

File No. 190672

Committee Item No. 12

Board Item No. 37

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee

Date July 10, 2019

Board of Supervisors Meeting

Date July 11, 2019

Cmte Board

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

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Completed by: Linda Wong

Date July 5, 2019

Completed by: Linda Wong

Date July 11, 2019

1 [Agreement Amendment - Richmond Area Multi-Services, Inc. - Behavioral Health Services -
2 Not to Exceed \$28,388,060]

3 **Resolution approving Amendment No. 2 to the agreement between Richmond Area**
4 **Multi-Services, Inc. and the Department of Public Health for behavioral health services**
5 **through the peer-to-peer programs, to increase the contract amount by \$9,340,596 for a**
6 **total amount not to exceed \$28,388,060; and to extend the term by one year, from July**
7 **1, 2020, for a total agreement term of July 1, 2015, through June 30, 2021.**

8
9 WHEREAS, In 2014, the Department of Public Health selected Richmond Area Multi-
10 Services, Inc. through a Request For Proposals to provide behavioral health services for and
11 by peers, who are individuals with personally-lived experience of mental illness who are
12 consumers of mental health and/or substance abuse treatment services, former consumers,
13 family members or significant others of consumers; and

14 WHEREAS, Under this contract, Richmond Area Multi-Services, Inc. provides
15 behavioral health services to transitional-age youth, adults and older adults in Department
16 Behavioral Health programs and clinics through its peer-to-peer programs, including peer-to-
17 peer linkages, peer-to-peer outreach, peer counseling, peer internships, and peer specialist
18 certificate programs; and

19 WHEREAS, The Board of Supervisors approved the first amendment to this agreement
20 on January 9, 2018, with adoption of Resolution No. 4-18, for the term of July 1, 2015, through
21 June 30, 2020, and an amount not to exceed \$19,047,465; and


22 WHEREAS, The Department of Public Health wishes to increase the contract amount
23 by \$9,340,596 for a total amount not to exceed \$28,388,060; and to extend the term by one
24 year, from July 1, 2020, for a total agreement term of July 1, 2015, through June 30, 2021;
25 and

1 WHEREAS, Charter, Section 9.118, requires that contracts entered into by a
2 department or commission having a term in excess of ten years, or requiring anticipated
3 expenditures by the City and County of ten million dollars, to be approved by the Board of
4 Supervisors; and

5 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
6 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
7 County of San Francisco to execute an amendment to the agreement with Richmond Area
8 Multi-Services, Inc. for behavioral health services through the peer-to-peer programs, to
9 increase the contract amount by \$9,340,596 for a total amount not to exceed \$28,388,060;
10 and to extend the term by one year, from July 1, 2020, for a total agreement term of July 1,
11 2015, through June 30, 2021; and, be it

12 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
13 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
14 Administration/Purchaser shall provide the final contract to the Clerk of the Board for inclusion
15 into the official file (File No. 190612).

16
17 RECOMMENDED:

18 
19 Dr. Grant Colfax

20 Director of Health
21
22
23
24
25

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

Amendment Number Two

THIS AMENDMENT (this "Amendment") is made as of April 1, 2019 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 July 10, 2018 (Amendment-1) and _____ (Amendment-2); and 49279-17/18 on 11/20/17;

WHEREAS, approval for this Agreement was obtained when the Board of Supervisors approved Resolution number 4-18 on January 19, 2018 (Original); and _____ (Amendment-1);

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 1000003052, 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 June 30, 2020.

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, 2021.

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 **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.

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 **Twenty Eight Million Three Hundred Eighty Eight Thousand Sixty Dollars (\$28,388,060)**. 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 4/1/19 to Agreement as amended.

2d. Add Appendices A-1 through A-8 dated 4/1/19 for FY 2018-19 to Agreement as amended.

2e. Delete Appendix B - Calculation of Charges and replace in its entirety with Appendix B

- Calculation of Charges dated 4/1/19 to Agreement as amended.

2f. Add Appendices B-1 through B-8 dated 4/1/19 for FY 2018-19 to Agreement as amended.

2g. **Exclusion Lists and Employee Verification.** Section 12.2 of P-600 (2-17; DPH 4-18) is hereby added to the Agreement, as follows:

Exclusion Lists and Employee Verification Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

2h. **Delete Appendix E-HIPAA Business Associate Agreement dated 6/21/17 and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 4/12/18 to Agreement as amended.**

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after April 1, 2019.

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.

Grant Colfax, MD
Director of Health
Department of Public Health

/ Date

Approved as to Form:

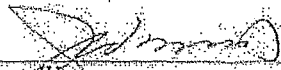
Dennis J. Herrera
City Attorney

By

Deputy City Attorney

/ Date

Approved:


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

104/18/19
Date

City Supplier ID Number: 0000012195

Alaric Degrafinried
Director of the Office of Contract
Administration, and Purchaser

/ Date

**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-4, A-8 Peer to Peer Services

Promoting Recovery & Services for the Prevention of Recidivism

Whole Person Care - Shelter Coord Services

Appendix A-2 Peer Specialist MH Certificate

Appendix B-3 Peer to Peer Linkage

Appendix A-5 TAY Leaders - Certificate Program

Appendix A-6 TAY Leaders - Employment Program

Appendix A-7 Peer ICM Transition to Outpatient

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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CID#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

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). In FY 2017-2018, the RAMS Division of Peer-Based Services expanded to serve individuals exiting the jail system and initial temporary housing by providing resources and community linkage assistance (*Promoting Recovery & Services for the Prevention of Recidivism, PRSPR*); 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.

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-1, A-4, A-8

City Fiscal Year: 2018-2019

Contract Term: 07/01/18 through 06/30/19

CMS#: 1000003052

Funding Source (non-BHS only):

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)

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

Document Date: 4/1/19

Page 2 of 6

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CMS#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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 expanded to include new peer positions in assisting clients, who are exiting the jail systems and graduating from a residential treatment program, 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 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

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CMS#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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 9 a.m. - 5 p.m.; Tuesdays and Thursdays from 9 a.m. - 7 p.m.; and Saturdays from 10 a.m. - 2 p.m.

D. Discharge planning and exit criteria and process

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

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer-to-peer support to behavioral health consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer

coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The program administrative support is also a peer position. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY18-19.

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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CMS#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CID#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ Original ☒ Contract Amendment ☐ Internal Contract Revision

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). In FY 2017-2018, the RAMS Division of Peer-Based Services expanded to serve individuals exiting the jail system and initial temporary housing by providing resources and community linkage assistance (*Promoting Recovery & Services for the Prevention of Recidivism*, PRSPR); 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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CMS#: 1000003052

Appendix A-1, A-4, A-8
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

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)

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

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CID#: 1000003052

Appendix A-2
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

1. Identifiers:

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

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

Program Code: Not Applicable

2. Nature of Document (check one)

☐ Original ☒ Contract Amendment ☐ Internal Contract Revision

3. Goal Statement

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

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 also include individuals of diverse backgrounds, from all ethnicities with a balance between men and women, and at least 50% of participants will be from underserved & underrepresented communities and primarily targets residents who live in the 94103 zip code of San Francisco.

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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CID#:1000003052

Appendix A-2
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

- 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 interdependence; 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 SFDPH BHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. It is through these close partnerships with BHS and the other community-based organizations, that RAMS may leverage existing relationships to promote and effectively recruit a student body that reflects the target population. Furthermore, RAMS maintains Peer Counselor positions and Consumer Advisory Boards, all of which actively engage in the Certificate Program. RAMS actively participates in and are members of various culturally-focused community coalitions and/or committees and utilizes these networks as well as funder entities for outreach & promotion. 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. - 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 3:00 p.m. - 6:00 p.m. Course activities may include, but are not limited to:

- *Interactive Lectures:* Course topics include but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc. The Advanced Level component also includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare of the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes:* Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises
- *Shadow Experience Project (Entry Level only):* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.
- *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.

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2018-2019
CID#:1000003052

Appendix A-2
Contract Term: 07/01/18 through 06/30/19
Funding Source (non-BHS only):

- *Educational Materials Scholarship:* All required supplies and materials (required text, backpack, course binder, notebook, etc.) are provided to students at no cost in order to address resource barriers & increases program accessibility.
- *Accessibility:* SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Leadership Academy Component:

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

D. Discharge planning and exit criteria and process

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

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

E. Program staffing

See CBHS Appendix B.

F. Mental Health Services Act Programs

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

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

objective feedback from the participants. For the Leadership Academy, written evaluations would also be administered for training sessions.

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

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

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

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY18-19.

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 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 meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

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

Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2018-2019

CID#:1000003052

Appendix A-2

Contract Term: 07/01/18 through 06/30/19

Funding Source (non-BHS only):

Not applicable.

Contractor: Richmond Area Multi-Services, Inc.
Program Name: Peer to Peer Linkage
CID#: 1000003052

Appendix A-3
Contract Term: 7/01/18 through 06/30/19
Funding Source (non-BHS only):

1. Identifiers:

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

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, Zip: San Francisco, CA 94118
Name of Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☐ Original ☒ Contract Amendment ☐ Internal Contract Revision

3. Goal Statement

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

4. Target Population

Adult/older adult clients served by selected SFPDPH Behavioral Health Services clinics.

5. Modality(ies)/Interventions

See BHS Appendix B, CRDC pages.

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

During the fiscal year, RAMS Peer to Peer Linkage will conduct the following activities:

- Provide at least 1,000 hours of non-clinical case management, service coordination, referral services and successful linkages to health and social services agencies
- Serve at least 200 unduplicated individuals

6. Methodology

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

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

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

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

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

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

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

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

- *Transportation and Mobility*
- *Affordable Housing*
- *Assistive Technology*
- *Language Interpretation*
- *Government Services and Programs*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Service*
- *Substance Use services*

The Service Coordinators focus on providing the clients with assistance in: acknowledging the available services; understanding the implications of the services; making an informed decision on selecting

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program Name: Peer to Peer Linkage

Contract Term: 7/01/18 through 06/30/19

CID#: 1000003052

Funding Source (non-BHS only):

services; successfully navigating eligibility and accessing systems; maximizing utilization of resources; following up on service progress, remaining on track with recovery goals, and achieving individual and vocational goals.

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

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

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

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

See BHS Appendix B.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY18-19.

8. Continuous Quality Improvement

a. Achievement of contract performance objectives and productivity

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

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

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

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

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

c. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by regular group supervision. Furthermore, RAMS annually holds 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 annual objectives based on cultural competency principles; as applicable, progress on objectives is reported by Division Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Division Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Division Director and, at least annually, the CEO meets with each program to

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-3

Program Name: Peer to Peer Linkage

Contract Term: 7/01/18 through 06/30/19

CID#: 1000003052

Funding Source (non-BHS only):

solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

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

d. Satisfaction with services

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

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

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

9. Required Language

Not applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-5
Program Name: TAY Leaders - Certificate Program	Contract Term: 07/01/18 – 06/30/19
CID#: 1000003052	

1. Identifiers:

Program Name: TAY Leaders - Certificate Program
Program Address: 1234 Indiana Street
City, State, ZIP: San Francisco, CA 94107
Telephone/FAX: (415) 282-9675
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Fax: (415) 751-7336
Email Address: angelatang@ramsinc.org

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

3. Goal Statement:

To be an entry-level program designed to prepare TAY with the basic skills and knowledge for entry-level employment in the behavioral health field and to provide foundational knowledge on the continuum of behavioral health issues, services, resources, skill sets in outreach and engagement, systems navigation, and peer counseling.

4. Target Population:

TAY (16-24 years old) who wish to be trained to support others in a similar age group and the community who are recruited from community programs, behavioral health clinics, Wellness Centers at SFUSD, RAMS Hire-Ability Vocational Services, and other youth workforce development programs, who are underserved and underrepresented San Francisco mental health consumers who have experience in the community behavioral health system, are interested in a mental health career path, and/or may benefit from additional educational training.

The target population includes and is not limited to African Americans, Asian and Pacific Islanders, Latino/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) individuals.

5. Modality(s)/Intervention(s)

July 1, 2018 - August 31, 2018 is the continuation of the program and curriculum development period, which began in April 2018. The first cohort is scheduled to start classes on September 4, 2018 and meet three hours a day, twice a week, for 16 weeks. The first cohort is scheduled to graduate on December 21, 2018. After a wrap-up (for cohort 1) and planning/recruitment (for cohort 2) period in January, the second cohort is scheduled to start on February 12, 2019 and go through May 31, 2019. After the second cohort graduates, June will be spent wrapping up and planning/recruiting for the next cohort in the fall.

During July and August, the program will be refining and finalizing the program curriculum through curriculum feedback sessions with community organizations (e.g., MHA-SF, CCSF MHC program), as well as coordinating with providers in the TAY System of Care (TAY SOC) to plan site visits and on-site

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-5
Program Name: TAY Leaders - Certificate Program	Contract Term: 07/01/18 - 06/30/19
CID#: 1000003052	

trainings as part of the curriculum. Based on input from TAY, TAY providers, and MHA-SF and the CCSF MHC program, the topics/concepts covered during the 16-week course may include: cultural humility, wellness and recovery model, adolescent/human development, stigma-elimination and advocacy, outreach and engagement, peer counseling skills, group facilitation, substance use, trauma-informed care, self-care, systems navigation, crisis intervention, motivational interviewing, harm reduction, mindfulness/emotional regulation skills, gender affirming care, clinical documentation, system of care overview, professionalism, and effective communication. The TAY SOC providers felt that a participant in the certificate program who learns all of the aforementioned topics and completes the program will be sufficiently knowledgeable and ready to be placed in an internship at their sites. In order for participants to demonstrate the knowledge and skills they acquire through participation in the certificate program, they will be asked to present on a mental health topic of their choosing, as well as do an informational interview with a staff member at a TAY provider organization and present their learning to their cohort in the form of an agency presentation as their final project.

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement

During the start-up phase of the program, RAMS conducted various focus groups to identify effective outreach, recruitment, promotion, and advertisement strategies and activities to engage the target population. In FY18-19, RAMS will use the input provided by various community stakeholders during the focus group sessions to begin outreach and recruitment for the first cohort that will start in September. Since one of the target populations is systems-involved TAY, RAMS will contact providers in Child, Youth, and Family (CYF) and Adult/Older Adult (A/OA) Systems of Care via Behavioral Health Services (BHS) in order to disseminate program materials. RAMS will also reach out to the providers in the TAY SOC to continue to develop partnerships with each of them and to ensure that outreach extends to TAY who are currently not involved in either the CYF or A/OA SOC. RAMS will also do outreach to the certificate programs at CCSF as many students participate in multiple certificate programs in preparation for entering the workforce. TAY who participated in focus groups encouraged use of social media to advertise the launch of the new program for this demographic, so RAMS will utilize the Summer Bridge alumni network and spread the word through the RAMS Summer Bridge Facebook page.

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

This program will be developed with a high community engagement and input process. During the start-up curriculum development and program design stages, community engagement and feedback will be obtained regarding recommended application procedures and entry requirements, curriculum courses, and program graduation requirements. One requirement for this program, as it is specifically for the transitional age youth population, is that participants must be between 16 and 24 years of age. Another requirement is that the applicant must be able to provide documentation that they are eligible to legally work in the United States, as this an educational and training program that prepares participants for employment. The other requirements are that applicants be interested in helping others in a behavioral health setting and that they be able to commit to a 16-week program that meets twice a week.

RAMS has a youth advisory board that reflects the target age group and diversity of the community. The application for this certificate program was created based on input from this youth advisory board, who indicated that a series of questions would be more appropriate for this age group rather than a broad personal statement. Additionally, they recommended having applicants include two references who will be contacted by phone rather than requiring the references to write letters of recommendation on behalf of the applicant, as this would make the application process more accessible to a wider range of applicants. Lastly, feedback from the focus group led to the scheduling of an application help workshop held prior to

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-5
Program Name: TAY Leaders - Certificate Program	Contract Term: 07/01/18 – 06/30/19
CID#: 1000003052	

the application deadline where potential applicants can stop by, in order to get support in completing their application and to submit it at the workshop. This was done for multiple reasons: as an additional outreach opportunity to meet potential participants prior to the application review and selection process, in order to generate enthusiasm for the program and develop rapport, and as a trial run for potential participants to familiarize themselves with the transportation route to the program, as the workshop is held at the same location as the classes.

Admission criteria will be established collaboratively within the program team so that there is a standardized process of determining whether an applicant is offered a position in the program or not. The program strives to also invite one reviewer employed within RAMS who has experience working with peer counselors to lend their experience and expertise.

C. Service delivery model

During this start-up and development phase, RAMS will conduct various focus groups to inform the development of the program's service delivery model while identifying effective strategies for implementation.

In general, the TAY Peer Certificate Program is proposing to engage in various retention strategies to ensure that participants are supported and adjusting socially and practically to the academic environment, throughout the program as well as post-graduation as they hopefully transition to enrolling in the RAMS TAY Peer Employment Program. Support services in subsequent years (after start-up/curriculum development period) will include:

- (Individual Support and Advising) Program Manager will serve as advisor to students, focusing on overall well-being (psychological and academic). She will regularly meet with each student and, as needed, coordinate for community support (e.g., mentorship, case management).
- (Cohort/Peer Support) Coordinator will plan social networking activities and other structured activities designed to facilitate cohort cohesiveness amongst students and faculty.
- (Program Completion Incentive) RAMS will be offering financial incentives to all participants who complete the program which further supports students with financial assistance and can serve as motivation.

D. Discharge Planning and exit criteria and process

This program will be developed with high community engagement and input process. During the start-up curriculum development and program design stages, community engagement and feedback will be obtained regarding recommended application procedures and entry requirements, curriculum courses, and program graduation requirements. Exit criteria includes successful completion of all coursework related to the TAY Peer Certificate Program. The plan is to coordinate and collaborate closely with the TAY Peer Employment Program in order to facilitate a smooth transition from the Peer Certificate Program to the Peer Employment Program, which will support the graduates in getting internship and/or job placements.

E. Program staffing

See CBHS Appendix B.

7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY18-19.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-5
Program Name: TAY Leaders - Certificate Program	Contract Term: 07/01/18 – 06/30/19
CID#: 1000003052	

8. Continuous Quality Improvement:

A. Achievement of contract performance objectives and productivity

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

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

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

C. Measurement of cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles). Trainings are from field experts on various topics. Professional development is further supported by weekly group supervision. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of services indicators is conducted by the Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of 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);

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-5
Program Name: TAY Leaders - Certificate Program	Contract Term: 07/01/18 – 06/30/19
CID#: 1000003052	

- 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 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 meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

D. Measurement of client satisfaction

The program conducts a written participant satisfaction survey and focus group. The surveys and focus groups are facilitated by RAMS administrators; collected data is tabulated and summarized. The Program 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, Timely completion and use of outcome data

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

9. Required Language:

Not Applicable.

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-6
Program Name: TAY Leaders - Employment Program	Contract Term: 07/01/2018 – 06/30/2019
CID#: 1000003052	

1. Identifiers:

Program Name: TAY Peer Employment Program
Program Address: 1234 Indiana Street.
City, State, ZIP: San Francisco, CA 94107
Telephone/FAX: (415) 282-9675
Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.
City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, RAMS Director of Operations
Telephone: (415) 800-0699
Fax: (415) 751-7336
Email Address: angelatang@ramsinc.org

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

3. Goal Statement:

To place TAY who successfully complete the TAY Peer Certificate Program (Youth2Youth), into paid Internships within the TAY System of Care (SOC). The Internships will provide TAY with hands-on work experience in an effort to better prepare them for competitive community employment within behavioral health service settings. The paid internship will provide TAY participants to work directly with other TAY in the capacity of outreach and engagement, systems navigation, resourcing, co-facilitation of groups and peer counseling.

July 1, 2018 – June 30, 2019 will include hiring and training of staff. Outreach and engagement to TAY SOC providers to identify and develop Internship sites for TAY Participants as well as development of materials outlining goals and expectations for participants and internship site supervisors.

4. Target Population:

TAY (16-24 years old) who wish to be trained to support others in similar age group and the community. Participants will be TAY who are underserved and underrepresented San Francisco residents who have experience in the community behavioral health system and/or are interested in a mental health career path, and may benefit from hands on work experience within the TAY SOC.

The target population includes the underserved and underrepresented San Francisco mental health consumers include African Americans, Asian and Pacific Islanders, Latino/as, Native Americans, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) individuals.

5. Modality(s)/Intervention(s)

CID#: 1000003052

Page 1 of 5

4/1/19

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-6
Program Name: TAY Leaders - Employment Program	Contract Term: 07/01/2018 – 06/30/2019
CID#: 1000003052	

See BHS Appendix B, CRDC pages:

6. Methodology:

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

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

Outreach, recruitment, promotion and advertisement occurs through our Intake/Outreach Coordinator, Program Director, and TAY Services Staff. As a provider within the TAY SOC, RAMS participates in extensive outreach and collaboration opportunities.

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

Participants of the TAY Peer Employment Program will be graduates of the TAY Peer Certificate (Youth2Youth) program, and will include four main components:

- Internship/Work Experience – each participant will be placed at an internship site, within the TAY SOC, that best fits the interests, ability, availability, and experience of the TAY. Internships will be paid at minimum wage and will last for up to 22 weeks (5.5 months). Internships will range from 10-16 hours/week depending on site availability, participant's school and other schedule, and program design.
- Group Training – each participant will be required to participate in a weekly group training, led by a licensed staff member, which will address issues participants may have experienced during their Internship/Work Experience as well as provide ongoing group learning activities
- Case Management – each participant will receive ongoing case management, including linkages and referral when needed, to support participants in minimizing barriers and maximizing participation and recovery.
- Employment Services – upon completion of the TAY Peer Employment Program, eligible participants will be provided employment services. Employment services consist of working with an Employment Consultant/Job Developer to assist with competitive community employment. Employment Services includes resume/cover letter, job search strategies, interviewing techniques and possible referral to employers/job placement.

Program operation hours are Monday to Friday (8:00 am – 5:00 pm). Internship hours will depend site by site throughout the TAY SOC.

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-6
Program Name: TAY Leaders - Employment Program	Contract Term: 07/01/2018 – 06/30/2019
CID#: 1000003052	

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

7. Objectives and Measurements:

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity

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

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

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff are informed about objectives and the required documentation related to the activities and program outcomes; majority of program objectives are measured by participant scores, program evaluations, and/or post-program surveys. With regards to management monitoring, the Program Director reports progress/ status towards each contract objective to executive management (Deputy Chief/Director of Clinical Services and Chief Executive Officer) in a written monthly report. If the projected progress has not been achieved for the month, the Program Director identifies barriers and develops a plan of action. In addition, the Program Director monitors programming/service progress (level of engagement by participants, level of accomplishing program goals/objectives), program exit reasons, and service/resource utilization. RAMS

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-6
Program Name: TAY Leaders - Employment Program	Contract Term: 07/01/2018 – 06/30/2019
CID#: 1000003052	

also conducts various random file/chart reviews to review adherence to objectives as well as service documentation requirements.

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

The program utilizes various mechanisms to review documentation quality. Chart review by supervisors, every 30 days and within a week of case closure. Based on their review, determinations/recommendations are provided relating to service authorizations including frequency and modality/type of services, and the match to client's progress & vocational/clinical needs; feedback is provided to direct staff members. On a quarterly basis, the Program Director or Manager/Coordinator conducts a review of randomly selected charts (up to 10 charts, program-wide) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually.

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

3. Cultural competency of staff and services

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

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

Contractor Name: Richmond Area Multi-Services, Inc.	Appendix A-6
Program Name: TAY Leaders - Employment Program	Contract Term: 07/01/2018 – 06/30/2019
CID#: 1000003052	

projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.

- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO meets with the RAMS Board of Directors on a regular basis (approximately monthly) and provides an update on agency and programs' activities and matters.

4. Satisfaction of services

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

5. Timely completion and use of outcome data

Not applicable.

9. Required Language:

Not Applicable.

Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2018-2019

CID#: 1000003052

Appendix A-7

Contract Term: 01/01/19 through 06/30/19

Funding Source (non-BHS only):

1. Identifiers:

Program Name: Peer ICM Transition Support to Outpatient

Program Address: 1282 Market Street

City, State, Zip: San Francisco, CA 94102

Telephone: (415) 579-3021

Fax: (415) 941-7313

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 4355 Geary Blvd.

City, State, Zip: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☒ Original

☐ Contract Amendment

☐ Internal Contract Revision

3. Goal Statement

To develop a peer linkage team providing both wraparound services and a warm hand off, in an effort to increase client engagement in behavioral health outpatient services among those stepping down from ICM/FSP services, improve the overall client experience for those in transition, and support and further develop a peer-driven model of care.

4. Target Population

Population Served by Peers: Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery.

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.

5. Modality(ies)/Interventions

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

FY 2018-19 represents a start-up period for this program, which will be under 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

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.

The overall RAMS Division of Peer Based Services provides on-site services at 30+ sites and conducts promotion and outreach through regular in-person presentations at and email correspondence with BHS clinics, service providers, residential programs and other peer community networks. Peer Counselors also distribute program material daily to various sites that provide services to our target population. The division also hosts monthly cultural and social events to promote engagement and services to the larger peer community.

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

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

Because the target population is clients enrolled in intensive case management behavioral health programs who are experiencing increasing recovery such that they may soon manage well at a lower intensity of service delivery, the admission process will be collaboratively developed during this start-up period. Eligibility will include enrollment in an ICM and a degree of increasing recovery as identified by the client and the client's ICM case manager based on BHS criteria.

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

FY 2018-19 represents a start-up period for this program.

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

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

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

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

D. Discharge planning and exit criteria and process

During this start-up period, RAMS will collaboratively work with BHS to develop exit criteria and processes. In general, clients may exit from the program when identified needs have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

E. Program staffing

See BHS Appendix B.

RAMS oversees the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers, interns and support staff that provide peer support to behavioral health

consumers in the community. RAMS has a leadership team comprised of peer leaders and/or peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. RAMS provides supportive services for peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups.

7. Objectives and Measurements

A. Standardized Objectives

All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS Performance Objectives FY18-19.

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.

Appendix B
Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

(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	Peer to Peer Services
Appendix B-2	Peer Specialist MH Certificate
Appendix B-3	Peer to Peer Linkage
Appendix B-4	Promoting Recovery & Services for the Prevention of Recidivism
Appendix B-5	TAY Leaders - Certificate Program
Appendix B-6	TAY Leaders - Employment Program
Appendix B-7	Peer ICM Transition to Outpatient
Appendix B-8	Whole Person Care - Shelter Coord Services

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Eight Million Three Hundred Eighty Eight Thousand Sixty Dollars (\$28,388,060) for the period of July 1, 2015 through June 30, 2021.

CONTRACTOR understands that, of this maximum dollar obligation \$1,425,327 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and

Appendix B
RAMS- Peer to Peer Employment (ID#1000003052)
4/1/19

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	\$	2,892,307.00
July 1, 2016 through June 30, 2017	\$	2,892,307.00
July 1, 2017 through June 30, 2018	\$	3,380,009.00
July 1, 2018 through June 30, 2019	\$	5,920,386.00
July 1, 2019 through June 30, 2020	\$	5,932,695.00
July 1, 2020 through June 30, 2021	\$	5,945,029.00
Subtotal - July 1, 2015 through June 30, 2021	\$	26,962,733.00
Contingency	\$	1,425,327.00
TOTAL - July 1, 2018 through November 30,	\$	28,388,060.00

(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."

Appendix B - FY 2018-19 Peer-To -Peer Summary

DHCS Legal Entity Number 00343 Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc. Contract ID Number 3052									Summary Page: 1 of 1 Fiscal Year 2018-2019 Funding Notification Date 01/24/19
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	
Provider Number	3894	3894	3894	3894	TBD	TBD	TBD	TBD	
Program Name	Peer-to-Peer Services	Peer Specialist MH Certificate	Peer to Peer Linkage	Promoting Recovery & Services for the Prevention of Recidivism (PRSPR)	TAY Leaders - Certificate Program	TAY Leaders - Employment Program	Peer ICM Transition to Outpatient	Whole Person Care - Shelter Coord Services	
Program Code	TBD	TBD	TBD	TBD	N/A	N/A	N/A	TBD	
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	01/01/19-06/30/19	07/01/18-06/30/19	
FUNDING USES									TOTAL
Salaries	\$ 1,830,886	\$ 158,059	\$ 270,335	\$ 86,355	\$ 70,093	\$ 183,750	\$ 217,595	\$ 229,166	\$ 3,044,239
Employee Benefits	\$ 549,266	\$ 40,575	\$ 85,155	\$ 37,996	\$ 21,028	\$ 56,963	\$ 69,630	\$ 75,625	\$ 936,238
Subtotal Salaries & Employee Benefits	\$ 2,380,152	\$ 198,634	\$ 355,490	\$ 124,351	\$ 91,121	\$ 240,713	\$ 287,225	\$ 304,791	\$ 3,980,477
Operating Expenses	\$ 490,001	\$ 114,750	\$ 27,043	\$ 15,859	\$ 65,130	\$ 116,431	\$ 162,337	\$ 63,696	\$ 1,055,247
Capital Expenses									
Subtotal Direct Expenses	\$ 2,870,153	\$ 311,384	\$ 382,533	\$ 140,210	\$ 156,251	\$ 357,144	\$ 449,562	\$ 368,487	\$ 5,035,724
Indirect Expenses	\$ 344,417	\$ 37,366	\$ 45,905	\$ 18,825	\$ 18,749	\$ 42,856	\$ 53,946	\$ 44,219	\$ 604,285
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 3,214,571	\$ 348,750	\$ 428,437	\$ 157,035	\$ 175,000	\$ 400,000	\$ 503,509	\$ 412,706	\$ 5,640,009
BHS MENTAL HEALTH FUNDING SOURCES									Employee Benefits Rate 30.5%
MH Adult County General Fund	\$ 281,738								\$ 281,738
MH Adult State 1991 MH Realignment	\$ 221,871								\$ 221,871
MH MHSA (Adult) Non Match	\$ 2,311,005								\$ 2,311,005
MH Grant SAMSHA Adult SOC, CFDA 93.958	\$ 150,266		\$ 428,437						\$ 578,703
MH Grant SAMSHA SOC Dual Diag, CFDA 93.958	\$ 249,691								\$ 249,691
MH MHSA (WET)		\$ 348,750							\$ 348,750
MH WO-CH TAY Cert & Emp Prog					\$ 175,000	\$ 400,000			\$ 575,000
MH MHSA (INN)							\$ 503,509		\$ 503,509
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 3,214,571	\$ 348,750	\$ 428,437	\$ 157,035	\$ 175,000	\$ 400,000	\$ 503,509	\$ 412,706	\$ 5,070,267
BHS SUD FUNDING SOURCES									
SUD Grant - BSCC PRSPR (Prop 47) Grant 100/16/19-08/18/20				\$ 154,231					\$ 154,231
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ 154,231	\$ -	\$ -	\$ -	\$ -	\$ 154,231
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	\$ 3,214,571	\$ 348,750	\$ 428,437	\$ 154,231	\$ 175,000	\$ 400,000	\$ 503,509	\$ 412,706	\$ 5,637,204
NON-DPH FUNDING SOURCES									
NON DPH In-Kind (RAMS 2% Indirect Expenses)				\$ 2,804					\$ 2,804
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ 2,804	\$ -	\$ -	\$ -	\$ -	\$ 2,804
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 3,214,571	\$ 348,750	\$ 428,437	\$ 157,035	\$ 175,000	\$ 400,000	\$ 503,509	\$ 412,706	\$ 5,640,008
Prepared By Angela Tang, Director of Operations									Phone Number 415-800-0699

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

DHCS Legal Entity Number 00343		Appendix Number B-1			
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1			
Provider Number 3894		Fiscal Year 2018-2019			
		Funding Notification Date 08/06/18			
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 (SUD)	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)	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
FUNDING USES					TOTAL
Salaries & Employee Benefits	372,885	1,711,128	111,281	184,878	2,380,152
Operating Expenses	76,766	352,269	22,905	38,061	490,001
Capital Expenses					
Subtotal Direct Expenses	449,651	2,063,398	134,186	222,938	2,870,153
Indirect Expenses	53,958	247,608	16,100	28,753	346,418
TOTAL FUNDING USES	503,609	2,311,005	150,286	249,691	3,214,572
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH Adult County General Fund	251984-10000-10001792-0001	281,738			281,738
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	221,871			221,871
MH MHSA (Adult) Non Match	251984-17156-10031199-0015		2,311,005		2,311,005
MH Grant SAMSHA Adult SOC CFDA 93.958	251984-10001-10032564-0001			249,691	249,691
MH Grant SAMSHA SOC Dual Diag CFDA 93.958	251984-10001-10032564-0003			150,266	150,266
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		503,609	2,311,005	150,266	3,214,571
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES					
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		503,609	2,311,005	150,266	3,214,571
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)		503,609	2,311,005	150,266	3,214,571
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	1,009	4,632	301	500	
Unit Type	Client Full Day	Client Full Day	Client Full Day	Client Full Day	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 498.91	\$ 498.91	\$ 498.91	\$ 498.91	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 498.91	\$ 498.91	\$ 498.91	\$ 498.91	\$
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)	n/a	n/a	n/a	n/a	Total UDC n/a

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Peer-to-Peer Services
Program Code TBD

Appendix Number B-1

Page Number 2

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

	TOTAL		General Fund (251962-10000- 10001670-0001)		MHSA-Adult (251984-17156- 10031199-0015)		MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001- 10032564-0003)		MH Grant SAMSHA Adult SOC, CFDA 93.958 (251984-10001- 10032564-0001)			
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
Divisional Director of Peer-Based Services	0.78	\$ 89,272	0.12	\$ 13,986	0.56	\$ 64,179	0.04	\$ 4,173	0.06	\$ 6,934		
Clinical Manager	1.00	\$ 92,190	0.16	\$ 14,443	0.72	\$ 66,277	0.05	\$ 4,309	0.08	\$ 7,161		
Program Operations Manager	0.95	\$ 71,250	0.15	\$ 11,182	0.68	\$ 51,223	0.04	\$ 3,331	0.07	\$ 5,534		
Peer Wellness Coordinator/Manager	1.00	\$ 69,190	0.16	\$ 10,840	0.72	\$ 49,742	0.05	\$ 3,234	0.08	\$ 5,374		
Peer Supervisor/Coordinator	3.00	\$ 248,397	0.47	\$ 38,915	2.16	\$ 178,576	0.14	\$ 11,611	0.23	\$ 19,294		
Program/Operations Assistant	1.80	\$ 85,342	0.28	\$ 13,370	1.29	\$ 61,354	0.08	\$ 3,989	0.14	\$ 6,629		
Peer Counselor/Senior Peer Counselor/Support S	29.50	\$ 1,149,487	4.62	\$ 180,084	21.21	\$ 826,384	1.38	\$ 63,733	2.29	\$ 89,286		
Janitor	0.60	\$ 25,758	0.09	\$ 4,035	0.43	\$ 18,518	0.03	\$ 1,204	0.05	\$ 2,001		
		\$										
	0.00	\$										
Totals:	38.63	\$ 1,830,886	6.05	\$ 286,835	27.77	\$ 1,316,253	1.81	\$ 85,585	3.00	\$ 142,214	0.00	\$ -
Employee Benefits:	30.00%	\$ 549,266	30.00%	\$ 86,050	30.00%	\$ 394,876	30.00%	\$ 25,676	30.00%	\$ 42,664	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 2,380,152		\$ 372,885		\$ 1,711,128		\$ 111,261		\$ 184,878		\$ -

3403

Appendix B - DPH 4: Operating Expenses Detail

Program Name Peer-to-Peer Services
Program Code TBD

Appendix Number B-1
Page Number 3
Fiscal Year 2018-2019
Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	General Fund (251962-10000- 10001670-0001)	MHSA-Adult (251984-17156- 10031199-0015)	MH Grant SAMSHA SOC Dual Diag, CFDA 93.958 (251984-10001-10032564- 0003)	MH Grant SAMHSA Adult SOC, CFDA 93.958 (251984-10001- 10032564-0001)		
Funding Term:	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 192,200	\$ 30,111	\$ 138,176	\$ 8,984	\$ 14,929		
Utilities (telephone, electricity, water, gas)	\$ 25,000	\$ 3,917	\$ 17,973	\$ 1,169	\$ 1,942		
Building Repair/Maintenance	\$ 15,000	\$ 2,350	\$ 10,784	\$ 701	\$ 1,165		
Occupancy Total:	\$ 232,200	\$ 36,377	\$ 166,932	\$ 10,854	\$ 18,036	\$ -	\$ -
Office Supplies	\$ 37,601	\$ 5,891	\$ 27,032	\$ 1,758	\$ 2,921		
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ -	\$ -	\$ -	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 37,601	\$ 5,891	\$ 27,032	\$ 1,758	\$ 2,921	\$ -	\$ -
Training/Staff Development	\$ 10,000	\$ 1,567	\$ 7,189	\$ 467	\$ 777		
Insurance	\$ 12,500	\$ 1,958	\$ 8,986	\$ 584	\$ 971		
Professional License	\$ 5,000	\$ 783	\$ 3,595	\$ 234	\$ 388		
Permits	\$ -	\$ -	\$ -	\$ -	\$ -		
Equipment Lease & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -		
General Operating Total:	\$ 27,500	\$ 4,308	\$ 19,770	\$ 1,285	\$ 2,136	\$ -	\$ -
Local Travel	\$ 3,700	\$ 580	\$ 2,660	\$ 173	\$ 287		
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		
Staff Travel Total:	\$ 3,700	\$ 580	\$ 2,660	\$ 173	\$ 287	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 5,000	\$ 783	\$ 3,595	\$ 234	\$ 388		
Client Stipends (10 Clients x 20hrs/wk x 43wks)	\$ 132,000	\$ 20,680	\$ 94,897	\$ 6,170	\$ 10,253		
Client-Related Food (\$500 per week)	\$ 26,000	\$ 4,073	\$ 18,692	\$ 1,215	\$ 2,020		
Client-Related Other Activities (\$500 per week)	\$ 26,000	\$ 4,073	\$ 18,692	\$ 1,215	\$ 2,020		
Other Total:	\$ 189,000	\$ 29,610	\$ 135,875	\$ 8,835	\$ 14,681	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 490,001	\$ 76,766	\$ 352,269	\$ 22,905	\$ 38,061	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Peer Specialist MH Certificate		Page Number 1	
Provider Number 3894		Fiscal Year 2018-2019	
Funding		Notification Date 01/24/19	
Program Name	Peer Specialist MH Certificate		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/18-06/30/19		
FUNDING USES:		TOTAL	
Salaries & Employee Benefits	196,634		196,634
Operating Expenses	114,750		114,750
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 SOURCE	Dept-Auth-Proj-Activity		
MH MESA (WET)	251984-17156-10031199-0022	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 SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list:			
TOTAL BHS SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list:			
TOTAL OTHER DPH FUNDING SOURCES			
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			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	388		
Unit Type	Client Full Day		
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 & Employee Benefits Detail

Program Name Peer Specialist MH Certificate

Program Code TBD

Appendix Number B-2

Page Number 2

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

	TOTAL		MHSA-WET (251984-17156- 10031199-0022)			
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries		
Divisional Director of Peer-Based Services	0.13	\$ 14,975	0.15	\$ 14,975		
Program Manager	1.00	\$ 75,000	1.00	\$ 75,000		
Instructor/Coordinator	0.58	\$ 39,327	0.60	\$ 39,327		
Teaching/Program/Operations Assistant	0.58	\$ 26,757	0.60	\$ 26,757		
Totals:	2.29	\$ 156,059	2.35	\$ 156,059	\$ -	0.00 \$ -
Employee Benefits:	26.00%	\$ 40,575	26.00%	\$ 40,575		0.00%
TOTAL SALARIES & BENEFITS	\$ 196,634		\$ 196,634		\$ -	\$ -

3406

Appendix B - DPH 4: Operating Expenses Detail

Program Name Peer Specialist MH Certificate
 Program Code TBD

Appendix Number B-2
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	MHSA-WET (251984-17156- 10031199-0022)		
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19		
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 Supplies	\$ 4,720	\$ 4,721		
Photocopying	\$ -	\$ -		
Program Supplies	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 4,720	\$ 4,721	\$ -	\$ -
Training/Staff Development	\$ 2,000	\$ 2,000		
Insurance	\$ 1,200	\$ 1,200		
Professional License	\$ 700	\$ 700		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ -	\$ -		
General Operating Total:	\$ 3,900	\$ 3,900	\$ -	\$ -
Local Travel	\$ 880	\$ 881		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 880	\$ 881	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -		
	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 1,050	\$ 1,050		
Tuitions for Clients (26 Students x \$1,000)	\$ 26,000	\$ 26,000		
Guest Lecturers	\$ 8,000	\$ 8,000		
Student Stipends: (Regular: 30 Students x \$250 = \$7,500 Advanced: 22 Students x \$500 = \$11,000)	\$ 18,500	\$ 18,500		
Client-Related Food	\$ 7,000	\$ 7,000		
Client-Related Other Activities	\$ 2,000	\$ 2,000		
Other Total:	\$ 62,550	\$ 62,550	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 114,750	\$ 114,752	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Peer to Peer Linkage		Page Number 1	
Provider Number 3894		Fiscal Year 2018-2019	
		Funding Notification Date 01/24/19	
Program Name		Peer to Peer Linkage	
Program Code		TBD	
Mode/SFC (MH) or Modality (SUD)		10/30-39	
Service Description		DS-Vocational	
07/01/18-06/30/19		07/01/18-06/30/19	
FUNDING USES			TOTAL
Salaries & Employee Benefits		355,490	355,490
Operating Expenses		27,043	27,043
Capital Expenses			
Subtotal Direct Expenses		382,533	382,533
Indirect Expenses		45,904	45,904
TOTAL FUNDING USES		428,437	428,437
BHS-MENTAL HEALTH FUNDING SOURCE		Dept-Auth-Proj-Activity	
MH Grant SAMHSA Adult SOC, CFDA 93.958	251984-10001-10032564-0001	428,437	428,437
This row left blank for funding sources not in drop-down list			
TOTAL BHS-MENTAL HEALTH FUNDING SOURCES		428,437	428,437
BHS-SUD FUNDING SOURCES		Dept-Auth-Proj-Activity	
This row left blank for funding sources not in drop-down list			
TOTAL BHS-SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity	
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		428,437	428,437
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		428,437	428,437
BHS-UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		1,001	
Unit Type		Client Full Day	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 428.00	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 428.00	\$
Published Rate (Medi-Cal Providers Only)		N/A	
Unduplicated Clients (UDC)		231	231
			Total UDC

3409

Appendix Number B-3

Page Number 2

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

Document Date: 4/1/19

Appendix B - DPH-4: Operating Expenses Detail

Program Name Peer to Peer Linkage
 Program Code TBD

Appendix Number B-3

Page Number 3

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	SAMHSA ADULT (HMM007-1801)		
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 6,000	\$ 6,000		
Utilities (telephone, electricity, water, gas)	\$ 6,000	\$ 6,000		
Building Repair/Maintenance	\$ 1,527	\$ 1,527		
Occupancy Total:	\$ 13,527	\$ 13,527	\$ -	\$ -
Office Supplies	\$ 1,000	\$ 1,000		
Photocopying	\$ -	\$ -		
Program Supplies	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 1,000	\$ 1,000	\$ -	\$ -
Training/Staff Development	\$ 1,500	\$ 1,500		
Insurance	\$ 1,200	\$ 1,200		
Professional License	\$ 150	\$ 150		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance				
General Operating Total:	\$ 2,850	\$ 2,850	\$ -	\$ -
Local Travel	\$ 5,000	\$ 5,000		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 5,000	\$ 5,000	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)				
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Recruitment & Direct Staff Expenses	\$ 1,718	\$ 1,718		
Client-Related Food	\$ 2,448	\$ 2,448		
Client-Related Other Activities	\$ 500	\$ 500		
	\$ -			
Other Total:	\$ 4,666	\$ 4,666	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 27,043	\$ 27,043	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-4	
Provider Name <u>Richmond Area Multi-Services, Inc.</u>		Page Number <u>1</u>	
Provider Number <u>3894</u>		Fiscal Year <u>2018-2019</u>	
		Funding Notification Date <u>01/24/19</u>	
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 (SUD)	45/20-29	45/20-29	
Service Description	OS Cmnty Client Svcs	OS Cmnty Client Svcs	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/18-06/30/19	07/01/18-06/30/19	
FUNDING USES			TOTAL
Salaries & Employee Benefits	124,351		124,351
Operating Expenses	15,859		15,859
Capital Expenses			
Subtotal Direct Expenses	140,210		140,210
Indirect Expenses	14,021	2,804	16,825
TOTAL FUNDING USES	154,231	2,804	157,035
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
SUD Grant - BSOC PRSPR (Prop 47) Grant (08/16/19-09/15/20)	240646-10001-10032858-0002	154,231	154,231
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUD FUNDING SOURCES		154,231	154,231
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		154,231	154,231
NON-DPH FUNDING SOURCES			
NON DPH In-Kind (RAMS 2% Indirect Expense)		2,804	
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES		2,804	2,804
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		154,231	157,035
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	3,024		
Unit Type	Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 51.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 51.00		
Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC)	44		Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-4
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

	TOTAL		BSCC PRSPR (Prop 47) Grant (240646-10001-10032656-0002)				
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19				
Position Title	FTE	Salaries	FTE	Salaries			
Peer Supervisor	0.42	\$ 22,917	0.42	\$ 22,917			
Outreach Worker/Peer Navigator	1.67	\$ 63,438	1.67	\$ 63,438			
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
Totals:	2.09	\$ 86,355	2.09	\$ 86,355	\$ -	0.00	\$ -
Employee Benefits:	44.00%	\$ 37,996	44.00%	\$ 37,996		0.00%	
TOTAL SALARIES & BENEFITS		\$ 124,351		\$ 124,351	\$ -		\$ -

3412

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-4

Page Number 3

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	BSCC PRSPR (Prop 47) Grant (240646-10001- 10032656-0002)		
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -	\$ -		
Utilities (telephone, electricity, water, gas)	\$ 4,000	\$ 4,000		
Building Repair/Maintenance	\$ -	\$ -		
Occupancy Total:	\$ 4,000	\$ 4,000	\$ -	\$ -
Office Supplies	\$ 8,099	\$ 8,099		
Photocopying	\$ -	\$ -		
Program Supplies	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 8,099	\$ 8,099	\$ -	\$ -
Training/Staff Development	\$ -	\$ -		
Insurance	\$ -	\$ -		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ -	\$ -		
General Operating Total:	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,760	\$ 3,760		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 3,760	\$ 3,760	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -		
	\$ -	\$ -		
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 15,859	\$ 15,859	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)			
DHCS Legal Entity Number: 00343		Appendix Number: B-5	
Provider Name: Richmond Area Multi-Services, Inc.		Page Number: 1	
Provider Number: TBD		Fiscal Year: 2018-2019	
		Funding Notification Date: 01/24/19	
Program Name	TAY Leaders - Certificate Program		
Program Code	N/A		
Mode/SFC (MH) or Modality (SUD)	45/10-19		
Service Description	OS-MH Promotion		
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/18-06/30/19		
FUNDING USES			TOTAL
Salaries & Employee Benefits	91,121		91,121
Operating Expenses	65,130		65,130
Capital Expenses			
Subtotal Direct Expenses	156,251		156,251
Indirect Expenses	18,749		18,749
TOTAL FUNDING USES	175,000		175,000
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity		
MH WO-CH TAY Cert & Emp Prog	251984-10002-10033255-0001	175,000	175,000
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		175,000	175,000
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		175,000	175,000
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		175,000	175,000
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement (CR)		
DPH Units of Service	2,184		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 80.13	\$	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 80.13	\$	
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)	25		25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name TAY Leaders - Certificate Program
 Program Code N/A

Appendix Number B-5
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

	TOTAL		MH-WO CH TAY (251984-10002-10033255-0001)		Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	
Funding Term	07/01/18-06/30/19		(mm/dd/yy-mm/dd/yy):		mm/dd/yy-mm/dd/yy	(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Director	0.20	\$ 21,394	0.20	\$ 21,394			
Manager/Instructor	0.35	\$ 26,250	0.35	\$ 26,250			
TAY Counselor	0.50	\$ 22,449	0.50	\$ 22,449			
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
Totals:	1.05	\$ 70,093	1.05	\$ 70,093	\$ -	0.00	\$ -
Employee Benefits:	30.00%	\$ 21,028	30.00%	\$ 21,028		0.00%	
TOTAL SALARIES & BENEFITS		\$ 91,121		\$ 91,121	\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name TAY Leaders - Certificate Program
 Program Code N/A

Appendix Number B-5
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	MH-WO.CH TAY (251984-10002- 10033255-0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 4,900	\$ 4,900		
Utilities (telephone, electricity, water, gas)	\$ 3,800	\$ 3,800		
Building Repair/Maintenance	\$ 475	\$ 475		
Occupancy Total:	\$ 9,175	\$ 9,175	\$ -	\$ -
Office/Program Supplies	\$ 14,000	\$ 14,000		
Photocopying	\$ -			
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 14,000	\$ 14,000	\$ -	\$ -
Training/Staff Development	\$ 2,040	\$ 2,040		
Insurance	\$ 1,060	\$ 1,060		
Professional License				
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 3,100	\$ 3,100	\$ -	\$ -
Local Travel	\$ 1,020	\$ 1,020		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,020	\$ 1,020	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Recruitment & Direct Staff Expenses	\$ 1,010	\$ 1,010		
Guest Lecturers/Speakers	\$ 4,100	\$ 4,100		
Client Stipends	\$ 17,400	\$ 17,400		
Client-Related Food	\$ 12,265	\$ 12,265		
Client-Related Other Activities	\$ 3,060	\$ 3,060		
Other Total:	\$ 37,835	\$ 37,835	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 65,130	\$ 65,130	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-6	
Provider Name: Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2018-2019	
		Funding Notification Date 01/24/19	
TAY Leaders Employment Program			
Program Name			
Program Code		N/A	
Mode/SFC (MH) or Modality (SUD)		45/10-19	
Service Description			
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/18-06/30/19	
FUNDING USES		TOTAL	
Salaries & Employee Benefits	240,713	240,713	
Operating Expenses	116,431	116,431	
Capital Expenses			
Subtotal Direct Expenses	357,144	357,144	
Indirect Expenses	42,856	42,856	
TOTAL FUNDING USES	400,000	400,000	
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Prof-Activity		
MH WO-CH TAY Cert & Emp Prog	251984-10002-10033255-0001	400,000	400,000
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		400,000	400,000
BHS SUD FUNDING SOURCES	Dept-Auth-Prof-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES	Dept-Auth-Prof-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		400,000	400,000
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		400,000	400,000
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		6,968	
Unit Type		Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 57.41	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 57.41	\$
Published Rate (Medi-Cal Providers Only)			Total UDC
Unduplicated Clients (UDC)		16	16

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name TAY Leaders - Employment Program

Program Code N/A

Appendix Number B-6

Page Number 2

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

	TOTAL		MH-WO CH TAY (251984-10002- 10033255-0001)		Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19		mm/dd/yy-mm/dd/yy	(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Director	0.10	\$ 11,000	0.10	\$ 11,000			
Clinical Manager	0.20	\$ 15,000	0.20	\$ 15,000			
Program Manager/Instructor	0.65	\$ 48,750	0.65	\$ 48,750			
Employment Consultant	1.00	\$ 53,000	1.00	\$ 53,000			
TAY Peer Counselor	1.00	\$ 40,000	1.00	\$ 40,000			
Administrative Assistant	0.40	\$ 16,000	0.40	\$ 16,000			
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
Totals:	3.35	\$ 183,750	3.35	\$ 183,750	\$ -	0.00	\$ -
Employee Benefits:	31.00%	\$ 56,963	31.00%	\$ 56,963		0.00%	
TOTAL SALARIES & BENEFITS		\$ 240,713		\$ 240,713	\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name TAY Leaders - Employment Program
Program Code N/A

Appendix Number B-6

Page Number 3

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	MH-WO CH TAY (251984-10002- 10033255-0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 9,100	\$ 9,100		
Utilities (telephone, electricity, water, gas)	\$ 8,000	\$ 8,000		
Building Repair/Maintenance	\$ 800	\$ 800		
Occupancy Total:	\$ 17,900	\$ 17,900	\$ -	\$ -
Office/Program Supplies	\$ 4,266	\$ 4,266		
Photocopying	\$ -			
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 4,266	\$ 4,266	\$ -	\$ -
Training/Staff Development	\$ 2,000	\$ 2,000		
Insurance	\$ 2,888	\$ 2,888		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 4,888	\$ 4,888	\$ -	\$ -
Local Travel	\$ 1,000	\$ 1,000		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,000	\$ 1,000	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -			
Recruitment & Direct Staff Expenses	\$ 500	\$ 500		
Guest Lecturers/Speakers	\$ 4,657	\$ 4,657		
Client Stipends	\$ 76,920	\$ 76,920		
Client-Related Food	\$ 3,500	\$ 3,500		
Client-Related Other Activities	\$ 2,800	\$ 2,800		
Other Total:	\$ 88,377	\$ 88,377	\$ -	\$ -
TOTAL OPERATING EXPENSE:	\$ 116,431	\$ 116,431	\$ -	\$ -

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

DHCS Legal Entity Number: 00343		Appendix Number: B-7	
Provider Name: Richmond Area Multi-Services, Inc		Page Number: 1	
Provider Number: 3894		Fiscal Year: 2018-2019	
		Funding Notification Date: 01/24/19	
Program Name		Peer ICM Transition to Outpatient	
Program Code		TBD	
Mode/SFC (MH) or Modality (SUD)			
Service Description			
		01/01/19-06/30/19	
FUNDING USES			TOTAL
Salaries & Employee Benefits		287,225	287,225
Operating Expenses		162,337	162,337
Capital Expenses			
Subtotal Direct Expenses		449,562	449,562
Indirect Expenses		53,947	53,947
TOTAL FUNDING USES		503,509	503,509
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity	
MH MHA (INN)	251984-17156-10031199-0023	503,509	503,509
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		503,509	503,509
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity	
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity	
This row left blank for funding sources not in drop-down list			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		503,509	503,509
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)		503,509	503,509
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		8,008	
Unit Type		Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 62.88	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 62.88	\$
Published Rate (Medi-Cal Providers Only)		N/A	
Unduplicated Clients (UDC)		15	15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Peer ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-7
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

	TOTAL		MH MHSA (INN) (251984-17156- 10031199-0023)			
Funding Term	01/01/19-06/30/19		01/01/19-06/30/19			
Position Title	FTE	Salaries	FTE	Salaries		
Divisional Director of Peer-Based Services	0.10	\$ 5,760	0.10	\$ 5,760		
Program Operations Manager	0.10	\$ 3,750	0.10	\$ 3,750		
Program Manager/Supervisor	0.50	\$ 22,500	0.50	\$ 22,500		
Senior Peer Navigator	1.00	\$ 28,700	1.00	\$ 28,700		
Peer Navigator	5.00	\$ 124,385	5.00	\$ 124,385		
Clinician	1.00	\$ 32,500	1.00	\$ 32,500		
	0.00	\$ -				
	0.00	\$ -				
	0.00	\$ -				
	0.00	\$ -				
	0.00	\$ -				
Totals:	7.70	217,595	7.70	\$ 217,595	\$ -	0.00 \$ -
Employee Benefits:	32.0%	69,630	32%	\$ 69,630.40		0.00%
TOTAL SALARIES & BENEFITS		287,225		\$ 287,225	\$ -	\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name Peer ICM Transition to Outpatient
 Program Code TBD

Appendix Number B-7
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	MH MHSA (INN) (251984-17156- 10031199-0023)		
Funding Term	01/01/19-06/30/19	01/01/19-06/30/19		
Rent	\$ 3,500	\$ 3,500		
Utilities (telephone, electricity, water, gas)	\$ 3,000	\$ 3,000		
Building Repair/Maintenance	\$ 500	\$ 500		
Occupancy Total:	\$ 7,000	\$ 7,000	\$ -	\$ -
Office Supplies	\$ 89,737	\$ 89,737		
Photocopying	\$ -	\$ -		
Program Supplies	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -		
Materials & Supplies Total:	\$ 89,737	\$ 89,737	\$ -	\$ -
Training/Staff Development	\$ 31,500	\$ 31,500		
Insurance	\$ 1,100	\$ 1,100		
Professional License		\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance				
General Operating Total:	\$ 32,600	\$ 32,600	\$ -	\$ -
Local Travel	\$ 5,000	\$ 5,000		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 5,000	\$ 5,000	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Recruitment & Direct Staff Expenses	\$ 2,000	\$ 2,000		
Client-Related Food	\$ 13,000	\$ 13,000		
Client-Related Other Activities	\$ 13,000	\$ 13,000		
	\$ -			
	\$ -			
Other Total:	\$ 28,000	\$ 28,000	\$ -	\$ -
TOTAL OPERATING EXPENSE:	\$ 162,337	\$ 162,337	\$ -	\$ -

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

DHCS Legal Entity Number 00343		Appendix Number B-8	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2018-2019	
		Funding Notification Date 01/24/19	
Program Name		Whole Person Care -	
Program Code		Shelter Coord	
Mode/SFC (MH) or Modality (SUD)		Services	
Service Description		TBD	
		07/01/18-06/30/19	
FUNDING USES			TOTAL
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 SOURCE	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		
This row left blank for funding sources not in drop-down list			
TOTAL BHS SUD FUNDING SOURCES			
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		
Whole Person Care-DPH	179661-17702-10030244-0009	412,706	412,706
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			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Cost Reimbursement		
DPH Units of Service	(CR)	4,390	
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	94.01	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	94.01	\$
Published Rate (Medi-Cal Providers Only)	N/A		
Unduplicated Clients (UDC)	150		150

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Whole Person Care - Shelter Coord Services

Program Code TBD

Appendix Number B-8

Page Number 2

Fiscal Year 2018-2019

Funding Notification Date 01/24/19

	TOTAL		179661-17702-10030244-0009				
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19				
Position Title	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 Counselor/Community Health Worker	3.33	\$ 153,333	3.33	\$ 153,333			
	0.00	\$ -	0.00	\$ -			
	0.00	\$ -	0.00	\$ -			
	0.00	\$ -	0.00	\$ -			
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
Totals:	4.21	229,166	4.21	\$ 229,166	\$ -	0.00	\$ -
Employee Benefits:	33%	75,625	33%	\$ 75,624.78		0.00%	
TOTAL SALARIES & BENEFITS		304,791		\$ 304,791	\$ -		\$ -

3424

Appendix B - DPH 4: Operating Expenses Detail

Program Name Whole Person Care - Shelter Coord Services
 Program Code TBD

Appendix Number B-8
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 01/24/19

Expense Categories & Line Items	TOTAL	179661-17702-10030244-0009		
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 12,750	\$ 12,750		
Utilities (telephone, electricity, water, gas)	\$ 6,000	\$ 6,000		
Building Repair/Maintenance	\$ 2,000	\$ 2,000		
Occupancy Total:	\$ 20,750	\$ 20,750	\$ -	\$ -
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		
Out-of-Town Travel	\$ -	\$ -		
Field Expenses	\$ -	\$ -		
Staff Travel Total:	\$ 5,000	\$ 5,000	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Recruitment/Direct Staff Expenses	\$ 3,000	\$ 3,000		
Client-Related Food	\$ 3,750	\$ 3,750		
Client-Related Other Activities	\$ 5,000	\$ 5,000		
	\$ -			
	\$ -			
Other Total:	\$ 11,750	\$ 11,750	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 63,696	\$ 63,696	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Indirect Detail Page

1 of 1

Contractor Name	Richmond Area Multi-Services, Inc.	Fiscal Year	2018-2019
Contract ID Number	1000003052	Funding Notification Date	1/24/19

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.23	\$ 44,129
Chief Financial Officer	0.23	\$ 35,022
Deputy Chief	0.23	\$ 34,320
Medical Director	0.04	\$ 85,878
Director of Operations	0.23	\$ 23,780
IT Analyst/Coordinator/Manager	0.49	\$ 14,454
Director of Human Resources	0.24	\$ 29,455
Accounting/Finance Manager/Specialist	0.84	\$ 19,663
HR Benefit Specialist/HR Assistant	0.54	\$ 15,898
Operations/Contract Coordinator	0.28	\$ 18,820
Director of Training	0.18	\$ 26,389
Janitor/Facility Technician/Lead	0.25	\$ 7,365
Driver	0.22	\$ 10,578
Subtotal:	4.00	\$ 365,750
Employee Benefits:	28.0%	\$ 102,410
Total Salaries and Employee Benefits:		\$ 468,160

2. OPERATING COSTS

Expense line item:	Amount
Rental/Depreciation	\$ 8,862
Mortgage Interest	\$ 10,202
Utilities	\$ 3,776
Building Repair/Maintenance	\$ 2,309
Office Supplies	\$ 21,901
Training/Staff Development	\$ 8,951
Insurance	\$ 9,501
Professional Fees, Licenses (Membership)	\$ 26,974
Equipment Rental	\$ 2,247
Local Travel	\$ 790
Audit Fees	\$ 11,712
Payroll Fees	\$ 21,606
Recruitment/Indirect Staff Expenses	\$ 3,213
Bank Fees (monthly charges, stop payment fees, etc.)	\$ 4,080
Total Operating Costs	\$ 136,125
Total Indirect Costs	\$ 604,285

Total Indirect from DPH 1: \$ 604,285

Appendix E
RAMS (Peer to Peer), ID#1000003052

Appendix E
HIPAA Business Associate Agreement

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

RECITALS

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

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

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

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

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

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

1. Definitions.

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

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

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

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

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

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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

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

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

2. Obligations of Business Associate.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

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

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

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

3. Termination.

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

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.

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.

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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

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

Office of Compliance and Privacy Affairs

San Francisco Department of Public Health

101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org

Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
------------------	-----------------------------------	---------------------------	------------

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
--	---------------	-----------	------

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
-------------------------------	--------------	-----------	------

Contractor Name:	Richmond Area Multi Services, Inc	Contractor City Vendor ID	0000012195
------------------	-----------------------------------	---------------------------	------------

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
-------------------------------	--------------	-----------	------

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California, 94102-4685

Agreement between the City and County of San Francisco and

Richmond Area Multi Services, Inc.

This Agreement is made this 1st day of July, 2015 in the City and County of San Francisco, State of California, by and between: Richmond Area Multi Services, Inc., 639 14th Avenue, San Francisco, CA 94118, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services (CBHS) wishes to contract for Peer to Peer Employment and Peer Specialist Mental Health Certificate Services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on August 27, 2014, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 46266-14/15 on June 15, 2015;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2015 to December 31, 2017.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Services to be provided by Contractor," attached hereto and incorporated by reference as though fully set forth herein.
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 Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **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 **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.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

- 1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;
- 2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses.

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section.

15. Insurance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16. Indemnification.

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 (COMPENSATION) OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Liquidated Damages Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies.

a. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

- | | |
|---|--|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | And, item 1 of Appendix D attached to this Agreement |

63. Protected Health Information

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience.

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- | | |
|---|---|
| 8. Submitting false claims | 24. Proprietary or confidential information of City |
| 9. Disallowance | 26. Ownership of Results |
| 10. Taxes | 27. Works for Hire |
| 11. Payment does not imply acceptance of work | 28. Audit and Inspection of Records |
| 13. Responsibility for equipment | 48. Modification of Agreement. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 49. Administrative Remedy for Agreement Interpretation. |
| 15. Insurance | 50. Agreement Made in California; Venue |
| 16. Indemnification | 51. Construction |
| 17. Incidental and Consequential Damages | 52. Entire Agreement |
| 18. Liability of City | 56. Severability |
| 63. Protected Health Information | 57. Protection of private information |
| | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the

Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City.

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:

Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street 4th Floor
San Francisco, California 94103

FAX: (415) 554-2555
e-mail: junko.craft@sfdph.org

And: Charles Mayer, Program Person
Department of Public Health
1380 Howard Street 5th Floor
San Francisco, California 94103

FAX: (415) 255-3513
e-mail: Charles.Mayer@sfdph.org

To CONTRACTOR: Kavooos Ghane Bassiri, President CEO
Richmond Area Multi-Services, Inc.
639 14th Avenue
San Francisco, CA 94118

FAX: (415) 751-7336
e-mail: kavooosbassiri@ramsinc.org

Either party may change the address to which notice is to be sent by giving written notice thereof to the other party. If e-mail notification is used, the sender must specify a Receipt notice. Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records.

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the

Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

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

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

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

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

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

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

33. Local Business Enterprise Utilization; Liquidated Damages.

a. **The LBE Ordinance.** Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement.

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of CMD will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17. By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the CMD shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City. Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of CMD or the Controller upon request.

34. Nondiscrimination; Penalties.

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. **Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. **Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. **Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (Form CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contracts Monitoring Division (formerly 'Human Rights Commission').

e. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. **Drug-Free Workplace Policy.** Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. **Resource Conservation.** Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

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

40. **Sunshine Ordinance.** In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. **Public Access to Meetings and Records.** If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in RAMS (Peer to Peer) CMS# 7524
P-500 (4-15; DPH 5-15)

Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees.

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

1. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program.

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry

level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first

investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

49. Administrative Remedy for Agreement Interpretation.

a. **Negotiation; Alternative Dispute Resolution.** The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

b. **Government Code Claims.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

50. Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney 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.

55. Supervision of Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Reserved.

59. Food Service Waste Reduction Requirements. Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Slavery Era Disclosure Reserved. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

64. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

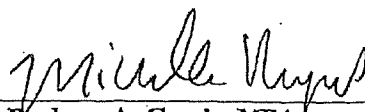
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Richmond Area Multi-Services, Inc.



Barbara A. Garcia, MPA
Director of Health

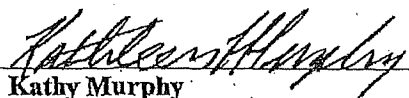
5/29/15
Date

Approved as to Form:

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

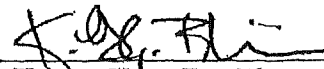
Dennis J. Herrera
City Attorney

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.


Kathy Murphy
Deputy City Attorney

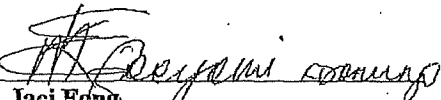
5/27/15
Date

Approved:


Kavos Ghane Bassiri
President and Chief Executive Officer
639 14th Avenue
San Francisco, CA 94119

5/27/15
Date

City vendor number: 15706


Jaci Fong
Director of the Office of
Contract Administration and
Purchaser

6/23/15
Date

- A: Services to be provided by Contractor
B: Calculation of Charges
C: Insurance Waiver
D: Additional Terms
E: HIPAA Business Associate Agreement

- F: Invoice (To be Provided by the Contractor)
G: Dispute Resolution
H: San Francisco Department of Public Health Privacy Policy Compliance Standards
I: Emergency Response
J: Declaration of Compliance

RECEIVED
U.S. DEPARTMENT OF JUSTICE
15 JUL 10 2:37

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. 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**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Peer to Peer Employment

Appendix A-2 Peer Specialist Mental Health Certificate

Contractor: Richmond Area Multi-Services, Inc.
City Fiscal Year: 2015-2016
CMS#:7524

Appendix A-1
Contract Term: 07/01/15 through 06/30/16

1. Identifiers:

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

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

Program Code: Not Applicable

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

RAMS, in collaboration with CBHS and consumers, will be 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, CBHS and community settings. The provider will implement and evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers. RAMS will oversee 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 FY 2015-16 is the start-up/development and implementation time period for the reorganization of the current CBHS peer-to-peer system. RAMS will build upon the strong foundation of the CBHS peer-to-peer system and further develop an integrative peer-to-peer service delivery system that promotes best practices, shared resources, advancement opportunities for peers and quality-driven peer-to-peer services for behavioral health consumers.

The current CBHS Peer-to-Peer Programs that are included in the Peer-to-Peer Employment Program and the peer system reorganization are the following:

1. Pathways to Discovery Peer Program

Pathways to Discovery is a peer-led program that started in 2006, based off of the wellness and recovery principles of "The Village", a peer-based program in Long Beach. Pathways has been committed to work together with the community to build a successful program and provide much needed support services to those experiencing issues related to mental health, substance use and other

related needs. Pathways' peer modalities may include a creative arts program, a residential care program, a peer group counseling program and transportation training/assistance in the community.

2. Peer Support Internship Program

The Peer Support Internship Program is an entry-level peer program working directly with behavioral health consumers. Peers often begin employment in this program as system navigators or administrative support working in the front-line of customer service with users of the CBHS system. Peers perform a variety of duties such as provide system education, system navigation, outreach, and clerical related work. The program currently provides two years of employment and training opportunities to help peers further develop their employment and consumer support skills while providing on-site job coaching. Peer Interns are currently placed in DPH programs and also conduct Dual-Recovery Anonymous (DRA) peer groups in the community.

3. MHSA Consumer Employment Program

The MHSA Consumer Employment Program is an intermediate-level peer program that provides a platform for career development for those individuals who have accessed the system of care as a consumer or family member of a consumer, teaching them skills to work as a peer professional. The program improves the care for consumers accessing services by utilizing peer professionals within multi-disciplinary treatment teams. The Consumer Employment Program began with the initial hire of six part time, as-needed employees in July 2007. The program has expanded extensively and currently employs full-time, part-time and temporary positions as a peer counselor or consumer/administrative support within the San Francisco community. The peer employees are provided extensive support and encouraged to further their education, complete internships, and identify advancement opportunities outside the program in the broader workforce.

4. Office of Self Help

This peer-to-peer program provides a drop-in center which is: 1) an early 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.

This center targets consumers of behavioral health services that may face mental health and/or substance abuse issues. The Office of Self-Help modalities may include; Individual Peer Counseling, Peer-to-Peer Support Groups, Resource/Service Linkage, a Warm-Line/Phone Support, a Computer Lab, Healing Arts that include acupuncture and meditation, and Transportation Assistance that provides assistance for family members and significant others of CBHS clients in long-term mental health treatment facilities outside of San Francisco.

5. Peer Youth-to-Youth Program

The overall goal of the Peer Youth-to-Youth Program is to employ and support peer mentors who have achieved stability and have the ability to assist other young mental health consumers achieve resiliency and recovery. This is currently a pilot program and the peer employees work directly with youth within the behavioral health system who are interested in receiving mentoring support in various community

settings. The program currently emphasizes healthy activities, academic success, employment readiness, self-help skill development, and pro-social skill development.

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, or 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 the Department of Public Health services.

5. Modality(ies)/Interventions

As a majority of this program is funded by MHSA, RAMS will be responsible for integrating all 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. As part of the MHSA requirements, RAMS will be responsible for involving 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.

During this first start-up year, RAMS will work in collaboration with CBHS and the peer/consumer population to further develop an integrative peer-to-peer service delivery system that promotes best practices, shared resources, advancement opportunities for peers, and quality-driven peer-to-peer services for behavioral health consumers. The model will form one integrative peer-to-peer program and the current programs involved in this restructuring will be the following:

1. Pathways to Discovery Peer Program
2. Peer Support Internship Program
3. MHSA Consumer Employment Program
4. Office of Self-Help
5. Peer Youth-to-Youth Program

RAMS will provide employment and supportive services for the peer providers in the CBHS system and will be responsible for all areas of hiring, training, supervision, case management, consultation, support and progressive discipline, if needed. Many of these peers are located in several sites throughout DPH in the fields of peer counseling and administration; supporting consumers of behavioral health. RAMS, in partnership with CBHS and the peer community, will be responsible for

redesigning the Office of Self Help and developing an integrated peer wellness center, driven by input from the peer community.

RAMS will oversee 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 will be responsible for securing a facility and have work space made available to staff in the peer wellness center and peer staff that do not work directly in a DPH facility. RAMS will be responsible for developing 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 will also be a peer position. RAMS will conduct regular site visits to provide education regarding peer program code of ethics, peer program guidelines, peer counseling best practices and provide collaborative supervision with site supervisors. RAMS will be responsible for developing and working towards a commensurate pay structure to ensure equality among all peers in the system. This may include developing a model of entry-level, intermediate-level and advanced-level programs with 4-5 tiers, with the highest being a peer leadership or supervisory role.

RAMS will provide supportive services for the peer employees that may include, but not limited to; training, supervision, consultation, job coaching and retention services, and peer-based support groups. RAMS will work in collaboration with other CBHS and community programs to strengthen the menu of support options. These programs may include, but not limited to, the Mental Health Peer Specialist Certificate Program, San Francisco City College, California State Department of Rehabilitation, Suicide Prevention, the CBHS Client Council, and the MHSA Advisory Committee. RAMS will be responsible for staying abreast of current peer provider trends, state recommendations regarding peer certification, evidenced-based practices for peer services, current trends regarding peer code of ethics, etc.

RAMS will work in collaboration with CBHS and the peer community to develop a pilot program to train and support interested peers to bill Medi-Cal related services in Avatar for billable work performed, and evaluate.

See also CBHS Appendix B, CRDC pages.

6. Methodology

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

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

consumers & families, annually serving well over 18,000 adults, children, youth & families at over 90 sites, citywide.

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

Clients may be referred by direct service providers at various CBHS 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.

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 final service delivery model will be developed over the beginning of this contract cycle since this is a start-up year. See also CBHS Appendix B, CRDC pages.

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.

E. Program staffing

See CBHS Appendix B.

7. Objectives and Measurements

RAMS, in collaboration with CBHS and consumers, will be 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, CBHS and community settings. RAMS will also implement and evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers. A strong partnership between RAMS and CBHS is a vital component of this project. RAMS will work in collaboration with the CBHS Department of Quality Management to develop a comprehensive evaluation plan and tools to measure outcomes. RAMS will work with the CBHS Business Office of Contract Compliance to ensure compliance with the minimum requirements of data collection and reporting.

This is a start-up year and final objectives will be developed over the beginning of this contract cycle, however, the Peer to Peer Employment model may include the following primary over-arching aims:

- *Increase Service Delivery:* This objective will work to increase support to the current peer-to-peer infrastructure and focus on the expansion and the integration of peer professionals into the service delivery of all programs

- *Increase Capacity Building:* This objective will work to strengthen the skills, competencies and abilities of individual peers by focusing on one's individualized professional development. This will help peers to further overcome any challenges and grow upward in their individual wellness and recovery.
- *Increase Training:* This objective will further strengthen the peer system of care while helping to better standardize the overall professionalism of peer specialists.

For the start-up year, RAMS will commit to the following MHSA Outcomes Objectives:

1. During FY15/16, at least 75% of the consumers receiving peer counseling services will report an increase in their overall quality of life, as evidenced by consumer surveys.
2. At program completion, at least 75% of the consumers receiving peer counseling services will report a decrease in social isolation and an increase in community integration, as evidenced by consumer surveys.

Possible Outcomes Objectives to implement over FY15/16 may include the following:

- Increase consumer awareness about mental health resources, substance abuse services, primary care programs and vocational services in the community.
- Increase access and linkage to resources and services for consumers.
- Increase the help-seeking behaviors of consumers.
- Increase peer wellness, resiliency and recovery.
- Increase peer job satisfaction.
- Increase the number of peers advancing to a leadership role or finding a higher level employment opportunity.

8. Continuous Quality Improvement

- a. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All staff (including direct service providers) are informed about objectives and the required documentation related to the activities and service delivery outcomes. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information. In addition, the Program Director 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 Program Director; 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 Program Director (and reported to executive management) on monthly basis
- Client's culture, preferred language for services, and provider's expertise are strongly considered during the case assignment process. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- Development of annual objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- Strengthening and empowering the roles of consumers and their families by soliciting feedback on service delivery and identifying areas for improvement (see Section D. Client Satisfaction);
- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. Human Resources also conduct exit interviews with departing

staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.

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

d. Satisfaction with services

RAMS 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.

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-2

City Fiscal Year: 2015-2016

Contract Term: 07/01/15 through 06/30/16

CMS#:7524

1. Identifiers:

Program Name: Peer Specialist Mental Health Certificate

Program Address: 3626 Balboa Street

City, State, Zip: San Francisco, CA 94121

Telephone: (415) 668-5955

Fax: (415) 668-0246

Website Address: www.ramsinc.org

Contractor Address: RAMS Administration, 639 14th Avenue

City, State, Zip: San Francisco, CA 94118

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

Telephone: (415) 800-0699

Email Address: angelatang@ramsinc.org

Program Code: Not Applicable.

2. Nature of Document (check one)

☒ New

☐ Renewal

☐ Modification

3. Goal Statement

The 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

Peer Specialist Mental Health Certificate Program

The RAMS/SFSU 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 Peer-to-Peer Employment Program. At least 65% of the participants enrolled in the advanced level peer training programs will be employed or entering employment in the Peer-to-Peer Employment Program.

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 RAMS Peer Specialist Mental Health Certificate offers three components:

- 1) Entry Level Certificate: 12-week program 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: During FY 2015-16, RAMS, with CBHS and consumer input, will develop and implement this advanced level training component to further support and educate peers working with consumers of behavioral health services
- 3) Leadership Academy: During FY 2015-16, RAMS will develop and implement this short-term "leadership academy" training component to further support and educate peers and consumers in developing skills to feel better equipped when participating in activities that request consumer input such as advisory committees and boards and review panels.

During the contract year, RAMS will provide/conduct the following modality/intervention for the *Entry Level Certificate* component:

Workforce Development (MHSA Modality #6)

- At least 30 adults will receive workforce development skills through participating in the Peer Specialist Mental Health Certificate program
- Provide at least 190 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) as well as post-program engagement activities (i.e. reunion). These activity hours do not include program planning and coordination staff 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).

For the Advanced Level Certificate and Leadership Academy components, FY 2015-16 represented start-up/curriculum development and implementation period. Activities will include conducting a needs assessment and gathering community input regarding specific needs in the area of peer training

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 10 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 CBHS Consumer Employment section) for which targeted outreach and recruitment will be conducted. It is through these close partnerships with CBHS 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 Certificate Component:

This 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. 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.

- *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:* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a 10-15 presentation.
- *Written Report:* 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 & increases program accessibility.
- *Accessibility:* SFSU's Disability Programs and Resource Center provides the University with resources, education, and direct services to people with disabilities (e.g. computers with adaptive software & hardware, assistive listening devices, note taking services).

Advanced Level Certificate Component:

This component would teach peers and consumers advanced skills as a peer specialist and provide at least 8 weeks of classroom training. Peers may be further trained in facilitating multiple evidenced-based peer groups commonly used when working as a peer specialist. Peers may be trained in best practices when working with consumers with acute needs that may be hard to engage. Peers may be trained in a leadership and supervisory capacity in areas such as; peer project oversight; supervision of peer staff; facilitation of peer manager meetings; peer recruitment, selection and onboarding; peer consultation/support; peer job coaching, etc. This component's proposed structure includes mentorship such that peers are mentored by other peer leaders from the Peer-to-Peer Employment Program as well as education about the about the Civil Service application and testing process, congruent with DPH policies.

Leadership Academy Component:

The Leadership Academy would provide short-term training, possibly 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 would not be 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 would teach peers and consumers basic education in the areas of, but not limited to, budgeting, policy development, program development, program implementation, quality assurance, evaluation, RFP/RFQ review process, etc. This component will provide 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 will help peers and consumers develop skills to feel better equipped when participating in activities that request consumer input. Activities may include the MHSA Advisory Committee, the Client Council, CBHS RFQ/RFP Review Panel Process and the MHSA Community Planning Process (CPP).

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 (e.g. for Entry Level, missing no more than 2 days during the 12-week course) 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 Coordinator/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.

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 Coordinator. 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:

1. Upon completion of the Entry Level Certificate component, 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 Program Director and presented to the Program Advisory Committee.
2. During the contract year, 23 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.
3. Within six months of graduation, 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 post-graduation surveys administered two times each year by RAMS administrators; the collected data will be tabulated and summarized. Results will be analyzed by Program Director and presented to the Program Advisory Committee.
4. Upon completion of the Entry Level Certificate component, 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 the Program Director and presented to the Program Advisory Committee.
5. Upon completion of the Entry Level Certificate component, 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 Program Director and presented to the Program Advisory Committee.

For the Advanced Level and Leadership Academy components, the FY 2015-2016 is a "start-up" year with development & planning and implementation. As such, RAMS and CBHS will collaborate on an initial general outline of the proposed curriculum and the overall development process. RAMS will work in collaboration with the CBHS Department of Quality Management to develop a comprehensive evaluation plan and tools to measure outcomes. RAMS will work with the CBHS Business Office of Contract Compliance to ensure compliance with the minimum requirements of data collection and reporting.

During FY 2015-16, objectives include:

- RAMS shall research and document evidence-based practices and models for effective curriculum and program design structures
- RAMS shall hold at least four Advisory Committee Meetings as evidenced by meeting minutes and notes
- RAMS shall hold at least three Focus Group Meetings, as evidenced by meeting minutes & notes
- RAMS shall draft a syllabi and develop recommended course materials (readers/books), as evidenced by a summary document/report
- RAMS will identify course instructors & facilitators
- RAMS will develop promotional material (e.g. flyers, etc.) and engage in at least four outreach activities/events promoting the program, particularly in outreaching to target population communities
- RAMS will implement at least 2 cycles of Advanced Level classes.
- RAMS will implement at least 12 Leadership Academy seminars.

For the start-up year, RAMS will commit to the following MHSA Outcomes Objective:

1. Within six months of graduation, 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 post-graduation surveys administered two times each year by RAMS administrators; the collected data will be tabulated and summarized. Results will be analyzed by Program Director 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 Program Director throughout the program cohort duration; based on these reviews, determinations/recommendations are provided relating to any needed adjustments to match to the cohorts' progress & workforce development needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of programming are integrated throughout staff meetings and other discussions.

C. Measurement of cultural competency of staff and services

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

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

- RAMS maintains policies and procedures to recruit, retain, and promote at all levels a diverse staff and leadership (including Board of Directors) that reflect the multi-cultural, multi-lingual diversity of the community. Other retention strategies include soliciting staff feedback on agency/programmatic improvements (service delivery, staffing resources); this is continuously solicited by the Program Director and, at least annually, the CEO meets with each program to solicit feedback for this purpose. The agency annually administers a staff satisfactions survey and Human Resources also conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- RAMS Quality Assurance Council meets quarterly and is designed to advise on program quality assurance and improvement activities; chaired by the RAMS Director of Operations, the membership includes an administrator, director, clinical supervisor, peer counselor, and direct services staff. Programs may also present to this council to gain additional feedback on quality assurance activities and improvement.
- To ensure accountability at all levels, the RAMS CEO submits a monthly written report to RAMS Board of Directors on agency and programs' activities and matters

D. 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 Program 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 Assurance 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

**Appendix B
Calculation of Charges**

1. Method of Payment

Actual Cost

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately 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. 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 \$823,066 which is twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Peer to Peer Employment

Appendix B-2 Peer Specialist Mental Health Certificate

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$987,679 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

Term	Funding Source	Amount
July 1, 2015 to June 30, 2016	General Fund, MH State MHSA(WET) and Grant	\$3,292,264
July 1, 2016 to June 30, 2017	General Fund, MH State MHSA(WET) and Grant	\$3,292,264
July 1, 2016 to December 31, 2017	General Fund, MH State MHSA(WET) and Grant	\$1,646,132
Contingency		\$987,679
	(This equals the total NTE) Total	\$9,218,339

C. Contractor agrees to comply with its Program Budgets of 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. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date 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.

3487

[illegible]

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00343		Appendix/Page #: B-1	
Provider Name: Richmond Area Multi-Services, Inc.		page 1	
Provider Number: 3894		Document Date: 7/1/2015	
		Fiscal Year: 15-16	
Program Name:	Peer-to-Peer Employment	Peer-to-Peer Employment	
Program Code (formerly Reporting Unit):			
Mode/SFC (MH) or Modality (SA):	10/30-39	10/30-39	
Service Description:	DS-Vocational	DS-Vocational	0
FUNDING TERM:	07/01/15-06/30/16	07/01/15-06/30/16	0
			TOTAL
FUNDING USES:			
Salaries & Employee Benefits:	\$417,548	\$1,532,650	1,950,198
Operating Expenses:	-	287,400	287,400
Capital Expenses (greater than \$5,000):	-	-	-
Subtotal Direct Expenses:	417,548	1,830,050	2,247,598
Indirect Expenses:	50,105	219,606	269,711
TOTAL FUNDING USES:	467,651	2,049,656	2,517,307
BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH STATE - MHSA (WET)		2,049,656	2,049,656
MH COUNTY - General Fund		245,780	245,780
MH STATE - 1991 MH Realignment		221,871	221,871
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		467,651	2,049,656
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		467,651	2,049,656
NONDPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		467,651	2,049,656
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	1,100	4,823	
Unit Type:	Client Full Day	Client Full Day	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	425.00	425.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	425.00	425.00	0.00
Published Rate (Medi-Cal Providers Only):			0.00
Unduplicated Clients (UDC):	50	Included	Total UDC: 50

DPH 3: Salaries & Benefits Detail

Appendix #: B-1
Page #: 2

Employee Fringe Benefits:	52.60%	\$672,251	52.61%	\$143,943	52.60%	\$528,308	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$1,350,198		\$417,548		\$1,532,660		\$0		\$0		\$0

**FY 14-15 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: _____
 Program Name: Peer-to-Peer Employment
 Document Date: 7/1/15

Appendix #: B-1
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (MHSA)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/15-06/30/16	Term: _____	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 180,000		\$ 180,000			
Utilities(telephone, electricity, water, gas)	\$ 18,000		\$ 18,000			
Building Repair/Maintenance	\$ 2,400		\$ 2,400			
Materials & Supplies:						
Office Supplies	\$ 6,000		\$ 6,000			
Photocopying	\$ 2,400		\$ 2,400			
Printing	\$ 1,000		\$ 1,000			
Program Supplies	\$ 24,000		\$ 24,000			
Computer hardware/software	\$ 5,000		\$ 5,000			
General Operating:						
Training/Staff Development	\$ 15,000		\$ 15,000			
Insurance	\$ 24,000		\$ 24,000			
Professional License	\$ 1,000		\$ 1,000			
Permits	\$ 1,000		\$ 1,000			
Equipment Lease & Maintenance	\$ 4,800		\$ 4,800			
Staff Travel:						
Local Travel	\$ 5,000		\$ 5,000			
Out-of-Town Travel	\$ -		\$ -			
Field Expenses	\$ -		\$ -			
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Recruitment/Direct Staff Expenses	\$ 7,800		\$ 7,800			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 297,400	\$ -	\$ 297,400	\$ -	\$ -	\$ -

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00343						Appendix/Page #: B-2
Provider Name: Richmond Area Multi-Services, Inc.						page 1
Provider Number: 3894						Document Date: 7/1/2015
Fiscal Year: 15-16						
Program Name:	Peer Specialist					
Program Code (formerly Reporting Unit):	MH Certificate					
Mode/SFC (MH) or Modality (SA):	10/30-99					
Service Description:	DS-Vocational	0	0	0	0	TOTAL
FUNDING TERM:	07/01/15-06/30/16					
FUNDING USES						
Salaries & Employee Benefits:	\$191,752					191,752
Operating Expenses:	143,069					143,069
Capital Expenses (greater than \$5,000):						-
Subtotal Direct Expenses:	334,821	-	-	-	-	334,821
Indirect Expenses:	40,179	-	-	-	-	40,179
TOTAL FUNDING USES:	375,000	-	-	-	-	375,000
BHS MENTAL HEALTH FUNDING SOURCES						
MH STATE - MESA (WET)	375,000					375,000
						-
						-
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	375,000	-	-	-	-	375,000
BHS SUBSTANCE ABUSE FUNDING SOURCES						
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	375,000	-	-	-	-	375,000
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	375,000	-	-	-	-	375,000
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR					
DPH Units of Service:	605	-	-	-	-	
Unit Type:	Client Full Day	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	620.00					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	620.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):						Total UDC:
Unduplicated Clients (UDC):	45					45

**FY 14-15 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code: _____
 Program Name: Peer Specialist MH Certificate
 Document Date: 7/1/15

Appendix #: B-2
 Page #: 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Funding Source 1 (MHSA)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: FTE	07/01/15-06/30/16 Salaries	Term: FTE	Salaries	Term: FTE	07/01/15-06/30/16 Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Divisional Director of Peer-Based Services	0.20	\$ 18,000.00			0.20	18,000						
Coordinator/Instructor	1.00	\$ 70,000.00			1.00	70,000						
Instructor	0.40	\$ 24,000.00			0.40	24,000						
Teaching/Program Assistant	1.00	\$ 36,000.00			1.00	36,000						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
Totals:	2.60	\$148,000	0.00	\$0	2.60	\$148,000	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	29.56%	\$43,752	0.00%		29.56%	\$43,752	0.00%		0.00%		0.00%	
---------------------------	--------	----------	-------	--	--------	----------	-------	--	-------	--	-------	--

TOTAL SALARIES & BENEFITS		\$191,752		\$0		\$191,752		\$0		\$0		\$0
--------------------------------------	--	------------------	--	------------	--	------------------	--	------------	--	------------	--	------------

3492

**FY 14-15 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: _____
 Program Name: Peer Specialist MH Certificate
 Document Date: 7/1/15

Appendix #: B-2
 Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Funding Source 1 (MHSA)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	07/01/15-06/30/16	Term: _____	07/01/15-06/30/16	Term: _____	Term: _____	Term: _____
Occupancy:						
Rent	\$ 12,375		\$ 12,375			
Utilities/telephone, electricity, water, gas	\$ 5,000		\$ 5,000			
Building Repair/Maintenance	\$ 2,000		\$ 2,000			
Materials & Supplies:						
Office Supplies	\$ 11,894		\$ 11,894			
Photocopying	\$ 3,000		\$ 3,000			
Printing	\$ 5,000		\$ 5,000			
Program Supplies	\$ 28,000		\$ 28,000			
Computer hardware/software	\$ 1,000		\$ 1,000			
General Operating:						
Training/Staff Development	\$ 5,000		\$ 5,000			
Insurance	\$ 1,000		\$ 1,000			
Professional License	\$ -		\$ -			
Permits	\$ -		\$ -			
Equipment Lease & Maintenance	\$ 600		\$ 600			
Staff Travel:						
Local Travel	\$ 5,000		\$ 5,000			
Out-of-Town Travel	\$ -		\$ -			
Field Expenses	\$ -		\$ -			
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
Recruitment/Direct Staff Expenses	\$ 1,200		\$ 1,200			
Tuitions for Clients	\$ 35,000		\$ 35,000			
Guest Lecturers/Instructors	\$ 20,000		\$ 20,000			
Student Incentives & Stipends	\$ 9,000		\$ 9,000			
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 143,069	\$ -	\$ 143,069	\$ -	\$ -	\$ -

3494

Contractor Name/Program Name: Richmond Area Multi-Services, Inc.

Document Date: 7/1/2015

page 4

Fiscal Year: 15-16

Position Title	FTE	Salaries
Chief Executive Officer	0.16	\$ 28,592
Chief Financial Officer	0.16	\$ 26,973
Deputy Chief	0.15	\$ 19,197
Director of Operations	0.16	\$ 14,329
Director of Information Technologies	0.16	\$ 12,299
Director of Human Resources	0.16	\$ 13,177
Accounting/Finance Manager/Specialist	0.81	\$ 42,431
HR Benefit Specialist/HR Assistant	0.49	\$ 22,783
Operations Coordinator	0.16	\$ 7,451
Director of Training	0.13	\$ 11,237
Janitor/Custodian	0.01	\$ 226
Driver	0.05	\$ 1,174
SUBTOTAL SALARIES		\$ 198,869
EMPLOYEE FRINGE BENEFITS	28%	\$ 55,683
TOTAL SALARIES & BENEFITS		\$ 254,552

Expense line item:	Amount
Rent	\$ 13,915
Utilities	\$ 1,623
Building Repair/Maintenance	\$ 1,854
Office Supplies	\$ 10,075
Printing & Reproduction	\$ 1,515
Training/Staff Development	\$ 8,411
Insurance	\$ 7,455
Professional License Fee	\$ 1,947
Equipment Rental	\$ 568
Local Travel	\$ 2,063
Audit Fees	\$ 5,264
Bank Fees	\$ 1,511
Recruitment/Indirect Staff Expenses	\$ 1,337
TOTAL OPERATING COSTS	\$ 55,338
TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)	\$ 309,890

**Appendix C
Insurance Waiver**

RESERVED

THIS PAGE IS LEFT BLANK AND IS NOT BEING USED

[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
 - e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.
4. **Amendment to Comply with Law.**

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

5. **Reimbursement for Fines or Penalties.**

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

Attachments (links)

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

Appendix F
Invoice

Invoices may be modified based on the future funding, and its budget.

**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: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 15

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: GF, 1991 MH Realignment

Invoice Period: July 2015

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 Employment												
10/ 30 - 39 DS - DS Vocational	1,100	50					0%	0%	1,100	50	100%	100%

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 273,603.00	\$ -	\$ -	0.00%	\$ 273,603.00
Fringe Benefits	\$ 143,943.00	\$ -	\$ -	0.00%	\$ 143,943.00
Total Personnel Expenses	\$ 417,546.00	\$ -	\$ -	0.00%	\$ 417,546.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 417,546.00	\$ -	\$ -	0.00%	\$ 417,546.00
Indirect Expenses	\$ 50,108.00	\$ -	\$ -	0.00%	\$ 50,108.00
TOTAL EXPENSES	\$ 467,654.00	\$ -	\$ -	0.00%	\$ 467,654.00
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:

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

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
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: 07/01/2015 - 06/30/2016

PHP Division: Behavioral Health Services

INVOICE NUMBER:

M17 JL 15

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

Fund Source:

MH State - MHSA (WET)

Invoice Period:

July 2015

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 Employment												
10/30 - 39 DS - DS Vocational	4,823				-	-	0%	#DIV/0!	4,823	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,004,342.00	\$ -	\$ -	0.00%	\$ 1,004,342.00
Fringe Benefits	\$ 528,308.00	\$ -	\$ -	0.00%	\$ 528,308.00
Total Personnel Expenses	\$ 1,532,650.00	\$ -	\$ -	0.00%	\$ 1,532,650.00
Operating Expenses					
Occupancy	\$ 200,400.00	\$ -	\$ -	0.00%	\$ 200,400.00
Materials and Supplies	\$ 38,400.00	\$ -	\$ -	0.00%	\$ 38,400.00
General Operating	\$ 45,800.00	\$ -	\$ -	0.00%	\$ 45,800.00
Staff Travel	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 7,800.00	\$ -	\$ -	0.00%	\$ 7,800.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 297,400.00	\$ -	\$ -	0.00%	\$ 297,400.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,830,050.00	\$ -	\$ -	0.00%	\$ 1,830,050.00
Indirect Expenses	\$ 219,606.00	\$ -	\$ -	0.00%	\$ 219,606.00
TOTAL EXPENSES	\$ 2,049,656.00	\$ -	\$ -	0.00%	\$ 2,049,656.00
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:

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

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
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: 07/01/2015 - 06/30/2016

PHP Division: Behavioral Health Services

INVOICE NUMBER:

M27 JL 15

Cl. Blanket No.: BPHM

TBD

Cl. PO No.: POHM

TBD

Fund Source:

MH State - MHSA (WET)

Invoice Period:

July 2015

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-2 Peer Specialist MH Certificate												
10/ 30 - 39 DS - DS Vocational	605	45			-	-	0%	0%	605	45	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 148,000.00	\$ -	\$ -	0.00%	\$ 148,000.00
Fringe Benefits	\$ 43,752.00	\$ -	\$ -	0.00%	\$ 43,752.00
Total Personnel Expenses	\$ 191,752.00	\$ -	\$ -	0.00%	\$ 191,752.00
Operating Expenses					
Occupancy	\$ 19,375.00	\$ -	\$ -	0.00%	\$ 19,375.00
Materials and Supplies	\$ 46,894.00	\$ -	\$ -	0.00%	\$ 46,894.00
General Operating	\$ 6,600.00	\$ -	\$ -	0.00%	\$ 6,600.00
Staff Travel	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses, Tuition	\$ 65,200.00	\$ -	\$ -	0.00%	\$ 65,200.00
for Clients, Guest Lecturers/ Instructors, Student	\$ -	\$ -	\$ -	0.00%	\$ -
Incentives & Stipends	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 143,069.00	\$ -	\$ -	0.00%	\$ 143,069.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 334,821.00	\$ -	\$ -	0.00%	\$ 334,821.00
Indirect Expenses	\$ 40,179.00	\$ -	\$ -	0.00%	\$ 40,179.00
TOTAL EXPENSES	\$ 375,000.00	\$ -	\$ -	0.00%	\$ 375,000.00
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:

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npccontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or

Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed."
(Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

Emergency Response (Applicable to sites and/or programs located in San Francisco only)

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites operating in San Francisco. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Appendix J

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.



CERTIFICATE OF LIABILITY INSURANCE

RICHARE-01 VPPGOSWAMI

DATE (MM/DD/YYYY)

7/2/2014

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

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

PRODUCER License # 0728293 Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. 505 N Brand Blvd, Suite 500 Glendale, CA 91203	CONTACT NAME: PHONE (B1B) 539-2300 FAX (B1B) 539-2301 ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company 41287 INSURER B: Riverport Insurance Company 36884 INSURER C: Quality Comp Inc. INSURER D: Zurich American Insurance Company 16535 INSURER E: INSURER F:
INSURED Richmond Area Multi Services 3626 Balboa Bl. San Francisco, CA 94121	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

WER LTR	TYPE OF INSURANCE	ADDL SUBR INSR (YYYY)	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse Lib \$250K/\$1m GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	OPS0064825	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPOUND AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS		RIC0013911	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	0150580714	07/01/2014	01/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		MPL576139700	07/01/2013	07/01/2018	Limit \$ 1,500,000
A	Professional Lib.		OPS0064825	07/01/2014	07/01/2015	Per Occurrence \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City & County of San Francisco, its Officers, Agents & Employees named as additional insured but only insofar as the operations under contract are concerned. Such policies are primary insurance to any other insurance available to the additional insureds with respect to any claims arising out of the agreement. Insurance applies separate to each insured. Workers Compensation coverage is excluded. Evidence Only.

CERTIFICATE HOLDER City & County of San Francisco Dept of Public Health Comm. Behavioral Health Svcs. 1380 Howard Street San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

No. 1

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0064826	07/01/2014	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 07 04:

City and County of San Francisco
Dept. of Public Health, Comm. MH Services (CMHS)
1380 Howard St., 4th Floor
San Francisco, CA 94103

State Department of Rehabilitation/State of CA
Its Officers, Employees, Agents & Servants
721 Capital Mall
Sacramento, CA 95814

The San Francisco Children & Families Commission
1390 Market Street, Suite 318
San Francisco, CA 94102

**San Francisco Unified School District
135 Van Ness Ave., Room #208
San Francisco, CA 94102

** San Francisco Unified School District, Its Board,
Officers and Employees are named as Additional
Insureds, but only insofar as the operations under
contract are concerned. Such policies are primary
insurance to any other Insured available to the
Additional Insureds with respects to any claims arising
out of the agreement. Insurance applies separate to
each Insured.

Department of Human Services
1235 Mission St.
San Francisco, CA 94103

Urban Services YMCA Potrero Hill FRC Program
1805 25th St.
San Francisco, CA 94107

RE: Early Childhood Mental Health Consultation at
Potrero Hill FRC



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. 5

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0064826	07/01/2014	Richmond Area Multi-Services, Inc. (RAMS)	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-69s (4-10):

City and County of San Francisco
Dept. of Public Health, Comm. MH Services (CMHS)
1380 Howard St, 4th Floor
San Francisco, CA 94103

State Department of Rehabilitation/State of CA
Its Officers, Employees, Agents & Servants
721 Capitol Mall
Sacramento, CA 95814

The San Francisco Children & Families Commission
1380 Market Street, Suite 318
San Francisco, CA 94102

**San Francisco Unified School District
135 Van Ness Ave., Room #208
San Francisco, CA 94102
** San Francisco Unified School District, its Board,
Officers and Employees are named as Additional
Insureds, but only insofar as the operations under
contract are concerned. Such policies are primary
insurance to any other insured available to the
Additional Insureds with respects to any claims arising
out of the agreement. Insurance applies separate to
each insured.

Department of Human Services
1235 Mission St.
San Francisco, CA 94103

San Francisco Community College District
Its Officers, Agents and Employees
33 Gough Street
San Francisco, CA 94103

City and County of San Francisco
San Francisco Recreation and Parks
501 Stanyan Street
San Francisco, CA 94117

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

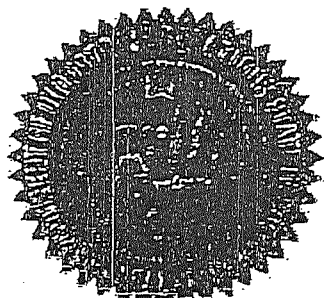
NUMBER 4515

CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)
has complied with the requirements of the Director of Industrial Relations under the provisions of
Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this
Certificate of Consent to Self-Insure.

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



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

John M. Rea
JOHN M. REA

DIRECTOR

Mark T. Johnson
MARK T. JOHNSON

MANAGER

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



CERTIFICATE OF LIABILITY INSURANCE

RICHARE-01

VSSURESH

DATE (MM/DD/YYYY)
12/23/2014

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

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

PRODUCER License # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. 505 N Brand Blvd, Suite 600 Glendale, CA 91203	CONTACT NAME:	
	PHONE (A/C, No, Ext): (818) 539-2300 FAX (A/C, No): (818) 539-2301 E-MAIL ADDRESS:	
INSURED Richmond Area Multi Services 3626 Balboa St. San Francisco, CA 94121	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Quality Comp Inc	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

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

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

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



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

To Whom It May Concern:

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

Specific Excess Insurance

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

Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2015

Expiration: January 1, 2016

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

Sincerely,

Jacqueline Harris
Director of Underwriting

POLICY NUMBER: RICO013911

RIVERPORT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - AUTOMOBILE

This endorsement modifies coverage under your:

BUSINESS AUTO COVERAGE PART

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

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

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

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

This change in coverage, effective 12:01 AM July 1, 2014, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Richmond Area Multi-Services, Inc.

By Quality Comp, Inc.

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

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


Schedule

Person or Organization

City and County of San Francisco
Human Services Agency
Office of Grant Management
P.O. Box 7988
San Francisco, CA 94120-7988

Job Description

Administrative employees and behavioral health/vocational rehab/peer counselors

Countersigned by 
Samantha McCullough, Program Administrator, Authorized Representative



FORM 3: CMD COMPLIANCE AFFIDAVIT

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

Signature of Owner/Authorized Representative:

K. Ghane Bassiri

Owner/Authorized Representative (Print)

Kavoos Ghane Bassiri

Name of Firm (Print)

Richmond Area Multi-Services, Inc. (RAMS)

Title and Position

President & CEO

Address, City, ZIP

3626 Balboa Street, San Francisco, CA 94121

Federal Employer Identification Number (FEIN):

23-7389436

Date:

6/11/2014

**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.

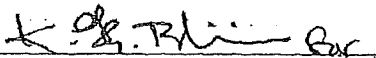
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

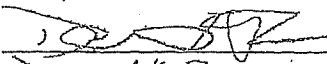
Recommended by:

Richmond Area Multi-Services, Inc.

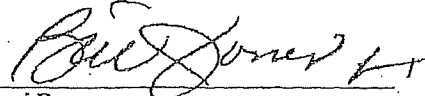
 / 9/14/17
Barbara A. Garcia, MPA / Date
Director of Health
Department of Public Health

Approved as to Form:


Dennis J. Herrera
City Attorney

By  / 9/17/17
David K. Rice / Date
Deputy City Attorney

Approved:

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

3054-18

 / 9/13/17
Jorge Wang / 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

7/1/17

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.

Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2017-2018

Contract ID# 1000003052, CMS#: 7524

Appendix A-1, A-3, A-4

Contract Term: 07/01/17 through 06/30/18

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.

Document Date: 7/1/17

Page 1 of 7

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.

Contractor: Richmond Area Multi-Services, Inc.

City Fiscal Year: 2017-2018

Contract ID# 1000003052, CMS#: 7524

Appendix A-1, A-3, A-4

Contract Term: 07/01/17 through 06/30/18

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 incompletion 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 interdependence; 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

Contractor: Richmond Area Multi-Services, Inc.

Appendix A-2

City Fiscal Year: 2017-2018

Contract Term: 07/01/17 through 06/30/18

Contract ID# 1000003052, CMS#: 7524

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each

fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed 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					Summary Page # 1 of 1		
DHCS Legal Entity Name (MH)/Contractor Name (SA) Richmond Area Multi-Services, Inc.					Fiscal Year 2017-2018		
Contract CMS # 7524					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	07/01/17-08/15/18	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%	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: Richmond Area Multi-Services, Inc. Indirect Detail Page: 1 of 1
 Contract CMS #: 7524 Fiscal Year: 2017-2018
 Funding Notification Date: 8/16/17

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 3894		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	165,589	2,360,188
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	2,859,186
Indirect Expenses	52,642	247,808	16,100	26,752	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)	HMMMPROP63/PMHS63-1805		2,311,005		2,311,005
MH COUNTY - General Fund	HMMHCC730515	269,455			269,455
MH STATE - 1991 MH Realignment	HMMHCC730515	221,871			221,871
MH GRANT SAMSHA Adult SOC, CFDA #93.958	HMMHRCGRANTS/HMM007-1801			249,691	249,691
MH FED - SAMSHA Dual Diag CFDA#93.958	HMMHRCGRANTS/HMM007-1805		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	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	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	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	
Unduplicated Clients (UDC)	N/A				Total UDC N/A

Appendix B - DPH 3: Salaries & Benefits Detail

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

[illegible]

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 HMHMPROP63/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	\$ 1,281	\$ 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 Certificate		
Program Code	3894IN		
Mode/SFC (MH) or Modality (SA)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/17-06/30/18		
			TOTAL
FUNDING USES			
Salaries & Employee Benefits	194,964		194,964
Operating Expenses	116,420		116,420
Capital Expenses			
Subtotal Direct Expenses	311,384	-	311,384
Indirect Expenses	37,386		37,386
TOTAL FUNDING USES	348,750	-	348,750
BHS MENTAL HEALTH FUNDING SOURCES			
Accounting Code (Index Code or Detail)			
HMHPROP63/PM			
MH STATE - MHSA (WET)	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)	182		Total UDC 182

Appendix B - DPH 3: Salaries & Benefits Detail

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

3556

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	(MHSA-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)						Appendix #	B-3
DHCS Legal Entity Name (MH)/Contractor Name (SA) 00343						Page #	1
Provider Name Richmond Area Multi-Services, Inc.						Fiscal Year	2017-2018
Provider Number 3894						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-Cmmty Client Svcs	OS-Cmmty 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
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)					
State BSCC (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
OTHER DPH FUNDING SOURCES		Accounting Code (Index Code or Detail)					
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)	\$ -	\$ -	\$ -	\$ -	\$ -	
	Published Rate (Medi-Cal Providers Only)	\$ 51					
	Unduplicated Clients (UDC)	44					44

Appendix B - DPH 3: Salaries & Benefits Detail

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

[illegible]

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 (HMHSCGRANTS/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		Appendix # B-4	
Provider Name Richmond Area Multi-Services, Inc.		Page # 1	
Provider Number 3894		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)	45/20-28		
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			
TOTAL DPH FUNDING SOURCES			
NON-DPH FUNDING SOURCES			
This row left blank for funding sources not in drop-down list			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
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

Appendix #: B-4
Page #: 2
Fiscal Year: 2017-2018
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 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
	0.00 \$ -						
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
------------------	------------------------------------	---------------------------	------------

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
--	---------------	-----------	------

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
-------------------------------	--------------	-----------	------

Contractor Name:	Richmond Area Multi Services, Inc.	Contractor City Vendor ID	0000012195
------------------	------------------------------------	---------------------------	------------

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
-------------------------------	--------------	-----------	------

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M16 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: GF, 1991 MH Realignment

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-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: _____

Title: _____

**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: M17 JL 17

CL Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: MH State - MHSA (CSS)

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 - 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
-----	----	----

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

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: M27 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: MH State - MHSA (WET)

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-2 Peer Specialist MH Certificate - PC# - 3884IN - HMMMPROP63/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%	\$ 148,827.0
Fringe Benefits	\$ 46,137.00	\$ -	\$ -	0.00%	\$ 46,137.0
Total Personnel Expenses	\$ 194,964.00	\$ -	\$ -	0.00%	\$ 194,964.0
Operating Expenses					
Occupancy	\$ 42,700.00	\$ -	\$ -	0.00%	\$ 42,700.0
Materials and Supplies	\$ 4,390.00	\$ -	\$ -	0.00%	\$ 4,390.0
General Operating	\$ 3,900.00	\$ -	\$ -	0.00%	\$ 3,900.0
Staff Travel	\$ 880.00	\$ -	\$ -	0.00%	\$ 880.0
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Recruitment/ Direct Staff Expenses	\$ 1,550.00	\$ -	\$ -	0.00%	\$ 1,550.0
Tuitions for Clients	\$ 26,000.00	\$ -	\$ -	0.00%	\$ 26,000.0
Guest Lecturers	\$ 9,000.00	\$ -	\$ -	0.00%	\$ 9,000.0
Student Stipends	\$ 18,500.00	\$ -	\$ -	0.00%	\$ 18,500.0
Client-Related Food	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.0
Client-Related Other Activities	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.0
Total Operating Expenses	\$ 116,420.00	\$ -	\$ -	0.00%	\$ 116,420.0
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 311,384.00	\$ -	\$ -	0.00%	\$ 311,384.0
Indirect Expenses	\$ 37,366.00	\$ -	\$ -	0.00%	\$ 37,366.0
TOTAL EXPENSES	\$ 348,750.00	\$ -	\$ -	0.00%	\$ 348,750.0
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

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

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: M35 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: MH Grant SAMSHA Adult SOC

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 - HMHMRCGRANTS-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

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

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: M36 JL 17

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM SFGOV-0000050028

Fund Source: MH Fed - SAMHSA Dual Diag

Invoice Period: July 2017

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhlblt	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		\$ -			

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

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: _____

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

User Cd

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	\$ 17,698.00	\$ -	\$ -	0.00%	\$ 17,698.00
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	\$ 63,698.00	\$ -	\$ -	0.00%	\$ 63,698.00
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
-----	----	----

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: _____

Title: _____

**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:

S04 JL 17

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

SFGOV-0000050028

Fund Source:

State BSCC (Prop47) Grant

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-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:

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

S04	JL	17
-----	----	----

User Cd

CT PD 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: _____

Title: _____

AMENDED IN COMMITTEE

12/13/17

FILE NO. 171175

RESOLUTION NO. 4-18

1 [Contract Amendment No. 1 - Richmond Area Multi-Services, Inc. - Department of Public
2 Health - Behavioral Health Services - Not to Exceed \$19,047,465]

3 **Resolution approving Amendment No. 1 to the Department of Public Health contract for**
4 **behavioral health services with Richmond Area Multi-Services, Inc., for Peer to Peer**
5 **Employment Program, to extend the contract by two years and six months, for a total**
6 **term of July 1, 2015, through June 30, 2020, with a corresponding increase of**
7 **\$9,829,126 for a total amount not to exceed \$19,047,465.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2014, the Department of Public Health selected Richmond Area Multi-
15 Services, Inc. through a Request For Proposals process to provide behavioral health services
16 for the period of July 1, 2015, through December 31, 2017; and

17 WHEREAS, The Department of Public Health wishes to extend the term of that
18 contract in order to allow the continuation of services while Requests For Proposals are
19 administered to take into account the changes to behavioral health services business needs
20 related to the Affordable Care Act and the State Department of Health Care Services' 1115
21 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
22 services; and

23 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
24 into by a department or commission having a term in excess of ten years, or requiring
25


1 anticipated expenditures by the City and County of ten million dollars, to be approved by the
2 Board of Supervisors; and

3 WHEREAS, The Department of Public Health requests approval of an amendment to
4 the Department of Public Health contract for behavioral health services with Richmond Area
5 Multi-Services, Inc. to extend the contract by two years and six months, from July 1, 2015,
6 through December 31, 2017, to July 1, 2015, through June 30, 2020, with a corresponding
7 increase of \$9,829,126 for a total amount not to exceed \$19,047,465; now, therefore, be it

8 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
9 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
10 County of San Francisco to amend the contract with Richmond Area Multi-Services, Inc.,
11 extending the term of the contract by two years and six months, from July 1, 2015, through
12 December 31, 2017, to July 1, 2015, through June 30, 2020, with a corresponding increase of
13 \$9,829,126 for a total amount not to exceed \$19,047,465.

14 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
15 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
16 Administration/Purchaser shall provide the final contract to the Clerk of the Board for inclusion
17 into the official file (File No. 171175).

18
19 RECOMMENDED:

20 
21 _____
22 Barbara A. Garcia,
23 Director of Health
24
25

APPROVED:



Mark Morewitz,
Health Commission Secretary



City and County of San Francisco

Tails

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 171175

Date Passed: January 09, 2018

Resolution approving Amendment No. 1 to the Department of Public Health contract for behavioral health services with Richmond Area Multi-Services, Inc., for Peer to Peer Employment Program, to extend the contract by two years and six months, for a total term of July 1, 2015, through June 30, 2020, with a corresponding increase of \$9,829,126 for a total amount not to exceed \$19,047,465.

December 13, 2017 Budget and Finance Committee - AMENDED

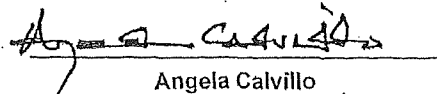
December 13, 2017 Budget and Finance Committee - RECOMMENDED AS AMENDED

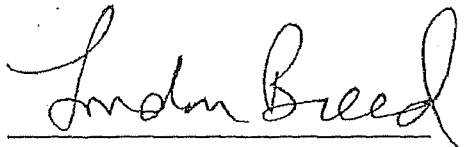
January 09, 2018 Board of Supervisors - ADOPTED

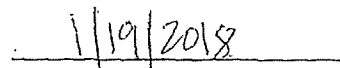
Ayes: 11 - Breed, Cohen, Farrell, Fewer, Kim, Peskin, Ronen, Safai, Sheehy,
Tang and Yee

File No. 171175

I hereby certify that the foregoing
Resolution was ADOPTED on 1/9/2018 by
the Board of Supervisors of the City and
County of San Francisco.


Angela Calvillo
Clerk of the Board


Acting Mayor
London Breed


Date Approved



London N.
Breed
Mayor

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

2019 JUN -7 PM 1:08

BY BAB

Grant Colfax, MD
Director of Health

June 7, 2019

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and the Richmond Area Multi-Services, Inc. (RAMS).

The services provided under this contract are behavioral health services for and by peers. Peers are defined as individuals with personally-lived experience of mental illness who are consumers of mental health and/or substance abuse treatment services, former consumers, family members or significant others of consumers.

Under this contract, RAMS provides behavioral health services to transitional-age youth, adults and older adults in the Department of Public Health's behavioral health programs and clinics through RAMS' peer-to-peer programs, including peer-to-peer linkages, peer-to-peer outreach, peer counseling, peer internships, and peer specialist certificate programs; and

We are submitting this contract for approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution;
- Proposed Second Amendment;
- Original Agreement and First Amendment;
- Resolution 4-18, approving the First Amendment;
- Form SFEC-126.

For questions on this matter, please contact me at (415) 255-3508, Jacquie.Hale@SFDPH.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jacquie Hale".
Jacquie Hale

Manager, Office of Contracts Management and Compliance, DPH Business Office

cc: Grant Colfax, M.D., Director of Health
Greg Wagner, Chief Financial Officer, DPH
Michelle Ruggels, Director, DPH Business Office
Mario Moreno, Director, DPH Office of Contract Management and Compliance

Item 12
File 19-0672

Department:
Department of Public Health (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

- The proposed resolution would approve the second amendment to the agreement between the Department of Public Health (DPH) and Richmond Area Multi-Services, Inc. (RAMS) for behavioral health services through peer-to-peer programs, extending the contract by one year beginning July 1, 2020 for a total agreement term of July 1, 2015 to June 30, 2021 and increasing the contract amount by \$9,340,596 from \$19,047,465 to a total amount not to exceed \$28,388,060.

Key Points

- Following a competitive bidding process, DPH entered into an agreement with RAMS for behavioral health services through peer-to-peer programs on June 23, 2015, for an original contract term of July 1, 2015 to December 31, 2017 and a total not-to-exceed amount of \$9,218,339.
- On January 9, 2018, the Board of Supervisors approved Amendment No. 1 to the contract to extend the contract term through June 30, 2020 and increase the total not-to-exceed amount to \$19,047,465. Subsequently, the Department modified the contract within the total not-to-exceed amount to add expanded programming. Funding was redirected from other contracts with RAMS to cover all peer to peer services under one contract.
- The proposed resolution would allow ongoing funding for the baseline and expanded services that RAMS is providing under its current contract and additional peer to peer services being provided by RAMS under separate contracts, including Peer Linkage, vocation-related services for Transitional Aged Youth, and a program to assist clients transitioning from Intensive Case Management.

Fiscal Impact

- Actual expenditures under the original contract were \$7,332,497 or approximately \$1.9 million less than the approved maximum of \$9,218,339. However, under the existing contract as amended in January 2018, actual and projected expenditures through June 30, 2020 will exceed the maximum amount approved and the carryover balance from the original contract by approximately \$2 million due to the expansion of services authorized by the Department after the first amendment to the contract had been approved by the Board of Supervisors. This resolution would authorize \$9,340,596 in increased funding and allow RAMS to continue spending at the projected rate for the current term through June 30, 2020 and for one additional year through June 30, 2021. The majority of contract expenditures are paid for by California's Mental Health Services Act (MHSA) revenues. All services/programs that are and would be added to the contract through the proposed amendment are fully funded.

Recommendation

- Approve the proposed resolution.

MANDATE STATEMENT

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

BACKGROUND

The Department of Public Health (DPH) provides health and behavioral services through approximately 151 Community-Based Organizations as well as civil service clinics. Included in these services are 10 peer-to-peer support programs, which DPH administers in partnership with six contracted independent agencies. DPH defines peers as individuals with personally-lived experience of mental illness who are either consumers of mental health and/or substance abuse treatment services, former consumers of mental health and/or substance abuse treatment services, or family members or significant others of consumers.

In 2014, DPH selected Richmond Area Multi-Services (RAMS) through a competitive bidding process to provide behavioral health services to adults and older adults in the Department's Behavioral Health programs and clinics through peer-to-peer programs, including, peer-to-peer outreach, peer counseling, peer internships, and peer specialist certificate programs. RAMS was evaluated and selected as the most qualified provider by a panel comprised of DPH staff and other City agency representatives with expertise in behavioral health. Following negotiations, DPH and RAMS entered into a contract for the term of July 1, 2015 to December 31, 2017 with a total not to exceed amount of \$9,218,339.

On January 9, 2018, the San Francisco Board of Supervisors retroactively approved the first amendment to the contract, which extended the original agreement by two years and six months, for a revised term of July 1, 2015 to June 30, 2020, and increased the total not to exceed amount by \$9,829,126, or from \$9,218,339 to \$19,047,465.

Subsequent to the Board of Supervisors approval of the first amendment to the contract, RAMS was awarded funding through competitive bidding processes for two additional solicitations for peer-to-peer services (RFQs 15-2017 and 22-2018). Instead of separate agreements, these new services were added to the current contract, expanding the scope of services provided to Transitional Aged Youth by RAMS beyond what was included in the amended contract approved by the Board of Supervisors in 2018. Approximately \$3.2 million in funding authorized for these new services under new Requests for Qualifications --- will contribute be used to pay RAMS for these new services. In addition, \$342,443 in funding from a separate DPH contract with RAMS was transferred to the subject contract to further consolidate peer-to-peer programming provided by RAMS in one contract. The resulting contract increase was not subject to approval by the Board of Supervisors because the contract remained within the approved not-to-exceed contract value of \$19,047,465. The existing contract with RAMS covering Vocational services being transferred to the subject contract has not been terminated.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the second amendment to the contract between DPH and RAMS for behavioral health services through peer-to-peer programs. This amendment would (1) increase the contract amount by \$9,340,596 from \$19,047,465 to a total amount not to exceed \$28,388,060 for a two year period, and (2) extend the term by one year beginning July 1, 2020, for a total agreement term of July 1, 2015 through June 30, 2021. Table 1 summarizes the history of the contract and its past and proposed amendments.

Table 1: Summary of Past and Proposed Amendments, 2015 - Present

Date	Item	Term	Change	Amount	Change
06/2015	Original contract	7/1/15 – 12/31/17	--	\$9,218,339	--
12/2017	1 st amendment	7/1/15 – 6/31/20	+ 3 years	\$19,047,465	+ \$9,829,126
07/2019 (proposed)	2 nd amendment	7/1/15 – 6/30/21	+ 1 year	\$28,388,060	+ \$9,340,595

The proposed amendment would support the continuation of the baseline and expanded scope of peer-to-peer programming by authorizing additional expenditure authority for FY 2019-2020 and a proposed one year contract extension in FY 2020-2021. Without the additional funding, the Department reports it would not be able to maintain its current service level through FY 2020-2021.

The specific services that are new and being provided by RAMS since the Board of Supervisors previously approved Amendment #1 to this contract include:

- A Transitional Aged Youth (TAY) Leaders Certificate Program, which prepares participants with the basic skills and knowledge necessary to obtain entry-level employment in the behavioral health field through training, supervision support, job coaching, retention services and peer-based support. Funding for this program began in FY 2018-19, as a result of a funding award under RFQ 15-2017.
- A TAY Leaders Employment Program, which provides a job pipeline for individuals who complete the TAY Leaders Certificate by helping them identify behavioral health service employment opportunities across TAY System of Care partner sites. Funding for this program began in FY 2018-19 as the result of a funding award under RFQ 15-2017.
- An Intensive Case Management/Full-Service Partnership to Outpatient Transition program, which will support behavioral health clients transitioning from intensive case management programs to an appointment-based outpatient clinic with the support of a peer-based transition team. Funding for this program began in FY 2018-19 as a result of a funding award under RFQ22-2018

- A Peer-to-Peer Linkage program, awarded under RFQ 18-2014, was transferred to the subject contract from a separate RAMS Vocational Services contract, approved by the Board of Supervisors in FY 2017-18

Prior to the proposed expiration of the contract on June 30, 2021, DPH will issue a new competitive RFQ for all expiring services covered under the existing contract and the proposed resolution. If RAMS is not selected to continue providing services under the new RFQ, then a separate, smaller contract with RAMS covering only the TAY Leaders Certificate Program, the TAY Leaders Employment Program, and the Intensive Case Management/Full Service Partnership to Outpatient Transition program will be issued, based on the existing solicitation authority governing each of these programs.

FISCAL IMPACT

Less than 1% of contract expenditures in the existing contract and the proposed resolution are paid for by the General Fund. The majority of contract expenditures are paid for by California's Mental Health Services Act (MHSA).

As shown in Table 2 below, actual expenditures as of June 30, 2018 are \$9,164,623.00 and projected expenditures under the existing contract and proposed extension (including 12% contingency) are \$19,223,436.88, for a combined total of \$28,388,060.00. As can be seen in Table 1, average spending per year increased in FY 2018-2019 and will continue at a higher level through the end of the term in June 2021. This reflects increased services provided starting in FY 2018-2019 under the existing contract.

Table 2: Actual and Projected Expenditures

Actual Expenditures	Amount	Average per Year
July 1, 2015 - October 31, 2017	\$ 6,809,735.00	
November 1, 2017 - December 31, 2017	\$ 577,782	
January 1, 2018 - June 30, 2018	\$ 1,831,676.00	
Subtotal Actual Expenditures	\$ 9,164,623.00	
Projected Expenditures		
July 1, 2018 - June 30, 2019 (estimate, existing contract)	\$ 5,920,386.00	
July 1, 2019 - June 30, 2020 (estimate, existing contract)	\$ 5,932,695.00	
July 1, 2020 - June 30, 2021 (estimate, proposed amendment)	\$ 5,945,029.00	
12% Contingency*	\$ 1,425,326.88	
Subtotal Projected Expenditures	\$ 19,223,436.88	\$6,407,812
Total Actual and Projected Expenditures	\$ 28,388,060.00	

* 12% of FY 2019-20 and FY 2020-21 summed amount

As shown in Table 3 below, through the original contract term ending December 31, 2017, actual expenditures were less than anticipated and allowed for in the original contract. However, under the first amended contract, between January 2018 and projected through June 30, 2020, the period when services were enhanced, actual and anticipated expenditures will exceed the amount approved and the unspent balance from the first contract term. Approval of

the proposed resolution will provide funding to cover all anticipated FY 2019-2020 expenditures as well as one additional year, FY 2020-2021.

Table 3: Actual and Projected Expenditures versus Approved Expenditures

Time Period	Contract	Amount Approved	Actual/Projected	End Balance/Carry- over
7/1/15 - 12/31/17	Original	\$9,218,339	\$7,332,497	\$1,885,842
1/1/18 - 6/30/20	Amendment #1	\$9,829,126	\$13,684,757	(\$1,969,789)
7/1/19 - 6/30/21	Amendment #2	\$9,340,596	\$7,370,807	-

Increased expenditures reflect the addition of programs/services to the contract and the cost of the one year contract extension. As stated above, the additional programs and services added in FY 2018-19 have already been provided.

All programs/services that would be transferred to subject contract under the proposed resolution and maintained through the one year contract extension are fully funded.

RECOMMENDATION

Approve the proposed resolution.

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Richmond Area Multi-Services, Inc.	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.	
1. Cynthia Huie, Loren Krane, Anoshua Chaudhuri, Alvin N. Alvarez, Tom Yeh 2. Jorge Wong 3. N/A 4. N/A 5. N/A	
Contractor address: 4355 Geary Blvd., San Francisco, CA 94118	
Date that contract was approved:	Amount of contract: \$28,388,060
Describe the nature of the contract that was approved: Behavioral health services for and by peers, who are individuals with personally-lived experience of mental illness who are consumers of mental health and/or substance abuse treatment services, former consumers, family members or significant others of consumers	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

S:\ALL FORMS\2008\Form SFEC-126 Contractors doing business with the City 11.08.doc

