					
	\$ -	\$ -					
Occupancy Total:	\$ 4,000	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ -
Office/Program Supplies	\$ 8,201	\$ 8,201					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
Materials & Supplies Total:	\$ 8,201	\$ 8,201	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,760	\$ 3,760					
	\$ -	\$ -					
	\$ -	\$ -					
Staff Travel Total:	\$ 3,760	\$ 3,760	\$ -	\$ -	\$ -	\$ -	\$ -
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 Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 15,961	\$ 15,961	\$ -	\$ -	\$ -	\$ -	\$ -

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		Provider Name Richmond Area Multi-Services, Inc.			Appendix # B-4	
Provider Number 3884					Page # 1	
					Fiscal Year 2017-2018	
					Funding Notification Date 08/16/17	
Program Name	Whole Person Care-Shelter Care Coord Services					
Program Code	TBD					
Mode/SFC (MH) or Modality (SA)	45/20-29					
Service Description	OS-Cmmty Client Svcs					
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/17-06/30/18					TOTAL
FUNDING USES						
Salaries & Employee Benefits	304,791					304,791
Operating Expenses	63,696					63,696
Capital Expenses						-
Subtotal Direct Expenses	368,487	-	-	-	-	368,487
Indirect Expenses	44,219					44,219
TOTAL FUNDING USES	412,706	-	-	-	-	412,706
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
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)					
Whole Person Care-DPH	HCHAWPC-GF/PWH	412,706				412,706
This row left blank for funding sources not in drop-down list						-
TOTAL OTHER DPH FUNDING SOURCES		412,706	-	-	-	412,706
TOTAL DPH FUNDING SOURCES		412,706	-	-	-	412,706
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		412,706	-	-	-	412,706
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (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	4,390					
Unit Type	Staff Hour	0				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 94	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 94	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 94					
Unduplicated Clients (UDC)	75					Total UDC 75

Appendix B - DPH 3: Salaries & Benefits Detail

Funding Notification Date: 08/16/17

	TOTAL	Whole Person Care-DPH (HCHAWPC- GF/PWHOLPY2CC)	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	07/01/17-06/30/18					
Position Title	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries
Divisional Director of Peer-Based Services	0.05 \$ 5,000	0.05 \$ 5,000					
Peer Workforce Clinical Coordinator	0.83 \$ 70,833	0.83 \$ 70,833					
Peer Counselors	3.33 \$ 153,333	3.33 \$ 153,333					
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
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Totals:	4.21 \$ 229,166	4.21 \$ 229,166	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -
Employee Fringe Benefits:	33% \$ 75,625	33% \$ 75,625	0.00%	0.00%	0.00%	0.00%	0.00%
TOTAL SALARIES & BENEFITS	\$ 304,791	\$ 304,791	\$ -	\$ -	\$ -	\$ -	\$ -

CBHS BUDGET DOCUMENT

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)
 Program Code: TBD

Appendix #: B-4

Page #: 3

Fiscal Year: 2017-2018

Funding Notification Date: 08/16/17

Expense Categories & Line Items	TOTAL	Whole Person Care-DPH (HCHAWPC- GF/PWHOLPY2CC)	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	07/01/17-06/30/18					
Rent	\$ 17,000	\$ 17,000					
Utilities(telephone, electricity, water, gas)	\$ 8,000	\$ 8,000					
Building Repair/Maintenance	\$ 2,000	\$ 2,000					
Occupancy Total:	\$ 27,000	\$ 27,000	\$ -	\$ -	\$ -	\$ -	\$ -
Office/Program Supplies	\$ 17,696	\$ 17,696					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
Materials & Supplies Total:	\$ 17,696	\$ 17,696	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,500	\$ 2,500					
Insurance	\$ 3,000	\$ 3,000					
Equipment Lease & Maintenance	\$ 3,000	\$ 3,000					
	\$ -	\$ -					
	\$ -	\$ -					
General Operating Total:	\$ 8,500	\$ 8,500	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 5,000	\$ 5,000					
	\$ -	\$ -					
	\$ -	\$ -					
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:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 3,000	\$ 3,000					
Client -Related Food	\$ 1,500	\$ 1,500					
Client-Related Other Activities	\$ 1,000	\$ 1,000					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
Other Total:	\$ 5,500	\$ 5,500	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 63,696	\$ 63,696	\$ -	\$ -	\$ -	\$ -	\$ -



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

- A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to



San Francisco Department of Public Health
Business Associate Agreement

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, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

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

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

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

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

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

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

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



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

2. Obligations of Business Associate.

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

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the



San Francisco Department of Public Health
Business Associate Agreement

Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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



San Francisco Department of Public Health
Business Associate Agreement

CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

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

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as



San Francisco Department of Public Health
Business Associate Agreement

any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

3. Termination.

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

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

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



San Francisco Department of Public Health
Business Associate Agreement

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

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

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

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



**San Francisco Department of Public Health
Business Associate Agreement**

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

Contractor Name:	Richmond Area Multi Services, Inc.	Contractor City Vendor ID	0000012195
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:	Richmond Area Multi Services, Inc.	Contractor City Vendor ID	0000012195
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
--	---------------	--	-----------	--	------	--

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: M16 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: GF, 1991 MH Realignment

Invoice Period: July 2017

Final Invoice: ☐ (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-to-Peer Services - HMMCC730515												
10/ 30 - 39 DS - Vocational	989				-	-	0%	#DIV/0!	989	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 265,595.00	\$ -	\$ -	0.00%	\$ 265,595.00
Fringe Benefits	\$ 99,598.00	\$ -	\$ -	0.00%	\$ 99,598.00
Total Personnel Expenses	\$ 365,193.00	\$ -	\$ -	0.00%	\$ 365,193.00
Operating Expenses					
Occupancy	\$ 34,353.00	\$ -	\$ -	0.00%	\$ 34,353.00
Materials and Supplies	\$ 5,921.00	\$ -	\$ -	0.00%	\$ 5,921.00
General Operating	\$ 4,218.00	\$ -	\$ -	0.00%	\$ 4,218.00
Staff Travel	\$ 539.00	\$ -	\$ -	0.00%	\$ 539.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 1,150.00	\$ -	\$ -	0.00%	\$ 1,150.00
Client Stipends	\$ 19,332.00	\$ -	\$ -	0.00%	\$ 19,332.00
Client-Related Food	\$ 3,990.00	\$ -	\$ -	0.00%	\$ 3,990.00
Client-Related Other Activities	\$ 3,988.00	\$ -	\$ -	0.00%	\$ 3,988.00
Total Operating Expenses	\$ 73,491.00	\$ -	\$ -	0.00%	\$ 73,491.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 438,684.00	\$ -	\$ -	0.00%	\$ 438,684.00
Indirect Expenses	\$ 52,642.00	\$ -	\$ -	0.00%	\$ 52,642.00
TOTAL EXPENSES	\$ 491,326.00	\$ -	\$ -	0.00%	\$ 491,326.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M16 JL 17

CT PO No.

DETAIL PERSONNEL EXPENDITURES

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

Date: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M17 JL 17

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Ct. Blanket No.: BPHM TBD

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

User Cd

Tel No.: (415) 800-0699

Ct. PO No.: POHM SFGOV-0000050028

Fax No.: (415) 751-7336

BHS

Fund Source: MH State - MHSA (CSS)

Invoice Period: July 2017

Funding Term: 07/01/2017- 06/30/2018

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-to-Peer Services - HMHMPROP63/PMHS63-1805												
10/ 30 - 39 DS - Vocational	4,650				-	-	0%	#DIV/0!	4,650	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,249,249.00	\$ -	\$ -	0.00%	\$ 1,249,249.0
Fringe Benefits	\$ 468,468.00	\$ -	\$ -	0.00%	\$ 468,468.0
Total Personnel Expenses	\$ 1,717,717.00	\$ -	\$ -	0.00%	\$ 1,717,717.0
Operating Expenses					
Occupancy	\$ 161,583.00	\$ -	\$ -	0.00%	\$ 161,583.0
Materials and Supplies	\$ 27,855.00	\$ -	\$ -	0.00%	\$ 27,855.0
General Operating	\$ 19,846.00	\$ -	\$ -	0.00%	\$ 19,846.0
Staff Travel	\$ 2,525.00	\$ -	\$ -	0.00%	\$ 2,525.0
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 5,413.00	\$ -	\$ -	0.00%	\$ 5,413.0
Client Stipends	\$ 90,931.00	\$ -	\$ -	0.00%	\$ 90,931.0
Client-Related Food	\$ 18,763.00	\$ -	\$ -	0.00%	\$ 18,763.0
Client-Related Other Activities	\$ 18,764.00	\$ -	\$ -	0.00%	\$ 18,764.0
Total Operating Expenses	\$ 345,680.00	\$ -	\$ -	0.00%	\$ 345,680.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 2,063,397.00	\$ -	\$ -	0.00%	\$ 2,063,397.0
Indirect Expenses	\$ 247,608.00	\$ -	\$ -	0.00%	\$ 247,608.0
TOTAL EXPENSES	\$ 2,311,005.00	\$ -	\$ -	0.00%	\$ 2,311,005.0
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M17	JL	17
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User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

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

Date: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M27 JL 17

Contractor: **Richmond Area Multi-Services Inc - Peer To Peer**

Ct. Blanket No.: BPHM TBD

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

Ct. PO No.: POHM SFGOV-0000050028

Tel No.: (415) 800-0699

Fund Source: MH State - MHSA (WET)

Fax No.: (415) 751-7336

BHS

Invoice Period: July 2017

Funding Term: **07/01/2017 - 06/30/2018**

Final Invoice: (Check if Yes)

PHP Division: **Behavioral Health Services**

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Peer Specialist MH Certificate - PC# - 3894IN - HMHMPROP63/PMHS63-1808												
10/ 30 - 39 DS - Vocational	388	162			-	-	0%	0%	388	162	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 148,827.00	\$ -	\$ -	0.00%	\$ 148,827.00
Fringe Benefits	\$ 46,137.00	\$ -	\$ -	0.00%	\$ 46,137.00
Total Personnel Expenses	\$ 194,964.00	\$ -	\$ -	0.00%	\$ 194,964.00
Operating Expenses					
Occupancy	\$ 42,700.00	\$ -	\$ -	0.00%	\$ 42,700.00
Materials and Supplies	\$ 4,390.00	\$ -	\$ -	0.00%	\$ 4,390.00
General Operating	\$ 3,900.00	\$ -	\$ -	0.00%	\$ 3,900.00
Staff Travel	\$ 880.00	\$ -	\$ -	0.00%	\$ 880.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 1,550.00	\$ -	\$ -	0.00%	\$ 1,550.00
Tuitions for Clients	\$ 26,000.00	\$ -	\$ -	0.00%	\$ 26,000.00
Guest Lecturers	\$ 9,000.00	\$ -	\$ -	0.00%	\$ 9,000.00
Student Stipends	\$ 18,500.00	\$ -	\$ -	0.00%	\$ 18,500.00
Client-Related Food	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.00
Client-Related Other Activities	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Total Operating Expenses	\$ 116,420.00	\$ -	\$ -	0.00%	\$ 116,420.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 311,384.00	\$ -	\$ -	0.00%	\$ 311,384.00
Indirect Expenses	\$ 37,366.00	\$ -	\$ -	0.00%	\$ 37,366.00
TOTAL EXPENSES	\$ 348,750.00	\$ -	\$ -	0.00%	\$ 348,750.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M27 JL 17

CT PO No.

DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M35 JL 17

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Ct. Blanket No.: BPHM TBD

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

User Cd

Tel No.: (415) 800-0699

Ct. PO No.: POHM SFGOV-0000050028

Fax No.: (415) 751-7336

BHS

Fund Source: MH Grant SAMSHA Adult SOC

Invoice Period: July 2017

Funding Term: 07/01/2017 - 06/30/2018

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-To-Peer Services - HMMHRCGRANTS-HMM007-1801												
10/ 30 - 39 DS - Vocational	502				-	-	0%	#DIV/0!	502	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 134,974.00	\$ -	\$ -	0.00%	\$ 134,974.0
Fringe Benefits	\$ 50,615.00	\$ -	\$ -	0.00%	\$ 50,615.0
Total Personnel Expenses	\$ 185,589.00	\$ -	\$ -	0.00%	\$ 185,589.0
Operating Expenses					
Occupancy	\$ 17,458.00	\$ -	\$ -	0.00%	\$ 17,458.0
Materials and Supplies	\$ 3,010.00	\$ -	\$ -	0.00%	\$ 3,010.0
General Operating	\$ 2,145.00	\$ -	\$ -	0.00%	\$ 2,145.0
Staff Travel	\$ 273.00	\$ -	\$ -	0.00%	\$ 273.0
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 585.00	\$ -	\$ -	0.00%	\$ 585.0
Client Stipends	\$ 9,825.00	\$ -	\$ -	0.00%	\$ 9,825.0
Client-Related Food	\$ 2,027.00	\$ -	\$ -	0.00%	\$ 2,027.0
Client-Related Other Activities	\$ 2,027.00	\$ -	\$ -	0.00%	\$ 2,027.0
Total Operating Expenses	\$ 37,350.00	\$ -	\$ -	0.00%	\$ 37,350.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 222,939.00	\$ -	\$ -	0.00%	\$ 222,939.0
Indirect Expenses	\$ 26,752.00	\$ -	\$ -	0.00%	\$ 26,752.0
TOTAL EXPENSES	\$ 249,691.00	\$ -	\$ -	0.00%	\$ 249,691.0
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M35 JL 17

User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

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

Date: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M36 JL 17

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Ct. Blanket No.: BPHM TBD

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

User Cd

Tel No.: (415) 800-0699

Ct. PO No.: POHM SFGOV-0000050028

Fax No.: (415) 751-7336

BHS

Fund Source: MH Fed - SAMHSA Dual Diag

Invoice Period: July 2017

Funding Term: 07/01/2017 - 06/30/2018

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Peer-To-Peer Services - HMMRCGRANTS/ HMM007-1805												
10/ 30 - 39 DS - Vocational	302				-	-	0%	#DIV/0!	302	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 81,228.00	\$ -	\$ -	0.00%	\$ 81,228.00
Fringe Benefits	\$ 30,461.00	\$ -	\$ -	0.00%	\$ 30,461.00
Total Personnel Expenses	\$ 111,689.00	\$ -	\$ -	0.00%	\$ 111,689.00
Operating Expenses					
Occupancy	\$ 10,506.00	\$ -	\$ -	0.00%	\$ 10,506.00
Materials and Supplies	\$ 1,812.00	\$ -	\$ -	0.00%	\$ 1,812.00
General Operating	\$ 1,291.00	\$ -	\$ -	0.00%	\$ 1,291.00
Staff Travel	\$ 163.00	\$ -	\$ -	0.00%	\$ 163.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 352.00	\$ -	\$ -	0.00%	\$ 352.00
Client Stipends	\$ 5,912.00	\$ -	\$ -	0.00%	\$ 5,912.00
Client-Related Food	\$ 1,220.00	\$ -	\$ -	0.00%	\$ 1,220.00
Client-Related Other Activities	\$ 1,221.00	\$ -	\$ -	0.00%	\$ 1,221.00
Total Operating Expenses	\$ 22,477.00	\$ -	\$ -	0.00%	\$ 22,477.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 134,166.00	\$ -	\$ -	0.00%	\$ 134,166.00
Indirect Expenses	\$ 16,100.00	\$ -	\$ -	0.00%	\$ 16,100.00
TOTAL EXPENSES	\$ 150,266.00	\$ -	\$ -	0.00%	\$ 150,266.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M36	JL	17
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CT PO No.

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Divisional Director of Peer-Based Services	0.04	\$ 3,885.00	\$ -	\$ -	0.00%	\$ 3,885.00
Clinical Manager	0.05	\$ 3,938.00	\$ -	\$ -	0.00%	\$ 3,938.00
Program Operations Manager	0.05	\$ 3,285.00	\$ -	\$ -	0.00%	\$ 3,285.00
Peer Wellness Coordinator/ Manager	0.05	\$ 2,930.00	\$ -	\$ -	0.00%	\$ 2,930.00
Peer Supervisor/ Coordinator	0.15	\$ 8,096.00	\$ -	\$ -	0.00%	\$ 8,096.00
Program/ Operations Assistant	0.08	\$ 3,547.00	\$ -	\$ -	0.00%	\$ 3,547.00
Peer Counselor/ Senior Peer Counselor Support Specialist	1.45	\$ 54,394.00	\$ -	\$ -	0.00%	\$ 54,394.00
Janitor	0.03	\$ 1,153.00	\$ -	\$ -	0.00%	\$ 1,153.00
TOTAL SALARIES	0.14	\$ 81,228.00	\$ -	\$ -	\$ -	\$ 81,228.00

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

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

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: M42 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: Whole Person Care-DPH

Invoice Period: July 2017

Final Invoice: ☐ (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Whole Person Care-Shelter Care Coord Services - HCHAWPC-GFPWH												
45/ 20 - 29 OS - Cmnty Client Svcs	4,390	75			-	-	0%	0%	4,390	75	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 229,166.00	\$ -	\$ -	0.00%	\$ 229,166.00
Fringe Benefits	\$ 75,625.00	\$ -	\$ -	0.00%	\$ 75,625.00
Total Personnel Expenses	\$ 304,791.00	\$ -	\$ -	0.00%	\$ 304,791.00
Operating Expenses					
Occupancy	\$ 27,000.00	\$ -	\$ -	0.00%	\$ 27,000.00
Materials and Supplies	\$ 17,696.00	\$ -	\$ -	0.00%	\$ 17,696.00
General Operating	\$ 8,500.00	\$ -	\$ -	0.00%	\$ 8,500.00
Staff Travel	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Client-Related Food	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Client-Related Other Activities	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Total Operating Expenses	\$ 63,696.00	\$ -	\$ -	0.00%	\$ 63,696.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 368,487.00	\$ -	\$ -	0.00%	\$ 368,487.00
Indirect Expenses	\$ 44,219.00	\$ -	\$ -	0.00%	\$ 44,219.00
TOTAL EXPENSES	\$ 412,706.00	\$ -	\$ -	0.00%	\$ 412,706.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

M42	JL	17
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CT PO No.

DETAIL PERSONNEL EXPENDITURES

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

Date: _____

Phone: _____

Phone: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: S04 JL 17

Contractor: Richmond Area Multi-Services Inc - Peer To Peer

Cl. Blanket No.: BPHM TBD

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

Cl. PO No.: POHM SFGOV-0000050028

Tel No.: (415) 800-0699

Fax No.: (415) 751-7336

BHS

Fund Source: State BSCC (Prop47) Grant

Invoice Period: July 2017

Funding Term: 07/01/2017 - 06/30/2018

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Promoting Recovery & Services for the Prevention of Recidivism (PRSPR) - HMHSRCGRANT/ HCHSA16-1800												
45/ 20 - 29 OS-Cmmty Client Svcs	3,032	44			-	-	0%	0%	3,032	44	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 86,250.00	\$ -	\$ -	0.00%	\$ 86,250.0
Fringe Benefits	\$ 38,381.00	\$ -	\$ -	0.00%	\$ 38,381.0
Total Personnel Expenses	\$ 124,631.00	\$ -	\$ -	0.00%	\$ 124,631.0
Operating Expenses					
Occupancy	\$ 4,000.00	\$ -	\$ -	0.00%	\$ 4,000.0
Materials and Supplies	\$ 8,201.00	\$ -	\$ -	0.00%	\$ 8,201.0
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 3,760.00	\$ -	\$ -	0.00%	\$ 3,760.0
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 15,961.00	\$ -	\$ -	0.00%	\$ 15,961.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 140,592.00	\$ -	\$ -	0.00%	\$ 140,592.0
Indirect Expenses	\$ 14,059.00	\$ -	\$ -	0.00%	\$ 14,059.0
TOTAL EXPENSES	\$ 154,651.00	\$ -	\$ -	0.00%	\$ 154,651.0
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE B

Invoice Number

S04 JL 17

User Cd

CT PD No.

DETAIL PERSONNEL EXPENDITURES

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Phone: _____

Title: _____