

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

**Amendment One**

THIS AMENDMENT (this "Amendment") is made as of **February 1, 2020** in San Francisco, California, by and between **Richmond Area Multi Services, Inc.** ("Contractor") and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal/ Qualifications ("RFP"/RFQ") RFQ 8-2014 issued on 8/27/14, RFQ 11-2015 issued on 1/1/16 and RFP 8-2017 issued on 8/23/17 in which City selected Contractor as the highest qualified scorer pursuant to the RFP/RFQ; and as per Administrative Code Section 21.42 through Sole Source granted on June 7, 2019; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 41068-14/15 on December 21, 2015 and Amendment on 5/7/18; 44670-16/17 on July 15, 46266-14/15 on July 10, 2018 and 40587 – 17/18 on November 20, 2017.

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number \_\_\_\_\_ on \_\_\_\_\_.

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

**ARTICLE 1 DEFINITIONS**

The following definitions shall apply to this Amendment:

**1.1 Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2018, Contract Numbers 1000010838 between Contractor and City and this Amendment One.

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

**ARTICLE 2 MODIFICATIONS TO THE AGREEMENT**

The Agreement is hereby modified as follows:

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

2.1 **The term of this Agreement** shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

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

2.1 **The term of this Agreement** shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expires on June 30, 2023, unless earlier terminated as otherwise provided herein.

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

**3.3.1 Payment** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Ninety Five Thousand Two Hundred Twenty Eight Dollars (\$9,995,228)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

**3.3.1 Payment** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Three Million Eight Hundred Eighty Thousand Four Hundred Fifty Seven Dollars (\$23,880,457)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Audit and Inspection of Records . Section 3.4 of the Agreement currently reads as follows:**

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

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

3.4 **Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will

permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

**2.4 Assignment, Section 4.5 of the Agreement currently reads as follows:**

**4.5 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 Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

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

**4.5 Assignment**

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

**2.5 Insurance, Section 5.1 of the Agreement currently reads as follows:**

**5.1 Insurance**

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

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

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

(c) 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.

(d) 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.

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

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

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

(b) 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.

5.1.3 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 Section 11.1, entitled "Notices to the Parties."

5.1.4 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.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 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.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy 5.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.9 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.

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.

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

## **5.1 Insurance.**

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

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.
- (c) 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.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.
- (f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

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

5.1.4 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 Section 11.1, entitled "Notices to the Parties."

"Contractor shall provide thirty (30) days' advance written notice to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City address set forth in Section 11.1 entitled "Notices to the Parties."

5.1.5 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.

5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.7 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.

5.1.8 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.

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

5.1.10 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.

**2.6 Withholding, Section 7.3 is added to the agreements and reads as follows:**

**7.3 Withholding**

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

**2.7 Termination and Default, Section 8.2 of the agreement currently reads as follows:**

**8.2 Termination for Default; Remedies.**

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
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4.5	Assignment	10.13	Reserved. Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

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

**8.2 Termination for Default; Remedies.**

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

2.8 **Rights and Duties Upon Termination or Expiration**, Section 8.4 of the agreement currently reads as follows:

8.4 Rights and Duties Upon Termination or Expiration

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

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

**8.4 Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure

3.5	Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity		11.8	Construction
6.1	Liability of City		11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages		11.10	Compliance with Laws
Article 7	Payment of Taxes		11.11	Severability
8.1.6	Payment Obligation		Article 13	Data and Security
			Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

**2.9 Consideration of Salary History.** *Section 10.4 is added to the agreements and reads as follows:*

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

**2.10 Minimum Compensation Ordinance,** *Section 10.7 of the Agreement currently reads as follows:*

**10.7 Minimum Compensation Ordinance.**

Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

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

**10.7 Minimum Compensation Ordinance.**

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to

the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

**2.11 Health Care Accountability Ordinance, Section 10.8 of the Agreement currently reads as follows:**

**10.8 Health Care Accountability Ordinance.**

Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

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

**10.8 Health Care Accountability Ordinance.**

If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

**2.12 Limitations on Contributions, Section 10.11 of the Agreement currently reads as follows:**

**10.11 Limitations on Contributions.**

By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

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

**10.11 Limitations on Contributions**

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

**2.13 Article 10, Additional Requirements Incorporated by Reference, Section 10.17 of the Agreement currently reads as follows:**

**10.17 Reserved. (Sugar-Sweetened Beverage Prohibition).**

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

**10.17 Distribution of Beverages and Water.**

**10.17.1 Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

**10.17.2 Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

**2.14 Order of Precedence, Section 11.13 of the Agreement currently reads as follows:**

**11.13 Order of Precedence.**

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

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

**11.13 Order of Precedence.**

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement and implementing task orders. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the Contractor's printed terms.

**2.15 Notification of Legal Requests, Section 11.14 is added to the Agreement and reads as follows:**

**11.14 Notification of Legal Requests.**

Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

**2.16 Management of City Data and Confidential Information, Section 13.5 is added to the Agreement and reads as follows:**

**13.5 Management of City Data and Confidential Information**

**13.5.1 Access to City Data.**

City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

**13.5.2 Use of City Data and Confidential Information.**

Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

**13.5.3 Disposition of Confidential Information.**

Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10)

business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

**2.17** *Appendices A-1 through A-5 dated 07/01/19 (i.e. July 1, 2019) are hereby added for 2019-20.*

**2.18** *Appendices B and B-1 through B-5 dated 07/01/19 (i.e. July 1, 2019) are hereby added for 2019-20.*

### **ARTICLE 3 EFFECTIVE DATE**

**Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

### **ARTICLE 4 LEGAL EFFECT**

**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**

Recommended by:

\_\_\_\_\_  
Grant Colfax  
Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney

By: \_\_\_\_\_  
Deputy City Attorney

Approved:

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

**CONTRACTOR**

**Richmond Area Multi-Services, Inc.**

\_\_\_\_\_  


Angela Tang, LCSW  
Director of Operations and Interim Chief  
Executive Officer  
RAMS, Inc.  
4355 Geary Boulevard  
San Francisco, CA 94118

Supplier ID: 0000012195



<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1</b>
<b>Program Name:</b> Adult Outpatient Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
	<b>Funding Source:</b> GF/MH realignment/FFP SDMC/ MediCare

**1. Identifiers:**

Program Name: Adult Outpatient Services  
 Program Address: 3626 Balboa Street  
 City, State, ZIP: San Francisco, CA 94121  
 Telephone/FAX: 415-668-5955/ 415-668-0246  
 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  
 Program Code(s) (if applicable): 3894-3

**2. Nature of Document:**

Original     Contract Amendment     Internal Contract Revision

**3. Goal Statement:**

To promote wellness and recovery, improve the emotional/physical well-being and quality of life, positive engagement in the community, and awareness & appropriate use of resources, and improve the increased level of self-sufficiency, achieving individualized plan of care goals, and reduced level of care for adults/older adults.

**4. Target Population:**

RAMS Adult/Older Adult Outpatient Services Program serves all ethnicities and populations of adult and older adult residents of San Francisco, age 18 years and older, in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. The clinic is designed with a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.

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

See Appendix B CRDC page

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1</b>
<b>Program Name:</b> Adult Outpatient Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
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## 6. Methodology:

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

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

### A. Outreach, recruitment, promotion, and advertisement

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

The RAMS Outpatient Services Program conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the Behavioral Health Clinicians/Counselors (including psychologists, social workers, marriage & family therapists, etc.) as well as Peer Counselors (separate contract). The varying activities, topic foci, and location also engage those who may not necessarily self-initiate counseling services. The Program's workshops may use alternative references to behavioral health topics such as having workshops titled Wellness and Recovery instead of using "loaded" words and language. While serving all ethnicities and populations, there are also targeted outreach activities to ethnic groups including Chinese, Cambodian, and Russian. The Outpatient Program also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. For instance, as requested by the community, RAMS conducts outreach at a Buddhist temple for Cambodians and has also invited a Buddhist monk to RAMS in order to promote resiliency and spirituality. Another example is that the program has participated in a neighborhood community event for seniors providing service information. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

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

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-1</b>
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RAMS accommodates referrals from the BHS Behavioral Health Access Center. As RAMS provides services in over 30 languages and, in order to support “advanced access,” the agency deploys mechanisms to effectively make accessible the many dialects fluent amongst staff. The Outpatient Program maintains a multilingual Intake/Resource Schedule, which is a weekly calendar with designated time slots of clinical staff (and language capacities) who consult with the community and conducts intake assessments (with linguistic match). The intake/initial risk assessments are aimed to determine medical necessity for services and assess strengths & existing resources, co-occurring issues/dual diagnosis conditions, medication support needs, vocational readiness/interest (and/or engagement in volunteer activities, school), primary care connection, and other services (e.g. residential, SSI assessment). There is a designated intake coordinator for scheduling assessments and maintaining the documentation, thus supporting streamlined coordination; staff (including Program Director) work closely with the referring party. Following the intake, engagement and follow-up is made with the client. RAMS has been acknowledged as a model for its intake practices (“advanced access”) and managing the demand for services, which is a consistent challenge for other clinics.

### C. Service delivery model

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

The Outpatient Program’s design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation as well as peer counseling (separate contract). Psycho-educational activities have included topics such as holistic & complementary treatment and practices, and wellness recovery groups/workshops. Services are primarily provided on-site and/or in least restrictive environment including: clients’ home, hospital, another community center, and/or primary care clinic. The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH BHS.

The Behavioral Health Clinicians/Counselors provide clients with on-going individual integrated behavioral health counseling, case management services, and as needed, conduct crisis intervention and collateral meetings. Having counseling and clinical case management services provided by the same care provider streamlines and enhances care coordination. During the treatment planning, the counselor and client discuss how strengths can be used to make changes to their current conditions and to promote & sustain healthy mental health. An integrated plan of care with goals (includes stability in community goal) is formally developed and updated at least annually. It is a collaborative process (between counselor & client) in setting goals and identifying strategies that are attainable & measurable. As needed, other support services are provided by other staff, in collaboration with the Behavioral Health Clinician/Counselor. RAMS conducts home visits and linkages for client support services (e.g. senior day program, childcare,

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transportation) to other community agencies and government offices. Throughout the counseling process, staff continuously assesses the client’s interest/readiness to engage in vocational, trade schools, and/or other educational activities (e.g. RAMS Hire-Ability Vocational Services, volunteerism, RAMS Peer Specialist Mental Health Certificate). Doctoral interns, closely supervised, are also available to conduct comprehensive batteries of psychological testing and evaluation.

The RAMS Outpatient Program offers structured groups (i.e. therapy, support, and psycho-education) as a component of treatment services to clients. Facilitated (or co-facilitated) by Behavioral Health Clinicians/Counselors, and Peer Counselors, the groups provide positive peer support, focus on interpersonal relationships, provide a support network for specific problems or challenges, and assist individuals in learning about themselves and how they can relate better with other people. Groups are offered in languages besides English. Medication management, including culturally competent psychiatric evaluation & assessment and on-going monitoring of prescribed medications (e.g. individual meetings)), is provided by a licensed psychiatrist and nurse practitioners. The Outpatient Program psychiatry staff capacity & coverage offers daily medication evaluation & assessments during program hours of operation, in order to increase accessibility. Furthermore, the Outpatient Peer Counseling Services component (separate contract) offers peer-based support from Tuesdays to Thursdays from 9 am to 5 pm.

#### D. Discharge Planning and exit criteria and process

The type and frequency of services are tailored to the client’s acuity & risk, functional impairments, and clinical needs, with review by the clinical authorization committee and in consultation with SFDPH BHS. Because of limited behavioral/mental health resources, coupled with the need to promptly serve many newly referred acute clients, the program consistently applies utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Providers consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance, progress and status of Care Plan objectives, and the client’s overall environment such as culturally and linguistically appropriate services, to determine which clients can be discharged from Behavioral Health/Case Management Brokerage level of services into medication-only, or be referred to Private Provider Network/Primary Care Physician/Beacon.

#### E. Program staffing

Program staff include: Management - Program Director, Clinical Manager, Medical Director, Clinical Supervisors; Clinical – Mental/Behavioral Health Counselors (unlicensed/ pre-licensed), Mental/Behavioral Health Clinicians (licensed), Mental/Behavioral Health Workers, Interpreters (as needed and contracted), pre-doctoral interns; administrative support – Office/Intake Manager, Administrative Assistants, Janitor.

(Not funded by this contract) Peer Counselors; practicum trainees and volunteers.

#### F. Vouchers - NA

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<b>Program Name:</b> Adult Outpatient Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
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## 7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Adult & Older Adult Performance Objectives FY 19-20.

## 8. Continuous Quality Improvement:

### 1) Achievement of contract performance objectives and productivity

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

### 2) Quality of documentation, including a description of frequency and scope of internal audits

The program utilizes various mechanisms to review documentation quality. At least every other week (may be weekly), clinical documentation is reviewed by the PURQC committee which is comprised of the Chair, Clinical Manager (a licensed psychologist who is a clinical supervisor and direct service practitioner), Program Director, Training Director, and two licensed clinicians. Based on their review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members. Because the Program Director is involved in the PURQC review, general feedback and summaries on documentation and quality of care topics can be effectively integrated throughout staff meetings and other clinical discussions. Furthermore, clinical supervisors monitor the treatment documentation of their supervisees; most staff meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. The program also conducts an annual self-audit in which all direct service providers review all their own charts to ensure documentation standards compliance. For all case reviews, a checklist is utilized. Psychiatry staff also conduct a comprehensive biannual chart peer review, consisting of randomly choosing three medical records from each practitioner and having mutual reviews and feedback based on the guidelines provided by San Francisco Health Network Behavioral Health

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Services Psychiatric Peer Review Protocol. In addition to the program’s documentation review, the agency’s Quality Council conducts a 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 weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and an annual roundtable discussion to share practice-based cultural competency strategies. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees’ caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.
- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client’s preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.

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- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- 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 disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- 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 with Services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. Results of client surveys are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management as well as posted on the agency website and other materials. Furthermore, the Program Director has conducted focus groups with the current clients to collect feedback. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management.

#### 5) Timely completion and use of outcome data, including CANS and/or ANSA

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes. Furthermore, in regards to ANSA data, upon receipt of BHS-provided data and analysis reports, the Program Director along with RAMS

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executive management reviews and analyzes the information. Specifically, management reviews for trends and any significant changes in overall rating scales. Analysis reports and findings are also shared in staff meetings and program management/supervisors meetings. The analysis may also assist in identifying training needs.

**9. Required Language:**

N/A

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-2</b>
<b>Program Name:</b> Outpatient Peer Counseling Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
	<b>Funding Source:</b> MHSA

**1. Identifiers:**

Program Name: Outpatient Peer Counseling Services  
 Program Address: 3626 Balboa Street  
 City, State, ZIP: San Francisco, CA 94121  
 Telephone/FAX: 415-668-5955  
 Website Address: 415-668-0246

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

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

**2. Nature of Document:**

Original     Contract Amendment     Internal Contract Revision

**3. Goal Statement:**

The goal is to: (1) to diversify behavioral health workforce by increasing consumer & family member representation and identified underrepresented groups, and (2) to provide additional services and support to clients of the RAMS Outpatient Clinic from a Wellness and Recovery approach.

**4. Target Population:**

The Outpatient Peer Counseling Services program’s target population are all adults/older adults from the RAMS’ Outpatient Services Program which is: all adult and older adult residents of San Francisco in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. There is a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.

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

See Appendix B CRDC page

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-2</b>
<b>Program Name:</b> Outpatient Peer Counseling Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
	<b>Funding Source:</b> MHSA

## 6. Methodology:

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

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

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

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

RAMS conducts outreach on an ongoing basis, in the most natural environments as possible, through various activities including but not limited to: sponsoring or coordinating cultural events, conducting psycho-educational & informational workshops or activity groups, and providing services in the client's natural environments. Outreach activities are facilitated by staff, primarily the direct services providers (e.g. peer counselors, psychologists, social workers, marriage & family therapists, etc.) with varying activities, topic foci, and location. RAMS also conducts formal presentations at community health fairs and events raising awareness about behavioral/mental health issues and resources, taking into consideration cultural aspects. Also, program and psycho-educational material is developed and reviewed for content, literacy, culturally appropriate representation, and word usage, in an effort to increase the "reader-ability" (e.g. using plain language instead of field terminology) and willingness to incorporate it in a meaningful way into her/his life.

To engage the RAMS outpatient clients in participating in the Outpatient Peer Counseling Services program, the following takes place:

- Peer Counselors attend monthly RAMS Adult Outpatient Program staff meeting to disseminate program information to direct service providers
- Clinical Manager of the RAMS Outpatient Clinic meets with peer counselors weekly for individual supervision to discuss referral information, program services, events, etc.
- Peer Counselors develop promotional flyers about Peer Counseling activities and display them in the program wait areas as well as disseminates them to all Outpatient Clinic direct services providers
- Peer Counselors collaborate with Outpatient Clinic direct service providers in working with clients to ensure a team-based treatment approach. This allows Peer Counselors to develop

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-2</b>
<b>Program Name:</b> Outpatient Peer Counseling Services	<b>Contract Term:</b> 07/01/19 – 06/30/20
	<b>Funding Source:</b> MHSA

close working relationships with direct service providers, supporting streamlined referrals from direct service providers to the Peer Counseling Program.

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

There are two ways in which clients are admitted into the Outpatient Peer Counseling Program. For those clients who are new to the RAMS outpatient clinic, upon completing an intake (risk assessment), a client is referred to meet with a Peer Counselor (when appropriate) for an orientation of services. During this time, Peer Counselors have the opportunity to assess and discuss with clients whether they would be interested in continuing their participation in services offered by the Outpatient Peer Counseling Program (e.g. as needed individual counseling, case management, groups, events, activities, etc.).

For existing RAMS clients, they are admitted into the Peer Counseling Program should they express interest in participating in the services and events provided by the program. Clients can simply contact one of the Peer Counselors and schedule to meet with them or sign-up to participate in a group or event. Clients can also be connected to the Peer Counseling Program via referral from their direct service provider (e.g. clinician, case manager, psychiatrist, etc.).

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

The Outpatient Peer Counseling Services is integrated into the RAMS Adult/Older Adult Outpatient Services Program. To further support accessibility of services, the RAMS Adult/Older Adult Outpatient Program throughout the years has maintained hours of operation that extend past 5:00 pm, beyond “normal” business hours. The Program hours are: Monday (9:00 am to 7:00 pm); Tuesday to Thursday (9:00 am to 8:00 pm); Friday (9:00 am to 5:00 pm).

The RAMS programs’ design and strategies are culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, peer counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices and wellness recovery groups/workshops.

Specifically, the Outpatient Peer Counseling Services offers peer-based support (three days/week) that includes, but is not limited to:

- Orientation to clinic and program services
- Individual Face-to-Face Counseling
- Case Management
- Resource Linkage

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- Psycho-social groups
- Socialization groups
- Cultural Awareness Activities (e.g. cultural celebrations)

Furthermore, the three peer counselors (in multiple languages, all part-time) provide needs assessment and orientation for new clients, facilitate support groups, wellness and recovery groups, art groups, movie viewing groups, and drop-in. They also provide field trips and cultural celebration events several times per year.

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

Participation in the Peer Counseling Program is voluntary. Clients may utilize services as long as they continue to be a client of the RAMS Outpatient Clinic. Clients may also voluntarily terminate services with the program, at any time, should they feel that their needs for peer counseling services have been met and/or if the program no longer meets their needs.

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

RAMS Outpatient Peer Counseling Services include three part-time (16 hours/week) Peer Counselors, with special cultural and language capacities – English, Chinese, Russian – to meet the need of the diverse clients at Outpatient Clinic. Peer Counselors are graduates of RAMS Peer Specialist Mental Health Certificate and/or graduates from other Community Mental Health or Peer Certificate Programs, with experience working with the adult populations RAMS Outpatient Clinic serve.

Not funded by MHSA – supervisor and program director who supervise the Peer Counselors and manage the program, are part of RAMS Adult/Older Adult Outpatient Services are funded by SFDPH-BHS.

#### F. Mental Health Services Act Programs (Outpatient Peer Counseling Program)

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

The foundation of the Outpatient Peer Counseling Program is to engage consumers in providing services within the community system of care. This program employs only peers (consumer of behavioral services with lived experience) to be service providers. Peer Counselors have the opportunity to share their personal experience and knowledge that they have gained as consumers to support others in their process of recovery. From the clients' perspective, the intent

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of the program is to inspire and instill hope as clients receive support and encouragement from providers who once had similar struggles as themselves.

In addition to peers being service providers, the Outpatient Peer Counseling Program engages clients to participate in the development, implementation, and evaluation of the program in several different ways. Client satisfaction surveys are conducted annually to solicit feedback from clients about the services that they have received. Results from client surveys and feedback are compiled and analyzed by program management, presented to staff and RAMS management. The Program Director and RAMS management work together to assess and integrate client feedback into programming. Peer Counselors also facilitate social/recreational activities and events for the clinic that are driven and organized by client participants.

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

The Outpatient Peer Counseling Program was founded based on the Wellness and Recovery Approach. With peers as service providers, the program sets an example for clients that recovery is possible. Peer Counselors are also trained to work with clients from a Wellness and Recovery Approach. Services provided values the fundamental components of the recovery model: client-centered, client-directed, strengths-based, holistic, self-advocacy, etc.

## 7. Objectives and Measurements:

- 1) The Outpatient Peer Counseling Program will conduct at least 100 psycho-social groups to support clients in developing social connections in the community. This will be evidenced by participation records kept by Peer Counselors as the groups take place. Peer Counselors will also report to the Clinical Manager progress toward this objective via in-person meetings and written reports. Program Director will provide feedback based on these reports to support counselors in meeting this objective.
- 2) At least 80% of the clients will express overall satisfaction with services that they received through the Outpatient Peer Counseling Program. This will be evidenced by client satisfaction surveys administered once each year (only in spring 2020). The collected data will be summarized and analyzed by Program Director and will be presented to program staff and RAMS management.

## 8. Continuous Quality Improvement:

### A. Achievement of contract performance objectives and productivity

RAMS continuously monitors progress towards contract performance objectives and has established information dissemination and reporting mechanisms to support achievement. All direct service providers are informed about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about

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recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-going collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director monitors services progress (level of engagement after intake, level of accomplishing service/treatment goals), discharge reasons, and service utilization review. RAMS also conducts various random chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

RAMS utilizes various mechanisms to review documentation quality. Documentation reviews are conducted by Program Director as part of the PURQC process as well as upon discharging cases; based on these reviews, determinations/ recommendations are provided relating to frequency and modality/type of services, and the match to client's progress & service needs. Feedback is provided to direct staff members while general feedback and summaries on documentation and quality of care topics are integrated throughout staff meetings and other clinical discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meet weekly with their supervisors to review activities (e.g. course progress, caseload with regard to intervention strategies and service plans & progress), documentation, productivity, etc.

**C. Cultural competency of staff and services**

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles), monthly case conferences, and an annual roundtable discussion to share practice-based cultural competency strategies. Trainings are from field experts on various clinical topics; case conference is a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by

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individual clinical supervision (mostly weekly; some are monthly); supervisors and their supervisees' caseload with regard to intervention strategies, treatment plans & progress, documentation, etc. Furthermore, RAMS annually holds an agency-wide cultural competency training. Training topics are identified through various methods, primarily from direct service staff suggestions and pertinent community issues.

- Ongoing review of treatment indicators is conducted by the Program Director (and reported to executive management) on monthly basis; data collection and analysis of treatment engagement (intake show rate; referral source; engagement after intake; number of admissions; treatment discharge reasons; and service utilization review).
- Client's preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of 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 disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- 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

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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. Satisfaction with services**

The Outpatient Peer Counseling Services Program gathers feedback through various methods. An annual client satisfaction survey is facilitated by RAMS administrators in spring 2018; collected data is tabulated and summarized. Results of all client surveys are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the Program Director has conducted focus groups with the current clients to collect feedback. Adjustment to program is implemented, after Director and staff review, and as appropriate, according to feedback, to better serve the community. All satisfaction survey methods and feedback results are compiled and reported to executive management along with assessment of suggestion implementation. Anonymous feedback is also solicited through suggestions boxes in the two client waiting areas; the Office Manager monitors the boxes and reports any feedback to the Program Director who also includes it in the monthly report to executive management.

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

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

**9. Required Language:**

N/A

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**1. Identifiers:**

Program Name: Employee Development  
 Program Address: 1234 Indiana Street  
 City, State, ZIP: San Francisco, CA 94107  
 Telephone/FAX: 415-282-9675/415-920-6877  
 Website Address: www.ramsinc.org / www.hire-ability.org  
 Contractor Address (if different from above): 4355 Geary Blvd.  
 City, State, ZIP: San Francisco, CA 94118

Person Completing this Narrative: Angela Tang, Director of Operations  
 Telephone: 415-800-0699  
 Email Address: angelatang@ramsinc.org  
 Program Code(s) (if applicable): 3894 (38B62)

**2. Nature of Document:**

Original     Contract Amendment     Internal Contract Revision

**3. Goal Statement:**

To improve emotional/physical well-being and quality of life, positive community engagement, increased self-sufficiency of adults, and help them obtain & retain employment.

**4. Target Population:**

San Francisco residents including transitional age youth, adults & older adults, aged 18 and over, who are receiving behavioral health services through BHS. Particular outreach is to consumers who have minimal interest and/or work exposure, and may benefit from a structured vocational training program. There is a special focus on serving the Asian & Pacific Islander American (APIA), e.g. Chinese, Tagalog & Vietnamese communities, both immigrants and U.S.-born, a group that is traditionally underserved. Hire-Ability clientele are those residing in the program’s district (zip code 94107) as well as citywide (e.g. 94103, 94108, 94121, etc.) including any individual within the SFDPH-BHS Systems of Care who indicates an APIA dialect as the primary language.

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

See Appendix B CRDC page

**6. Methodology:**

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

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 approximately 18,000 adults, children, youth & families at over 90 sites, citywide.

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

RAMS accommodates referrals from the BHS and other community agencies within the System of Care. All requests for services are directed to the Intake Coordinator, who schedules and conducts integrated assessments/intakes and processes the documentation, thus supporting streamlined coordination; staff (including Employee Development Coordinator/Manager and Director of Vocational Services/Program Director) works closely with the referring party. The initial assessments are aimed to determine program eligibility, vocational readiness/interest, suitability of program services, strengths & existing resources, level of functioning & needs in consultation with behavioral health services provider, primary care connection, substance use/abuse, and other services (e.g. residential). The Intake Coordinator makes a referral to one of Hire-Ability programs, including Employee Development. As RAMS have unique expertise in providing services to the APIA-speaking communities, Hire-Ability can provide services in Cantonese, Mandarin, Toisanese, and Tagalog. Upon referral to Employee Development, clients may “visit” and participate in the program, on a trial basis, for the first two weeks where they will participate in paid work site experience as well as unpaid classroom training. This supports overall retention and program completion goals, as consumers are fully aware of the program structure and expectations.

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

Hire-Ability Vocational Services program hours are Monday to Friday (9:00 a.m. – 5:00 p.m.). The program design includes providing culturally competent, consumer-driven, strengths-based vocational services including but not limited to: vocational assessments, job skills training, paid on-site work experience as well as unpaid classroom and group training sessions, vocational counseling & job coaching, and classes/workshops aimed at building strengths towards employment readiness. The program improves, maintains, or restores personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries. Employee Development’s main component is *Production &*

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*Fulfillment Services*, a workshop setting and on-the-job training in the fulfillment services industry (packaging, assembling, labeling, sorting, mailing) with paid work experience Services are primarily provided on-site and/or in least restrictive environment in the field including: clients' employment site, community center, home, etc. Hire-Ability features a structure program in which clients participate at least three days a week (Monday to Friday) from 9:30 a.m. to 12:30 p.m.

Each consumer is assigned a Vocational Rehabilitation Counselor/Trainer who conducts a vocational assessment, facilitates vocational orientation & exploration, performs vocational counseling (case management & linkages), supports and identifies strengths & areas of employment interest, and also provides job training, job search and placement assistance, and job coaching, counseling & guidance. Having a single provider for these services streamlines and enhances care coordination. The vocational assessment is a comprehensive process that systematically utilizes an interview to assist the consumer in the identification of goals leading towards vocational development. These areas, as they relate to employment, include: work needs (e.g. reasonable accommodations), identifying community supports (therapists/case managers, support groups, family & friends), collateral information (therapists/case managers), cultural and/or language issues, work-related issues (concentration, stress, retention of instruction, safety habits, work behavior), psychiatric functioning (behavioral health condition), appearance & grooming, and external factors (financial concerns, living arrangement, medical care). A written report is developed summarizing the assessment, findings & recommendations, which informs the vocational plan and structure for job skills training.

During the vocational services planning, the counselor and consumer discuss how strengths can be utilized to make changes of their current conditions, to promote & sustain healthy mental health, and obtain & retain employment. The counselor also gathers relevant information from the client and other service providers and/or family members, as it relates to employment. An integrated vocational plan for goals is formally developed within the first month of participation, with ongoing monitoring of progress at each meeting/vocational activity, and formally reviewed at the third month. This comprehensive plan considers the client's environment and entire support structure as well as specific employment goals, and takes into account collateral information (e.g. behavioral health treatment plan incorporates vocational goals). Staff are also trained to identify signs of psychiatric relapse and, through collaboration with the client's therapist, implements the appropriate interventions. Together, the counselor & client set goals and identify strategies that are attainable & measureable. The plan includes consumer's input through self-evaluation & rating as well as the counselor's appraisal. RAMS also facilitates linkages for support services (e.g. transportation, child care).

Vocational training and skills building is provided through various capacities. The Vocational Rehabilitation Counselors serve as the primary trainers and maintain written evaluations & progress reports on client skills and vocational goals. These include, but are not limited to, productivity, work quality, attendance, punctuality, dress & grooming, communication with others, group participation, and work endurance. As the primary trainer, Counselors are thoroughly familiar with each individual's daily progress and can provide consistent feedback and support. Training is offered in specific industries, further supporting consumer choice & empowerment and likelihood of transferable skills for gaining competitive employment.

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For all Employee Development Program participants, RAMS Hire-Ability offers structured groups (i.e. vocational counseling, training, psycho-education) as a core component of services to clients. Facilitated by Vocational Rehabilitation Counselor, the groups provide positive peer support and pressure, focus on interpersonal relationships, a support network for specific problems or challenges, and can assist individuals to learn about themselves and relate better with other people. Groups can be jointly run with collaborative partners (e.g. behavioral health counselors), taking place at RAMS and/or the partner’s site, depending on client feedback & indicated preference, and offered at various hours of the day throughout the week.

- 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 successfully complete the program when: (1) 85% attendance rate, and (2) Vocational Development Plan goals are achieved. Upon discharge, referral can be to competitive employment, volunteer internships, education, college enrollment, or salaried employment including higher wage and skilled jobs in industries which are experiencing shortages such as the healthcare field. In this pursuit, the Vocational Rehabilitation Counselor may assist with job search & placement assistance and provide job coaching, counseling, and guidance. As Hire-Ability offers a full spectrum of vocational services, consumers may transition into 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. Consumers may also enter the RAMS Peer Specialist Mental Health Certificate Program (funded by SFDPH-BHS-MHSA), which offers entry and advanced level courses in peer counseling as well as a monthly training series.

E. Program staffing.

Program Director – oversee the operations, contracts of the program, oversee operations of shelter workshop, supervise Vocational Rehabilitation Counselor, and support clients in problem solving and other issues

Vocational Rehabilitation Counselor – supervise clients in shelter workshop and other real work situation, help problem solving skills, teach other vocational skills, provide case management and linkage services as needed and appropriate which may include case conferencing with other services providers (therapist, benefit counselor, etc.)

Administrative Assistant/Office Manager – provide administrative support to the program

**7. Objectives and Measurements:**

A. Standardized Objectives

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All applicable objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives 19-20.

**B. Individualized Program Objectives**

To further support outcomes, RAMS has established the following objectives for FY 2018-2019:

1. 65% of clients who complete the visitation period will successfully complete the program, as evidenced by program case closure records and reasons for discharge.
2. 75% of surveyed clients who complete the program will indicate improvement in their coping abilities. This is evidenced by items on program feedback tools.
3. 75% of surveyed clients who complete the program will report an improvement in work readiness abilities (soft skills) to use toward future opportunities (work/education/volunteering). This is evidenced by the items on program feedback tools.
4. 75% of surveyed graduates will express motivation in being engaged in vocational/educational-related activities, e.g. obtain employment, referral to Hire-Ability Employment Services, volunteerism, or training/educational programs. This will be evidenced by exit interviews and items on the program feedback tools.

**8. Continuous Quality Improvement:**

**A. Achievement of contract performance objectives and productivity**

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

**B. Quality of documentation, including frequency and scope of chart audits.**

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The program utilizes various mechanisms to review documentation quality. Chart review by supervisors, at the very minimum, is reviewed during the first 30 days of a case opening, every 30 days thereafter, 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. Furthermore, clinical supervisors monitor the service documentation of their supervisees; staff meet weekly with their supervisors to review caseload with regard to service strategies, vocational plans & progress, documentation, productivity, etc. On a quarterly basis, the Program Director or Manager/Coordinator conducts a review of randomly selected charts (up to 10 charts, program-wide) to monitor quality & timeliness and provide feedback directly to staff as well as general summaries at staff meetings. The selection is such that each individual provider is reviewed at least annually.

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

C. Cultural competency of staff and services

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

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

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language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.

- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Development of annual objectives based on cultural competency principles; as applicable, progress on objectives 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 disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency's strategic plan.
- 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. Satisfaction with services

RAMS adheres to the BHS satisfaction survey protocols which include dissemination annually or biannually. In addition, the Hire-Ability administered its program-developed client satisfaction surveys at case closure or upon request of the client. Furthermore, client feedback is obtained during post- program evaluations, quarterly client advisory council meetings, daily community meetings at the vocational services program, individual meetings between direct service staff and clients, and through a confidential telephone hotline. Results of the survey methods are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Furthermore, the program facilitates focus groups with clients. All satisfaction survey methods

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	<b>Funding Source:</b> General Fund/ MH realignment

and feedback results are also compiled and reported to executive management along with assessment of suggestion implementation. On an annual to biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

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

**9. Required Language:**

N/A

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-4</b>
<b>Program Name:</b> Broderick Street Adult Residential Facility	<b>Contract Term:</b> 07/01/19 – 06/30/20
	<b>Funding Source:</b> GF/MH realignment/FFP SDMC/Long Term Care

**1. Identifiers:**

Program Name: Broderick Street Adult Residential Facility  
 Program Address: 1421 Broderick Street  
 City, State, ZIP: San Francisco, CA 94115  
 Telephone/FAX: 415-292-1760/ 415-292-1636  
 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  
 Program Code(s) (if applicable): 3894-8

**2. Nature of Document:**

Original     Contract Amendment     Internal Contract Revision

**3. Goal Statement:**

To transition & stabilize adults with serious & persistent mental illness and who may have a physical health condition to long-term housing in the community, maintain stability and live in the community and/or reduce the level of care and services. Additionally, goals include: improved emotional/physical well-being and quality of life, positive engagement in the community, awareness and appropriate use of resources, minimizing harm and/or establishing supportive networks to sustain recovery.

**4. Target Population:**

Adults ages 18-59 years old, with serious & persistent mental illness, including those with co-occurring disorders (mental health and substance abuse), and who may or may not have a physical health condition. The primary sources of resident referrals are from social workers or case managers from acute care or hospital settings or other community residential programs where the client has had difficulty remaining stable due to lack of either clinical or medical support. All residents require the level of treatment care from a licensed Adult Residential Facility (ARF) setting, but not a Skilled Nursing Facility (SNF) level setting.

RAMS Broderick Residential Program serves the 33 adults residing at the Broderick Street Adult Residential Facility (BSARF), an adult residential facility offering permanent housing, funded through the SFDPH Long Term Care. There is a special focus on serving the Asian and Pacific Islander American (APIA) communities, both immigrants and U.S.-born – a group that is traditionally underserved.

**5. Modality(s)/Intervention(s) – Behavioral Health Services/Long Term Care**

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<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Case Management (minutes)	5,475	36
Mental Health Services (minutes)	48,801	Included
Medication Support (minutes)	72,540	Included
Crisis Intervention (minutes)	1,790	inclusive
Other Non-MediCal Client Support Services (Long Term Care) – staff hour or client day	10,074	
<b>Total UOS Delivered</b>	<b>128,606 minutes</b> <b>10,074 day</b>	
<b>Total UDC Served</b>		<b>36</b>

Broderick Street Adult Residential Facility – Long Term Care provides residential services to 33 adult residents. Services include housekeeping, food services, transportation to appointments, nursing/ personal care, daily activities, and administration/program management.

Broderick Street Adult Residential Facility – Behavioral Health Services provides clinical case management, mental health services (individual and group), medication services (evaluation, support), and crisis intervention. The BHS staff and the LTC staff work collaboratively to ensure clients/residents receive a continuum of care, including nursing management and behavioral health services, in the least restrictive environment, improve in wellness, decrease in symptoms, and live a productive life to the best of their potential.

## 6. Methodology:

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

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

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

BSARF outreach and promotion of the program and services are primarily conducted through Richmond Area Multi-Services, Inc. (RAMS) promotional material, such as agency profile sheets and the website, which describes its history and wide scope of clinical and culturally competent services for consumers as well as other constituents. Agency and program services are also promoted through various community & resource manuals and databases. RAMS has a community organizing component as well as clinical staff, who actively and consistently outreach to monolingual communities and participate in various neighborhood meetings, community events, and informational workshops/fairs. RAMS promotes program services through its active involvement in community partnerships, coalitions, and collaborative agreements with other city contracted agencies, community-based organizations, and affiliates. Additionally, the BSARF program has a brochure that is specifically developed for the program

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and it is available, upon request. It is the intake structure of BSARF that all referrals are directed to the SFDPH Transitions /Placement Office, who receives and reviews, in collaboration with RAMS-BSARF management, the application/intake packet and information. Because the BSARF program is a long-term housing placement and a Direct Access to Housing (DAH) site, there is low turnover and a wait list is not maintained.

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

**Long Term Care:**

All referrals to the BSARF program are directed to and assessed by the SFDPH Transition team, in collaboration with RAMS-BSARF. Most frequently, the referrals to the Transition team come directly from case managers/social workers from hospitals, acute care facilities, or other community providers who complete and submit a Referral Packet to the team. The Referral Packet includes the following information about the applying resident:

- Demographic information
- Adult and Older Adult Residential Care Facility Referral
- Previous Needs and Service Plan, if available
- MHS 140 (BHS system of care history), if available
- Proof of SSI Eligibility and San Francisco resident status
- Physician’s Report for Community Care Facilities, including TB clearance, and diagnosis
- Functional Capability Assessment
- Pre-placement Appraisal Information form
- Additional medical or clinical information as needed

The SFDPH Transition team along with BSARF intake team, consisting of Administrator/ Program Director, Clinical Manager, and Nurse Manager, reviews the Referral Packet to initially determine if the applying resident meets eligibility requirements and if he/she potentially matches the level-of-functioning of the facility’s current residents. At least one member of the BSARF intake team then visits and interviews the applicant at his/her current placement. After this meeting, the applicant is invited to visit the BSARF site and, as possible meet some of the staff and see the room they will potentially be moving into. An Initial Risk Assessment is completed by the Clinical Manager to gather the necessary clinical information to assess the clinical needs of the potential resident.

The result of the Referral Packet review, interview, and program visit is discussed at the next immediately scheduled Clinical Meeting, which includes participation of the BSARF Administrator, Clinical Manager, Nurse Manager, and Psychiatric Nurse Practitioner as well as the program Behavioral/Mental Health Counselors. Concerns, issues or the need for additional information are addressed by phone with either the referring agency/referral source or the SFDPH Transition Coordinator. Finally, the applying resident and case manager are notified of the intake team’s decision for admittance to the BSARF program. When appropriate, a move-in date is also scheduled. The following documents are completed during the new resident intake process:

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- Summary DPH Notice of HIPAA Privacy Practices
- BSARF Admission Agreement
- BSARF House Rules
- Consent for Behavioral Health Services
- Resident Rights & Grievance Procedure and Acknowledgement of Receipt of Materials
- Advance Care Directives
- Insurance/Medi-Cal/Medicare information (Printout or BIC Card)
- Authorization for Use or Disclosure of Protected Health Information
- Initial Psychiatric Evaluation
- Consent for the use of Psychotropic Medication (if applicable)
- Photograph of the resident

Each referring agency/referral source is responsible for arrangement & coordination of the resident's SSI payments, while the Office Manager tracks each resident's monthly rent payment and in collaboration with the Administrator addresses any concerns with the referring agencies/referral source.

#### Behavioral Health Services:

Once clients enter BSARF, they are assigned a Behavioral/Mental Health Counselor who provides an orientation to the program structure (e.g. building/room locations, groups and activities schedule, meal and snack times, emergency procedures). The residents/clients are formally introduced to the house community (other residents) at the next community meeting (which occur twice-weekly).

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.

#### Long Term Care and Behavioral Health Services:

The Broderick Street Adult Residential Care Facility (BSARF) is located at 1421 Broderick Street in San Francisco and is a partnership between Richmond Area Multi-Services, Inc. (RAMS) and Behavioral Health Services (BHS) Transition Team of the San Francisco Department of Public Health (SFDPH). The program is an adult residential facility that operates 24-hours, 7-days-a-week, and serves individuals, ages 18-59 years, with the intention that the facility is the resident's long-term and permanent place of residence. Additionally, the facility can retain up to 25% of its total population for those who surpass the 59 year old age limit, provided their required care does not exceed what the facility can provide. The BSARF is licensed by the California Department of Social Services (CDSS) Community Care Licensing Division (CCLD) and can accommodate up to 33 occupants, at any given time. All the residents of BSARF are also considered clients of BHS, and care-managed through RAMS Outpatient Services.

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The program at BSARF includes a wide variety of services for the 33 residents. As required by the CDSS-CCLD for adult residential facilities, the program offers basic care & supervision, lodging, nutritious meals & snacks, van transportation to/from appointments, and various activity groups that focus on specific symptom and behavior issues leading to enhance socialization and healthy expressions of emotions/needs. To further support the rehabilitation of the residents, outpatient behavioral health and medication support services are provided on-site, and funded through the BHS portion of the contract. BSARF weekly programming of client activities which includes the following: individual and group therapy; structured weekly social and engagement activities including: art, music, relaxation/meditation, healthy lifestyles, twice weekly community meetings, as well as activity and movement groups, etc. The program recognizes that each resident has different interests, abilities, ways in expressing needs and emotions, learning processes, and knowledge. Clinical staff members facilitate the therapeutic groups that provide additional structure for residents, address specific symptom and behavior issues, and promote socialization and a sense of community. Residents' participation in the groups is voluntary, and attendance and applicable progress records are documented and maintained according to regulations. The Community Meetings are a general venue where residents have the opportunity to have their voices/concerns heard and give input as to the quality of their living environment and services provided. Residents are also encouraged and educated on how to utilize and access resources that already exist within the City & County of San Francisco. A more detailed description of these additional services can be found in the RAMS contract with SFDPH-BHS.

Medication management, including culturally competent psychiatric evaluation and assessment and on-going monitoring of prescribed medications is provided by nurse practitioners, registered nurses, and licensed vocational nurses. The program's medication support services staff offers daily medication evaluation and assessments, with capacity and coverage to increase accessibility.

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.

**Long Term Care:**

The BSARF facility is a permanent housing site; there is low turnover and a wait list is not maintained. Assessment for the appropriateness of services to the residents' level of functioning is continually conducted, on an on-going basis. If a resident ages out of the program or requires care beyond what the facility can safely provide due to physical or psychological decline, the SFDPH Coordinator for Placement Support will be notified as well as the residents conservator or family member. Typically, a case conference will be held to discuss the resident's emergent level of care needs and to identify a plan for a transition to an appropriate level of care. Additionally, as mandated by the state, the resident will be given a 30 day notice. The RAMS-BSARF Behavioral/Mental Health Counselor will assist with appropriate service linkages in the community and will provide support and assistance during the transition process. Should a client be stabilized and progressed enough to live more independently, then the RAMS-BSARF Behavioral Health Counselor, along with program management, will also assist appropriate service/housing linkages in the community and will provide assistance during the transition process.

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**Behavioral Health Services:**

The primary program goal is to support the client’s ability to maintain stability and live in the community and/or reduce the level of care and services. As such, exit criteria would include moving out of the Broderick Facility to either a higher/lower level of care and services.

- 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.

All staff at the BSARF site are employees of RAMS; however, the funding is collaboratively provided by Behavioral Health Services (BHS) and Long Term Care. The BHS contract provides the funding for the Broderick Street Residential Program staff, which provides outpatient behavioral/mental health and medical support services; the Long Term Care funds the staff of the residential services component, which includes basic care and supervision, lodging, nutritious meals and snacks, van transportation to/from appointments, and various activity groups.

**Long Term Care:**

- Administrator/Program Director – oversee the operations of the program; supervise the managers; liaison with SFDPH, community care licensing, placement and other stakeholders
- Office Manager/Coordinator – manage the overall administrative operations of the residence, including supervising kitchen staff, driver, money management, repair and maintenance
- Certified Nurse Aide/Home Aide – provide nursing and personal care to residents, some housekeeping
- Chef/Cook/Cook Assistant – provide complete food services to residents
- Driver/Program Assistant – provide transportation to residents for outings, medical appointments, etc.
- Program Assistant/Receptionist – reception at front desk, monitor residents coming and going of the facility
- Maintenance Workers (Janitor, Maintenance Engineer) – general maintenance of the building/facility

**Behavioral Health Services:**

- Behavioral/Mental Health Counselors – provides clinical case management, individual and group therapy/counseling, crisis management
- Nurse – provides medication support for clients
- Clinical Coordinator/Manager – manage and coordinate the clinical services for the clients; supervise behavioral/mental health counselors; provides clinical case management, individual and group therapy/counseling, crisis management
- Clinical Nurse Manager – manages the complicated medical and psychiatric needs of the clients
- Program Support Analyst/Assistant – support the administrative/billing services
- Psychiatrist/NP – provides psychiatric/medication services

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Additionally, BSARF has a Doctoral Psychology Intern of the RAMS Training Center who participates in the delivery of services at this site (position is funded by SFDPH BHS Adult/Older Adult Outpatient Services contract).

**7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Adult & Older Adult Performance Objectives FY 19-20, and Adult Residential Mental Health.

**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 (e.g. via weekly clinical staff meetings, etc.) about objectives and the required documentation related to the activities and treatment outcomes; for example, staff are informed and prompted about recording referrals to vocational rehabilitation services in Avatar. With regards to management monitoring, the Program Director reports progress/status towards each contract objective in the monthly report to executive management (including Deputy Chief/Director of Clinical Services and Chief Executive Officer). If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action. The data reported in the monthly report is on-goingly collected, with its methodology depending on the type of information; for instance, the RAMS Information Technology/Billing Information Systems (IT/BIS) department extracts data from the Avatar system to develop a report on units of service per program code/reporting unit. In addition, the Program Director and Clinical Manager monitor treatment progress (level of accomplishing treatment goals/objectives), treatment discharge reasons, and service utilization review. RAMS also conducts weekly chart reviews to review adherence to objectives as well as treatment documentation requirements.

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

The program utilizes various mechanisms to review documentation quality. The Nurse Manager reviews documentation of services for long term care. On a weekly basis, the Clinical Manager conducts a review of (Avatar) charts (3-5 cases) to monitor quality & timeliness and provide feedback directly to staff and, as needed, general themes/summaries may be reported at staff meetings. This ongoing review method results in each client case being reviewed multiples times, annually. In addition, direct services providers meet weekly with their clinical supervisors to review caseload with regard to intervention strategies, treatment plans & progress, documentation, productivity, etc. Furthermore, clinical documentation is reviewed by the service utilization committee, led by the Program Director (Licensed Marriage & Family Therapist). Based on the review, the committee determines service authorizations including frequency of treatment and modality/type of services, and the match to client's progress & clinical needs; feedback is provided to direct clinical staff members.

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

### C. Cultural competency of staff and services

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

- Ongoing professional development and enhancement of cultural competency practices are facilitated through a regular agency-wide training schedule, which includes weekly in-service trainings on various aspects of cultural competency/humility and service delivery (including holistic & complementary health practices, wellness and recovery principles); trainings are from field experts on various clinical topics. BSARF also holds weekly clinical meetings which include case conferences, a platform for the practitioner to gain additional feedback regarding intervention strategies, etc. Professional development is further supported by individual weekly clinical 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 treatment indicators is conducted by the Program Director (and reported to executive management) on a monthly basis; data collection and analysis of treatment progress, treatment discharge reasons, and service utilization review.
- Client’s preferred language for services is noted at intake; during the case assignment process, the Program Director matches client with counselor by taking into consideration language, culture, and provider expertise. RAMS also maintains policies on Client Language Access to Services; Client Nondiscrimination and Equal Access; and Welcoming and Access.
- At least annually, aggregated demographic data of clientele and staff/providers is collected and analyzed by management in order to continuously monitor and identify any enhancements needed.
- Program structure integrates clients’ cultural and holistic & complementary health beliefs such as monthly cultural celebrations, weekly group schedule includes, mindfulness meditation, and regular outings for cultural experiences (e.g. festivals, music, meals).

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- Development of objectives based on cultural competency principles; as applicable, progress on objectives is reported by Program Director to executive management in monthly report. If the projected progress has not been achieved for the given month, the Program Director identifies barriers and develops a plan of action.
- 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 disseminates staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency’s strategic plan.
- 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. Satisfaction with services**

BSARF annually administers its own multi-lingual Resident Satisfaction Survey. Ongoing client feedback is solicited in the twice weekly community meetings. After reviewing with staff, program adjusts practice to better providing services to residents as appropriate, e.g. cultural food preference, holiday celebrations, group ideas, etc. Results of the surveys and other feedback are shared at staff meetings, reviewed by the RAMS Quality Council, and reported to executive management. Assessment of feedback implementation is conducted by program management and, in discussion with executive management. On an annual to biennial basis, clients attend RAMS Board of Directors meetings to share their experiences and provide feedback.

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

As described in the previous CQI sections, RAMS continuously utilizes available data to inform service delivery to support positive treatment outcomes.

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**9. Required Language:**

N/A

<b>Contractor Name:</b> Richmond Area Multi-Services, Inc.	<b>Appendix A-5</b>
<b>Program Name:</b> APIMHC	<b>Contract Term:</b> 07/01/19 through 06/30/20
	<b>Funding Source:</b> (non-BHS only)

**1. Identifiers:**

Program Name: Asian & Pacific Islander Mental Health Collaborative (APIMHC)  
 Program Address: 4020 Balboa Street  
 City, State, Zip: San Francisco, CA 94121  
 Telephone: (415) 668-5998  
 Fax: (415) 668-5996  
 Website Address: www.ramsinc.org

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

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

Program Code: Not Applicable.

**2. Nature of Document**

Original     Contract Amendment     Internal Contract Revision

**3. Goal Statement**

To promote mental wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of Filipino, Samoan, and Southeast Asian (Cambodian, Laotian, & Vietnamese) communities in San Francisco by implementing culturally and linguistically congruent mental health promotion activities across the lifespan in community settings.

**4. Target Population**

Asian Americans & Pacific Islander (AA & PI), experiencing the most significant mental health disparities in mental health services and service providers that include Filipinos, Samoans, and Southeast Asians (Cambodian, Laotian, & Vietnamese) who reside in predominantly low-income areas of San Francisco as identified by the following zip codes: South of Market (94103), Tenderloin (94102, 94109), Bayview-Hunters Point (94124), Potrero Hill (94108), and Visitacion Valley (94134). APIMHC will serve seniors, adults, families, transitional age youth, youth, and children, including all gender types and sexual orientations as well as limited English speaking individuals.

Richmond Area Multi-Services, Inc. (RAMS) is the lead agency of APIMHC and its collaborative partners are six partners representing the Filipino, Samoan, and Southeast Asian (Cambodians, Laotian, & Vietnamese) communities. Each lead partner organization will implement their respective workplans specifically designed to address the unique cultures, languages, and experiences of the aforementioned groups. Each community workgroup consists

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of at least 6-8 community-based organizations and at least 24 community members, with an average of about 8 from each of the three communities. The three groups have representatives from the following agencies:

- *Filipino Mental Health Initiative-SF* – Bayanihan Community Center, South of Market Family Resource Center, Galing Bata Afterschool Program at Bessie Carmichael Elementary School, SOMCAN, Babae, Veterans Equity Center, Pinay Educational Partnerships, Mabuhay Health Center, San Francisco State University, West Bay Multi-Services Center, SOMA FACT team, and other community organizations and members
- *Samoan Wellness Initiative* – Samoan Community Development Center, YMCA Beacon, Asian American Recovery Services, United Players, Samoan Churches (Body of Christ Church and Word of Life Church), and other community organizations and members
- *Southeast Asian Mental Health Initiative* – Vietnamese Youth Development Center, Lao Seri Association, Southeast Asian Community Center, Vietnamese Family Services Center, Cambodian Community Development Inc., and other community organizations and members

## 5. Modality(ies)/Interventions

### Outreach and Engagement

APIMHC will implement culturally-relevant mental health outreach and engagement activities, reaching at least 2,000 individuals with a focus on Asian Americans and Pacific Islanders (AA&PI). Activities include:

- Cultural Specific Community Gatherings/Celebrations/Festivals
- Community Workgroup Meetings
- Develop Community-Specific materials

### Screening and Assessment

APIMHC will screen and assess at least 80 individuals with an emphasis on AA&PIs for behavioral health needs and/or basic/holistic needs using an AA&PI-specific assessment tool developed by RAMS and community partners.

- Screen and assess 80 individuals for behavioral health needs and/or basic / holistic needs
- Refer 80 identified individuals needing behavioral health needs and/or basic / holistic needs
- Provide ongoing technical assistance in administering culturally-relevant screening and assessment of community individuals

### Wellness Promotion

APIMHC will implement culturally-relevant mental health promotion activities, reaching 400 individuals with a focus on Asian Americans and Pacific Islanders (AAs & PIs). Of the 400 participants in culturally-relevant wellness promotion activities, 320 (80%) will demonstrate increased knowledge about mental health issues. Activities will include, but are not limited to:

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- Mental health awareness and promotion using community-specific, culturally relevant psycho-education curriculum developed by APIMHC
- Community digital story viewing and dialogue (anti-stigma presentations)
- Cultural/Topic Specific Groups
- Community Garden

Service Linkage

At least 80 individuals with an emphasis on AA&PIs identified through screening as needing behavioral health services and/or basic/holistic services will receive case management/service linkage services and have a written case service plan with stated service objectives/goals. Of the 80 cases, 70 will have met at least one stated goal in their case service plan.

**6. Methodology**

Service Delivery Methodology

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

The community-based organizations (CBOs) who are already members of the community workgroups are committed to support this contract. APIMHC is designed with a special emphasis and expertise to serve 1) Filipinos through the Filipino Mental Health Initiative-SF (FMHI-SF) led by Filipino-American Development Foundation/Bayanihan Community Center (FADF-BCC); 2) Samoans and Pacific Islanders through the Samoan Wellness Initiative led by Samoan Community Development Center (SCDC); 3) Cambodians through the Southeast Asian Mental Health Initiative (SEAMHI) led by Cambodian Community Development, Inc. Also served by the CCDI is Mongolians; 4) Laotian through SEAMHI led by the Lao Seri Association. Also served by this agency are Thais; 5) Vietnamese adults and seniors who are monolingual/limited English through the Southeast Asian Mental Health Initiative led by Vietnamese Family Service Center; and 6) Vietnamese, other Southeast Asian, South Asian youth through the Southeast Asian Mental Health Initiative led by Vietnamese Youth Development Center (VYDC), who is also committed to serving all youth in the Tenderloin and across SF.

Activities will be promoted via flyers in both English and each native language (flyers are emailed to all community partners and affiliates and posted in each partner organization and community), word of mouth, and by personal invitation by each organization’s staff, RAMS partners, APIHPC members and on listserv, and other collaborative members.

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

Per the 2011-12 community needs assessment on identifying barriers and stigma around mental health services in API communities, Samoan, Filipino, and Southeast Asian (Cambodian, Laotian, & Vietnamese) groups experience the most disparities in mental health services and providers. APIMHC will admit and enroll participants in the proposed activities: outreach and

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engagement, screening and assessment, wellness promotion activities, and service linkage to all ethnicities and populations, with a special focus on Filipinos, Samoans and Pacific Islanders, Cambodians and Mongolians, Laotians and Thais, and Vietnamese, particularly those residing in predominantly low-income areas of San Francisco as identified by the following zip codes: South of Market (94103), Tenderloin (94102, 94109), Bayview (94124), Potrero Hill (94108), and Visitacion Valley (94134). APIMHC’s efforts will serve ethnicities and populations, with a special focus on Filipinos, Samoans and Pacific Islanders, Cambodians and Mongolians, Laotians and Thais, and Vietnamese across all ages, gender types, and sexual orientations. The intake criteria are:

- **Outreach And Engagement Activities:** No intake criteria.
- **Screening and Assessment:** Screening and assessment tool developed by RAMS and community partners will be used to identify individuals with an emphasis on AA & PIs as needing behavioral health services and/or basic/holistic services. Individuals can self-refer or be referred for screening and assessment, which will be integrated into APIMHC activities. Such individuals will be referred for services.
- **Wellness Promotion Activities** for all ethnicities and populations, with a special focus on Filipinos, Samoans and Pacific Islanders, Cambodians and Mongolians, Laotians and Thais, and Vietnamese: 1) Psycho-education curriculum workshops will be open groups (community-wide), with at least 6 - 8 participants recruited from all APIMHC and community partner events and activities, including other partners. APIMHC partners will offer at least 10-12 workshops throughout the year and each session will be 90 minutes to 2 hours. Workshops will be facilitated by trained bicultural/bilingual facilitators. 2) Anti-stigma presentations through digital stories will continue and can be embedded into curriculum workshops or as stand-alone events. Participants will be recruited from APIMHC and community partner events and activities, other partner events, community/cultural events, and through referrals and by invitation; 3) Cultural/Topic Specific Groups will be formed based on a cultural topic or topic of interest with at least 4 - 6 participants recruited from open groups and other APIMHC and community partner events and activities. Groups will meet either weekly or monthly and lead by a bicultural/bilingual individual. Group will work together to determine group goals and activities to meet such goals, as well as the structure: open or closed.
- **Service Linkage:** Individuals, with an emphasis on AA & PIs, will be referred to case management/service linkage services upon being identified as having behavioral health/basic/holistic needs through the completion of an AA&PI cultural-specific assessment tool. These individuals consenting to receiving services will then be admitted to the APIMHC case management/service linkage program. Together with a case manager, individuals will develop a case/care plan (with several goals) to address their needs.

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

**OUTREACH AND ENGAGEMENT**

APIMHC will implement culturally-relevant mental health outreach and engagement activities, reaching at least 2,000 individuals with a focus on Asian Americans and Pacific Islanders (AA&PI). Information about APIMHC and community partner’s activities and services will be distributed. Activities include:

- Cultural specific community gatherings/celebrations/festivals: Each community workgroups will organize community wide outreach and engagement events in special fairs and/or community gatherings in the community and at temples or churches and other community functions. In addition, community partners will organize and plan cultural specific events to celebrate specific festivals and traditional holidays. At such events, the emphasis will be on cultural performances, sharing of traditional and ceremonial practices and beliefs, sharing of traditional meals, imparting of spiritual and healing practices, Monk blessings, exchanging resources through networking opportunities, engaging in meaningful ways, among others. **Lao Seri, CCDI, VYDC, and VFSC** will celebrate Mid-Autumn Festival in September. **SCDC** will organize a community day in bringing together families, various religious denominations, and interested individuals. **FMHI-SF** will plan a Kwentuhan (storytelling) event bringing together community members, providers, and interested individuals to dialogue about mental health issues and resources. Each event lasts four to six hours. Other APIMHC activities and plans will be distributed/shared with participants.
- Community Workgroup Meetings: Each community workgroup will convene to discuss progress, share best practices, disseminate program information, provide support to all workgroup members, and to assess missing representation among each of the 3 workgroups.
- Develop Community-Specific resources and materials: Each community partner will continue to compile resource list of services and resources that can help support partner’s specific population. Such services include basic, holistic, and behavioral health for referrals and service linkage. The list will serve as a helping “guide” and also identify gaps in services and resources for AA&PI communities. Materials will be used to promote community activities.

**SCREENING AND ASSESSMENT**

APIMHC partners will screen and assess 80 individuals with an emphasis on AA & PIs, using a culturally appropriate screening tool developed by RAMS & APIMHC partners to identify behavioral health and/or basic/holistic needs. Community partner staff will then provide referral for 80 individuals to appropriate resources to individuals identified as needing behavioral health and/or basic/holistic needs through the screening tool.

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**WELLNESS PROMOTION**

APIMHC will implement culturally-relevant mental health promotion activities, reaching 400 individuals with a focus on Asian Americans and Pacific Islanders (AAs & PIs).

- **Implement Psycho-Education Curriculum:** Each of the APIMHC partners will hold a series of wellness promotion workshops that will deliver the content of a psycho-education curriculum that promotes culturally specific wellness strategies. Curriculum design is a collaborative effort between RAMS and each of APIMHC community partners. While RAMS provides expertise on mental health issues, each partner will tailor the curriculum to address cultural specific issues within their communities. The curriculum has four core areas, focusing on meaningful ways to integrate conventional and traditional health practices and beliefs: Understanding the basics of mental health/mental illness; Exploring the impact of trauma and community issues; Interventions and Treatments; and, How to Help/Respond). A large portion of the 2-hour sessions will be dedicated to community discussion related to the curriculum core areas in order to get a better and deeper understanding of how each specific group perceive and describe mental health and/or mental illness in their own language and cultural understanding. Discussions will also identify gaps in existing services and resources and begin building enabling services to help individuals access and/or overcome barriers to services. Format of the workshops will vary to accommodate the needs of each partnering communities. In general, each partner will conduct at least 10-12 sessions to cover all the materials in the curriculum. There will be at least 6-8 participants in each workshop.
- **Anti-Stigma Presentations:** Each community partner will continue to conduct anti-stigma presentations through digital story viewing and dialogue, with the goal of raising awareness of mental health and reducing stigma. 14 digital stories anchor this activity and each partner will screen their community/language specific digital stories. Some of the stories were told through the storyteller’s primary language and other stories were told in English. A wide range of issues were covered in the stories to include war and community trauma, PTSD, immigration and acculturation, personal suffering and obligations, gambling, domestic violence, identity, refugee experience, generational and cultural gaps, resilience, traditional healing practices and beliefs, among others. Each viewing and dialogue session will be about 2-3 hours usually at community settings. Viewing and dialogue will either be embedded into the curriculum sessions or as a stand-alone activity.
- **Cultural/Topic Specific Group:** APIMHC partners - Cambodian, Filipino, Laotian, and Samoan - will develop and implement cultural specific groups to promote overall wellness of members within the communities. Format and content of the groups will be determined by community partners to best accommodate the needs of their respective communities. Groups will meet weekly or monthly and facilitated by bicultural/bilingual facilitators. Each group will formulate their own goals and activities to address specific issues and topics that are prevalent in each community. Sample topics/activities may include: drumming circles, cooking, dancing, domestic violence, immigration experience,

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parenting, youth, coping and dealing with stress, among others. *New* for SWI is that it will include Pacific Islander LGBTQ families.

- FMHI-SF will continue to offer various wellness promotion activities like: 1) English/Tagalog Mental Health First Aid Workshops: FMHI-SF will conduct training workshops for seniors, community members, and providers to provide basic education around issues of mental health wellness. The 8-hour training will be facilitated in Tagalog and English by a Tagalog speaking MHFA trainer. Workshops will be taught in either 2 4-hour sessions or 4 2-hour sessions. Participants will be recruited from FADF-BCC programs, FMHI-SF events and activities, other partner events, schools, and through referrals from other agencies, and even churches. Workshops will be facilitated by trained bicultural and bilingual facilitators certified in the MHFA training. A large portion of the 2-hour sessions will be dedicated to community discussion related to the curriculum core areas in order to get a better and deeper understanding of how Filipinos perceive and describe mental health and/or mental illness in their own language and cultural understanding. Discussions will also identify gaps in existing services and resources and begin building enabling services to help individuals access and/or overcome barriers to services. Facilitators will be bicultural/bilingual individuals who will be trained in all areas of curriculum delivery; 2) A large portion of each session will be dedicated to engage participants into discussions related to mental health and self-care in hope to get a better understanding of how creating music have the power to console, heal, and restore wellness; and, 3) 10-Zumba sessions throughout the fiscal year.

### **SERVICE LINKAGE**

Upon screening individuals with an emphasis on AAs & PIs for behavioral health services and/or basic/holistic services, community partner program staff will develop case/care plans for at least 80 individuals to meet these needs. Program staff will then provide case management/service linkage services to at least 70 of these individuals to support them in achieving service objectives identified in their case/care plan. Upon exiting the program, these individuals would have completed at least one stated objective in their case/care plan.

#### **D. Discharge planning and exit criteria and process**

Each community workgroups will measure the number of participants who attend or participate in their planned activities and services. Successful completion will be determined by:

- Outreach and Engagement: # of events completed; # of participants attending events
- Screening and Assessment: # of individuals screened and assessed; then referred for services
- Wellness Promotion: # of activities completed; # of participants completing activities
- Service Linkage: # of individuals successfully meeting at least ONE goal on their case/care plan

#### **E. Program staffing**

See Appendix B CRDC page.

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- APIMHC Project Coordinator will coordinate project activities with six collaborative partners representing the Cambodian (1), Filipino (1), Laotian (1), Samoan (1), and Vietnamese (2) communities to strengthen their capacity to implement culturally and linguistically competent mental health promotion activities in community settings. The Project Coordinator will report directly to the Director of Clinical Services and also work closely with the Mental Health Consultants, CEO, and CFO as well as SF-MHSA BHS. This is a full-time position.
- Mental Health Consultant provides mental health consultation to the workgroups in supporting them in all activities and services and any other mental health related issues that may arise.
- Director provides guidance and support to Project Coordinator, Mental Health Consultant and workgroups in service delivery and evaluation.

Each workgroup lead organization will fulfill work plans in meeting goals/objectives.

#### 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.

Through the whole process, community members (seniors, adults, families, including all gender and sexual orientation) will be outreached to, recruited from, and engaged by the identified community-based organizations via flyers, word of mouth, print media, and social media. They (along with service providers) will be involved in the design and implementation of their multi-component, community-driven mental health promotion activities in their respective community settings.

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

APIMHC’s activities will promote strength-based, culturally competent mental health promotion activities in seniors, adults, families, and youth. The Collaborative will work to strengthen community capacity to respond to individual, family, or community trauma. We will tap into each community’s resilience and members to support our efforts. And thus, expanding and shifting the role of individuals, families, and communities (Cambodians, Filipino, Laotians, Samoans, and Vietnamese in creating effective strategies for increasing awareness of mental health, reducing the stigma of mental illness, and promoting mental wellness in culturally and linguistically congruent ways.

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## 7. Objectives and Measurements

All applicable objectives, and descriptions of how objectives will be measured, are contained in the document entitled MHSa Population Focused Performance Objectives FY19-20.

## 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) is 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 and collection is on-going, with its methodology depending on the type of information.

### 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 on a quarterly basis; based on these reviews, determinations/recommendations are provided relating to frequency and modality/type of services, and the match to community partners' progress & needs. Feedback is provided to staff/providers while general feedback and summaries on documentation and service quality topics are integrated throughout staff/community meetings and other discussions. Furthermore, supervisors monitor the documentation of their supervisees; most staff meets weekly with their supervisors to review activities (e.g. workplan progress), documentation, productivity, etc.

### 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

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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 administers staff satisfaction surveys and Human Resources conducts exit interviews with departing staff. All information is gathered and management explores implementation, if deemed appropriate; this also informs the agency’s strategic plan.
- 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.

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**D. Measurement of client satisfaction**

APIMHC administers a *Participant Feedback Survey* which measures satisfaction as well as increased knowledge about mental health issues. The surveys are tabulated and the data is 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, analysis, and use of ANSA data**

ANSA data is not applicable for this contract; however, as described in previous CQI sections, RAMS continuously utilizes available data to inform program service delivery to support positive outcomes.

**9. Required Language**

Not applicable.



## Appendix B

### Calculation of Charges

#### 1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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 (15<sup>th</sup>) 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 \$446,820 (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 Adult Outpatient
- Appendix B-2 Outpatient Peer Counseling Service
- Appendix B-3 Employee Development
- Appendix B-4 Broderick Residential HUH
- Appendix B-5 API Mental Health Collaborative

## B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 Three Million Eight Hundred Eighty Thousand Four Hundred Fifty Seven Dollars (\$23,880,457)** for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,291,101** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

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

July 1, 2018 through June 30, 2019	\$	2,496,847
July 1, 2019 through June 30, 2020	\$	4,676,919
July 1, 2020 through June 30, 2021	\$	4,732,292
July 1, 2021 through June 30, 2022	\$	4,840,299
July 1, 2022 through June 30, 2023	\$	4,842,999
Subtotal - July 1, 2018 through June 30, 2023	<u>\$</u>	<u>21,589,356</u>
Contingency	<u>\$</u>	<u>2,291,101</u>
TOTAL - July 1, 2018 through June 30, 2023	\$	23,880,457

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.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number 00343						Summary Page	1 of 1
Legal Entity Name/Contractor Name Richmond Area Multi-Services, Inc.						Fiscal Year	2019-20
Contract ID Number 1000010838						Funding Notification Date	N/A
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-#	
Provider Number	3894	3894	3894	3894	3894		
Program Name	Adult Outpatient Services Clinic	Outpatient Peer Counseling Services	Employee Development	Broderick Street Residential	API Mental Health Collaborative		
Program Code	38943	TBD	38B62	38948	TBD		
Funding Term	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019		
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 1,357,544	\$ 37,479	\$ 73,876	\$ 1,218,458	\$ 83,772		\$ 2,771,129
Employee Benefits	\$ 393,688	\$ 6,746	\$ 26,595	\$ 462,417	\$ 19,268		\$ 908,714
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,751,232</b>	<b>\$ 44,225</b>	<b>\$ 100,471</b>	<b>\$ 1,680,875</b>	<b>\$ 103,040</b>	\$ -	<b>\$ 3,679,843</b>
Operating Expenses	\$ 140,000	\$ 920	\$ 12,676	\$ 245,920	\$ 219,675		\$ 619,191
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,891,232</b>	<b>\$ 45,145</b>	<b>\$ 113,147</b>	<b>\$ 1,926,795</b>	<b>\$ 322,715</b>	\$ -	<b>\$ 4,299,034</b>
Indirect Expenses	\$ 226,947	\$ 5,416	\$ 13,578	\$ 231,215	\$ 38,726		\$ 515,882
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	0.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 2,118,179</b>	<b>\$ 50,562</b>	<b>\$ 126,725</b>	<b>\$ 2,158,010</b>	<b>\$ 361,440</b>	\$ -	<b>\$ 4,814,916</b>
						Employee Benefits Rate	32.3%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH Adult Fed SDMC FFP (50%)	\$ 932,674			\$ 291,388			\$ 1,224,062
MH Adult State 1991 MH Realignment	\$ 515,080		\$ 49,778	\$ 200,394			\$ 765,252
MH Adult County General Fund	\$ 569,223		\$ 76,947	\$ 178,499			\$ 824,669
MH Adult Medicare	\$ 101,202						\$ 101,202
MH Long Term Care				\$ 1,079,880			\$ 1,079,880
MH MHSA (PEI)					\$ 361,440		\$ 361,440
MH MHSA (Adult) Non Match		\$ 50,562					\$ 50,562
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 2,118,179</b>	<b>\$ 50,562</b>	<b>\$ 126,725</b>	<b>\$ 1,750,161</b>	<b>\$ 361,440</b>	\$ -	<b>\$ 4,407,067</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 2,118,179</b>	<b>\$ 50,562</b>	<b>\$ 126,725</b>	<b>\$ 1,750,161</b>	<b>\$ 361,440</b>	<b>\$ -</b>	<b>\$ 4,407,067</b>
<b>NON-DPH FUNDING SOURCES</b>							
Non DPH 3rd Party Patient/Client Fees				\$ 407,849			\$ 407,849
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 407,849</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 407,849</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 2,118,179</b>	<b>\$ 50,562</b>	<b>\$ 126,725</b>	<b>\$ 2,158,010</b>	<b>\$ 361,440</b>	<b>\$ -</b>	<b>\$ 4,814,916</b>
<b>Prepared By</b>	Angela Tang, Director of Operations			<b>Phone Nbr</b>	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 <u>Richmond Area Multi-Services, Inc.</u>						Page Number	1
Provider Number <u>3894</u>						Fiscal Year	2019-20
						Funding Notification Date	N/A
Program Name	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic	Adult Outpatient Services Clinic		
Program Code	38943	38943	38943	38943	38943		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79			
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention			
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019			
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	40,629	1,274,897	427,476	8,230			1,751,232
Operating Expenses	3,248	101,920	34,174	658			140,000
Capital Expenses							-
<b>Subtotal Direct Expenses</b>	<b>43,877</b>	<b>1,376,817</b>	<b>461,650</b>	<b>8,888</b>			<b>1,891,232</b>
Indirect Expenses	\$ 5,264	\$ 165,218	\$ 55,398	\$ 1,067			226,947
<b>TOTAL FUNDING USES</b>	<b>49,141</b>	<b>1,542,035</b>	<b>517,048</b>	<b>9,955</b>			<b>2,118,179</b>
<b>BHS MENTAL HEALTH FUNDING SOURCE</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	21,638	678,987	227,666	4,383		932,674
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	11,950	374,978	125,731	2,421		515,080
MH Adult County General Fund	251984-10000-10001792-0001	13,206	414,395	138,947	2,675		569,223
MH Adult Medicare	251984-10000-10001792-0001	2,348	73,675	24,703	476		101,202
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>49,141</b>	<b>1,542,035</b>	<b>517,048</b>	<b>9,955</b>		<b>2,118,179</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>49,141</b>	<b>1,542,035</b>	<b>517,048</b>	<b>9,955</b>		<b>2,118,179</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>		<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>49,141</b>	<b>1,542,035</b>	<b>517,048</b>	<b>9,955</b>		<b>2,118,179</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
	Number of Beds Purchased						
	SUD Only - Number of Outpatient Group Counseling Sessions						
	SUD Only - Licensed Capacity for Narcotic Treatment Programs						
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
	DPH Units of Service	18,000	436,837	79,180	1,900		
	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ -	
	Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24		
	Unduplicated Clients (UDC)	Included	Included	Included	Included		<b>Total UDC</b> 895

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Adult Outpatient Services Clinic  
 Program Code 38943

Appendix Number B-1  
 Page Number 2  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Funding Term	TOTAL		General Fund (251984-10000-10001792-0001)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
7/1/2018-6/30/2019			7/1/2018-6/30/2019		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Director of Adult/Older Adult Outpatient Services	1.00	\$ 103,221	1.00	\$ 103,221				
MD/Psychiatrist/Nurse Practitioner	2.25	\$ 353,416	2.25	\$ 353,416				
Behavioral/Mental Health Clinician/Counselor/Worker/SW/PSY	13.00	\$ 741,000	13.00	\$ 741,000				
Intake Coordinator/Office Manager	0.55	\$ 28,299	0.55	\$ 28,299				
Program Support Analyst/Assistant	1.98	\$ 80,332	1.98	\$ 64,808				
Housekeeper/Janitor	0.43	\$ 13,776	0.43	\$ 13,776				
Clinical Manager	0.50	\$ 37,500	0.50	\$ 37,500				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
<b>Totals:</b>	<b>19.71</b>	<b>\$ 1,357,544</b>	<b>19.71</b>	<b>\$ 1,342,020</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>	<b>29.00%</b>	<b>\$ 393,688</b>	<b>29.00%</b>	<b>\$ 389,186</b>	<b>0.00%</b>		<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,751,232</b>		<b>\$ 1,731,206</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Adult Outpatient Services Clinic  
 Program Code 38943

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Expense Categories & Line Items	TOTAL	General Fund (251984-10000- 10001792-0001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
<b>Funding Term</b>	7/1/2018-6/30/2019	7/1/2018-6/30/2019	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 82,500	\$ 82,500		
Utilities (telephone, electricity, water, gas)	\$ 12,800	\$ 12,800		
Building Repair/Maintenance	\$ 4,000	\$ 4,000		
<b>Occupancy Total:</b>	<b>\$ 99,300</b>	<b>\$ 99,300</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 12,500	\$ 12,500		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 12,500</b>	<b>\$ 12,500</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 3,000	\$ 3,000		
Insurance	\$ 10,250	\$ 10,250		
Professional License	\$ -	\$ -		
Permits	\$ -	\$ -		
Equipment Lease & Maintenance	\$ 4,100	\$ 4,100		
<b>General Operating Total:</b>	<b>\$ 17,350</b>	<b>\$ 17,350</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 200	\$ 200		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ 200</b>	<b>\$ 200</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Recruitment/Direct Staff Expenses	\$ 7,000	\$ 7,000		
Client Related Other Activities	\$ 150	\$ 150		
Translation Fees	\$ 3,500	\$ 3,500		
<b>Other Total:</b>	<b>\$ 10,650</b>	<b>\$ 10,650</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 140,000</b>	<b>\$ 140,000</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343		Appendix Number B-2	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2019-20	
		Funding Notification Date N/A	
Program Name	Outpatient Peer Counseling Services		
Program Code	TBD		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	44,225		44,225
Operating Expenses	920		920
Capital Expenses			-
<b>Subtotal Direct Expenses</b>	<b>45,145</b>	-	<b>45,145</b>
Indirect Expenses	\$ 5,417		5,417
<b>TOTAL FUNDING USES</b>	<b>50,562</b>	-	<b>50,562</b>
<b>BHS MENTAL HEALTH FUNDING SOURCE</b>	<b>Dept-Auth-Proj-Activity</b>		
MH MHSA (Adult) Non Match	251984-17156-10031199-0015	50,562	50,562
			-
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>50,562</b>	<b>50,562</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS SUD FUNDING SOURCES</b>		-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>50,562</b>	<b>50,562</b>
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>50,562</b>	<b>50,562</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
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	200		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 252.81	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 252.81	\$ -	
Published Rate (Medi-Cal Providers Only)			<b>Total UDC</b>
Unduplicated Clients (UDC)	120		120

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Outpatient Peer Counseling Services  
 Program Code TBD

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

	TOTAL		251984-17156-10031199-0015		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/2018-6/30/2019		7/1/2018-6/30/2019		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Peer Counselor	1.00	\$ 37,479	1.00	\$ 37,479				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
<b>Totals:</b>	1.00	\$ 37,479	1.00	\$ 37,479	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	18.00%	\$ 6,746	18.00%	\$ 6,746	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 44,225</b>		<b>\$ 44,225</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Outpatient Peer Counseling Services  
 Program Code TBD

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0015	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/2018-6/30/2019	7/1/2018-6/30/2019	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ -			
Building Repair/Maintenance	\$ -			
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ -			
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -			
Insurance	\$ 220.00	\$ 220.00		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ 220.00</b>	<b>\$ 220.00</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Recruitment/Direct Staff Expenses	\$ 150	\$ 150		
Client Related Food	\$ 400	\$ 400		
Client Related Other Activities	\$ 150	\$ 150		
<b>Other Total:</b>	<b>\$ 700</b>	<b>\$ 700</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 920</b>	<b>\$ 920</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343		Appendix Number B-3	
Provider Name Richmond Area Multi-Services, Inc.		Page Number 1	
Provider Number 3894		Fiscal Year 2019-20	
		Funding Notification Date N/A	
Program Name	Employee Development		
Program Code	38B62		
Mode/SFC (MH) or Modality (SUD)	10/30-39		
Service Description	DS-Vocational		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	100,471		100,471
Operating Expenses	12,676		12,676
Capital Expenses			-
<b>Subtotal Direct Expenses</b>	<b>113,147</b>	-	<b>113,147</b>
Indirect Expenses	\$ 13,578		13,578
<b>TOTAL FUNDING USES</b>	<b>126,725</b>	-	<b>126,725</b>
<b>BHS MENTAL HEALTH FUNDING</b>	<b>Dept-Auth-Proj-Activity</b>		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	49,778	49,778
MH Adult County General Fund	251984-10000-10001792-0001	76,947	76,947
			-
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>126,725</b>	- <b>126,725</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS SUD FUNDING SOURCES</b>		-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
This row left blank for funding sources not in drop-down list			
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>126,725</b>	- <b>126,725</b>
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>126,725</b>	- <b>126,725</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	1,100		
Unit Type	Client Full Day	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 115.20	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 115.20	\$ -	
Published Rate (Medi-Cal Providers Only)			<b>Total UDC</b>
Unduplicated Clients (UDC)	15		15

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Employee Development  
 Program Code 38B62

Appendix Number B-3  
 Page Number 2  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

	TOTAL		General Fund (251984-1000-10001792-001)		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/2018-6/30/2019		7/1/2018-6/30/2019		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Vocational Services	0.08	\$ 8,400	0.08	\$ 8,400				
Program Coordinator/Assistant	0.03	\$ 725	0.03	\$ 725				
Intake Coordinator	0.10	\$ 4,431	0.10	\$ 4,431				
Vocational Rehabilitation Counselor	1.00	\$ 47,840	1.00	\$ 47,840				
Peer Vocational Rehabilitation Assistant	0.35	\$ 12,480	0.35	\$ 12,480				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
<b>Totals:</b>	1.56	\$ 73,876	1.56	\$ 73,876	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	36.00%	\$ 26,595	36.00%	\$ 26,595	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 100,471</b>		<b>\$ 100,471</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Employee Development  
 Program Code 38B62

Appendix Number B-3  
 Page Number 3  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Expense Categories & Line Items	TOTAL	General Fund (251984-1000- 10001792-001)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	7/1/2018-6/30/2019	7/1/2018-6/30/2019	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 3,500	\$ 3,500		
Utilities (telephone, electricity, water, gas)	\$ 1,450	\$ 1,450		
Building Repair/Maintenance	\$ 100	\$ 100		
<b>Occupancy Total:</b>	<b>\$ 5,050</b>	<b>\$ 5,050</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 3,416	\$ 3,416		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 3,416</b>	<b>\$ 3,416</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 500	\$ 500		
Insurance	\$ 350	\$ 350		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ 600	\$ 600		
<b>General Operating Total:</b>	<b>\$ 1,450</b>	<b>\$ 1,450</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 110	\$ 110		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ 110</b>	<b>\$ 110</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Recruitment/Direct Staff Expenses	\$ 1,550	\$ 1,550		
Client Related Food	\$ 550	\$ 550		
Client Related Other Activities	\$ 550	\$ 550		
<b>Other Total:</b>	<b>\$ 2,650</b>	<b>\$ 2,650</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 12,676</b>	<b>\$ 12,676</b>	<b>\$ -</b>	<b>\$ -</b>

**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 1	
Provider Number <u>3894</u>						Fiscal Year 2019-20	
						Funding Notification Date N/A	
Program Name	Broderick Street Residential	Broderick Street Residential	Broderick Street Residential	Broderick Street Residential	Broderick Street Residential	Broderick Street Residential	
Program Code	38948	38948	38948	38948	N/A	N/A	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	60/78	60/78	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	<b>TOTAL</b>
<b>FUNDING USES</b>							
Salaries & Employee Benefits	13,209	152,231	418,607	8,293	791,056	297,479	1,680,875
Operating Expenses	137	1,579	4,329	81	173,123	66,671	245,920
Capital Expenses							-
<b>Subtotal Direct Expenses</b>	<b>13,346</b>	<b>153,810</b>	<b>422,936</b>	<b>8,374</b>	<b>964,179</b>	<b>364,150</b>	<b>1,926,795</b>
Indirect Expenses	\$ 1,602	\$ 18,457	\$ 50,752	\$ 1,004	\$ 115,701	\$ 43,699	231,215
<b>TOTAL FUNDING USES</b>	<b>14,948</b>	<b>172,267</b>	<b>473,688</b>	<b>9,378</b>	<b>1,079,880</b>	<b>407,849</b>	<b>2,158,010</b>
<b>BHS MENTAL HEALTH FUNDING SO</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	6,818	74,887	205,720	3,963		291,388
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	4,689	51,501	141,478	2,725		200,394
MH Adult County General Fund	251984-10000-10001792-0001	3,440	45,879	126,490	2,690		178,499
MH Long Term Care	240645-10000-10026703-0001					1,079,880	1,079,880
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>14,948</b>	<b>172,267</b>	<b>473,688</b>	<b>9,378</b>	<b>1,079,880</b>	<b>-</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							-
							-
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>14,948</b>	<b>172,267</b>	<b>473,688</b>	<b>9,378</b>	<b>1,079,880</b>	<b>-</b>
<b>NON-DPH FUNDING SOURCES</b>							
Non DPH 3rd Party Patient/Client Fees	NA					407,849	407,849
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>407,849</b>	<b>407,849</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>14,948</b>	<b>172,267</b>	<b>473,688</b>	<b>9,378</b>	<b>1,079,880</b>	<b>407,849</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	5,475	48,801	72,540	1,790	10,074	N/A	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 107.20	N/A	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 107.20	N/A	
Published Rate (Medi-Cal Providers Only)	\$ 2.73	\$ 3.53	\$ 6.53	\$ 5.24	\$ 107.20		<b>Total UDC</b>
Unduplicated Clients (UDC)	36	Included	Included	Included	Included	Included	36

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Broderick Street Residential  
 Program Code 38948

Appendix Number B-4  
 Page Number 2  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Position Title	TOTAL		General Fund (25198410000-10001792-0001)		MH Long Term Care (240645-10000-10026703-0001)		Client Fees		Dept-Auth- Proj-Activity	Dept-Auth-Proj-Activity		
	Funding Term		7/1/2018-6/30/2019		7/1/2018-6/30/2019		7/1/2018-6/30/2019		7/1/2018-6/30/2019	m/dd/yy-mm/dd/	(mm/dd/yy-mm/dd/yy):	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Coordinator/Manager	1.00	\$ 76,125	1.00	\$ 76,125								
Psychiatrist/NP	0.10	\$ 12,448	0.10	\$ 12,448								
Nurse (RN/LVN)	1.75	\$ 122,500	1.75	\$ 122,500								
Behavioral/Mental Health Counselor	2.50	\$ 137,500	2.50	\$ 137,500								
Program Support Analyst/Assistant	0.45	\$ 20,727	0.45	\$ 20,727								
Clinical Nurse Manager	1.00	\$ 93,000	0.80	\$ 74,400	0.15	\$ 13,522	0.05	\$ 5,078				
Administrator/Dir of Operations	1.00	\$ 101,300			0.73	\$ 73,645	0.27	\$ 27,655				
Office Manager/Coordinator	1.00	\$ 50,856			0.73	\$ 36,972	0.27	\$ 13,884				
Certified Nurse Aide/Home Aide	9.20	\$ 359,996			6.69	\$ 261,497	2.51	\$ 98,499				
Driver/Program Assistant	0.05	\$ 1,982			0.04	\$ 1,441	0.01	\$ 541				
Program Assistant/Receptionist	1.27	\$ 52,024			0.92	\$ 37,821	0.35	\$ 14,203				
Chef/Cook/Cook Assistant	3.00	\$ 118,000			2.18	\$ 85,786	0.82	\$ 32,214				
Maintenance Workers (Janitor and Maintenance Engineer)	2.00	\$ 72,000			1.45	\$ 52,344	0.55	\$ 19,656				
	0.00	\$ -										
	0.00	\$ -										
<b>Totals:</b>	<b>24.32</b>	<b>\$ 1,218,458</b>	<b>6.60</b>	<b>\$ 443,700</b>	<b>12.88</b>	<b>\$ 563,029</b>	<b>4.84</b>	<b>\$ 211,729</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	
<b>Employee Benefits:</b>	<b>38.05%</b>	<b>\$ 462,417</b>	<b>33.50%</b>	<b>\$ 148,640</b>	<b>40.50%</b>	<b>\$ 228,027</b>	<b>40.50%</b>	<b>\$ 85,750</b>		<b>0.00%</b>		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,680,875</b>		<b>\$ 592,340</b>		<b>\$ 791,056</b>		<b>\$ 297,479</b>	<b>\$ -</b>		<b>\$ -</b>	

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Broderick Street Residential  
 Program Code 38948

Appendix Number B-4  
 Page Number 3  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

Expense Categories & Line Items	TOTAL	General Fund (25198410000-10001792-0001)	MH Long Term Care (240645-10000-10026703-0001)	Client Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	7/1/2018-6/30/2019	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 66,300		\$ 47,869	\$ 18,431		
Building Repair/Maintenance	\$ 48,600		\$ 35,089	\$ 13,511		
<b>Occupancy Total:</b>	<b>\$ 114,900</b>	<b>\$ -</b>	<b>\$ 82,958</b>	<b>\$ 31,942</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 3,486	\$ 373	\$ 2,245	\$ 868		
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 3,486</b>	<b>\$ 373</b>	<b>\$ 2,245</b>	<b>\$ 868</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 1,010	\$ 500	\$ 368	\$ 142		
Insurance	\$ 14,602	\$ 2,745	\$ 8,557	\$ 3,300		
Professional License	\$ -					
Permits	\$ 11,220	\$ -	\$ 8,101	\$ 3,119		
Equipment Lease & Maintenance	\$ 4,896	\$ -	\$ 3,535	\$ 1,361		
<b>General Operating Total:</b>	<b>\$ 31,728</b>	<b>\$ 3,245</b>	<b>\$ 20,561</b>	<b>\$ 7,922</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 206	\$ 106	\$ 72	\$ 28		
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 206</b>	<b>\$ 106</b>	<b>\$ 72</b>	<b>\$ 28</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Recruitment/Direct Staff Expenses	\$ 6,600	\$ 2,402	\$ 3,029	\$ 1,169		
Client Related Food	\$ 75,000	\$ -	\$ 54,150	\$ 20,850		
Client Related Other Activities	\$ 14,000	\$ -	\$ 10,108	\$ 3,892		
<b>Other Total:</b>	<b>\$ 95,600</b>	<b>\$ 2,402</b>	<b>\$ 67,287</b>	<b>\$ 25,911</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 245,920</b>	<b>\$ 6,126</b>	<b>\$ 173,123</b>	<b>\$ 66,671</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00343		Appendix Number	B-5
Provider Name Richmond Area Multi-Services, Inc.		Page Number	1
Provider Number 3894		Fiscal Year	2019-20
		Funding Notification Date	N/A
Program Name	API Mental Health Collaborative		
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):	7/1/2018-6/30/2019		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	103,040		103,040
Operating Expenses	219,675		219,675
Capital Expenses			-
<b>Subtotal Direct Expenses</b>	<b>322,715</b>	-	<b>322,715</b>
Indirect Expenses	\$ 38,725		38,725
<b>TOTAL FUNDING USES</b>	<b>361,440</b>	-	<b>361,440</b>
<b>BHS MENTAL HEALTH FUNDING</b>	<b>Dept-Auth-Proj-Activity</b>		
MH MSA (PEI)	251984-17156-10031199-0020	361,440	361,440
			-
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>361,440</b>	-	<b>361,440</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS SUD FUNDING SOURCES</b>		-	-
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
			-
This row left blank for funding sources not in drop-down list			-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-
<b>TOTAL DPH FUNDING SOURCES</b>	<b>361,440</b>	-	<b>361,440</b>
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>361,440</b>	-	<b>361,440</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
	Cost Reimbursement (CR)		
Payment Method			
DPH Units of Service	6,121		
Unit Type	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 59.05	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 59.05	\$ -	
Published Rate (Medi-Cal Providers Only)			<b>Total UDC</b>
Unduplicated Clients (UDC)	200		200

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name API Mental Health Collaborative  
 Program Code TBD

Appendix Number B-5  
 Page Number 2  
 Fiscal Year 2019-20  
 Funding Notification Date N/A

	TOTAL		MH MSA (PEI) (251984-17156-10031199-0020)		Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	
Funding Term	7/1/2018-6/30/2019		7/1/2018-6/30/2019		mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries
Project Coordinators/Managers	1.04	\$ 80,272	1.04	\$ 80,272			
Mental Health Consultant	0.04	\$ 3,500	0.04	\$ 3,500			
	0.00	\$ -					
	0.00	\$ -					
	0.00	\$ -					
<b>Totals:</b>	1.08	\$ 83,772	1.08	\$ 83,772	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	23.00%	\$ 19,268	23.00%	\$ 19,268		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 103,040</b>		<b>\$ 103,040</b>	<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name <u>API Mental Health Collaborative</u>	Appendix Number <u>B-5</u>
Program Code <u>TBD</u>	Page Number <u>3</u>
	Fiscal Year <u>2019-20</u>
	Funding Notification Date <u>N/A</u>

Expense Categories & Line Items	TOTAL	MH MHSA (PEI) (251984-17156- 10031199-0020)	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
<b>Funding Term</b>	7/1/2018-6/30/2019	7/1/2018-6/30/2019	mm/dd/yy-mm/dd/yy	(mm/dd/yy-mm/dd/yy)
Rent	\$ 6,370	\$ 6,370		
Utilities (telephone, electricity, water, gas)	\$ 2,560	\$ 2,560		
Building Repair/Maintenance	\$ 500	\$ 500		
<b>Occupancy Total:</b>	<b>\$ 9,430</b>	<b>\$ 9,430</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,395	\$ 1,395		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,395</b>	<b>\$ 1,395</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 1,000	\$ 1,000		
Insurance	\$ 700	\$ 700		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ 1,700</b>	<b>\$ 1,700</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 900	\$ 900		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ 900</b>	<b>\$ 900</b>	<b>\$ -</b>	<b>\$ -</b>
Cambodian Community Development, Inc. (7/1/18-6/30/18) To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$55 per hour x approximately 31.06 hours per month. =	\$ 20,500	\$ 20,500		
Filipino American Development Foundation - (7/1/18-6/30/18) To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$75 per hour x approximately 68.33 hours per month. =	\$ 61,500	\$ 61,500		
Lao Seri Association - (7/1/18-6/30/18) To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$55 per hour x approximately 31.06 hours per month. =	\$ 20,500	\$ 20,500		
Samoa Community Development Center - To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$75 per hour x approximately 68.33 hours per month. =	\$ 61,500	\$ 61,500		
Vietnamese Family Services Center - To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$67 per hour x approximately 25.49 hours per month. =	\$ 20,500	\$ 20,500		
Vietnamese Youth Development Center - To promote wellness, increase awareness of mental health, and reduce the stigma of mental illness in all ethnicities and populations. \$54.00 per hour x approximately 31.635 hours per month. =	\$ 20,500	\$ 20,500		
<b>Consultant/Subcontractor Total:</b>	<b>\$ 205,000</b>	<b>\$ 205,000</b>	<b>\$ -</b>	<b>\$ -</b>
Recruitment/Direct Staff Expenses	\$ 350	\$ 350		
Client Related Food	\$ 600	\$ 600		
Client Related Other Activities	\$ 300	\$ 300		
<b>Other Total:</b>	<b>\$ 1,250</b>	<b>\$ 1,250</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 219,675</b>	<b>\$ 219,675</b>	<b>\$ -</b>	<b>\$ -</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2019

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	<b>CONTACT NAME:</b> Michelle Gonzalez <b>PHONE (A/C, No, Ex):</b> 818-539.8630 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Michelle_Gonzalez@ajg.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Richmond Area Multi Services 4355 Geary Blvd., #101 San Francisco, CA 94118	<b>INSURER A:</b> Scottsdale Insurance Company <b>NAIC #</b> 41297 <b>INSURER B:</b> Quality Comp Inc <b>INSURER C:</b> Berkley Regional Insurance Company <b>29580</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

License#: 0726293  
RICHARE-01

**COVERAGES** **CERTIFICATE NUMBER: 1631911870** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	OPS1585547	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	HHN852534513	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Collision \$ 500/\$500 EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	0150580714	1/1/2020	1/1/2021	<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
A	Abuse/Sexual Misconduct Liability		OPS1585547	7/1/2019	7/1/2020	Per Claim \$1,000,000 Aggregate \$1,000,000

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

Policy: Professional Liability  
Policy#: OPS1585547  
Carrier: Scottsdale Insurance Company  
Policy Term: 7/1/2019 TO 7/1/2020  
Retro Date: 7/1/1986  
Per Claim: \$5,000,000 / Aggregate: \$5,000,000

See Attached...

### CERTIFICATE HOLDER

### CANCELLATION

City and County of San Francisco, its officers, agents and employees, Dept of Public Health Behavioral Health Services  
1380 Howard Street  
San Francisco CA 94103

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

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Arthur J. Gallagher & Co.		<b>NAMED INSURED</b> Richmond Area Multi Services 4355 Geary Blvd., #101 San Francisco, CA 94118	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25    FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Policy: CRIME  
 Policy#: MPL576139702  
 Carrier: Zurich American Insurance Company  
 Policy Term: 7/1/2019 TO 7/1/2020  
 Employee Theft: Limit: \$4,000,000 / Deductible: \$7,500  
 Forgery or alteration: Limit: \$4,000,000 / Deductible: \$7,500  
 Theft of money and securities: Limit: \$2,300,000 / Deductible: \$7,500  
 Computer Fraud: Limit: \$1,000,000 / Deductible: \$7,500  
 Funds transfer fraud: Limit: \$1,000,000 / Deductible: \$7,500

Policy: Directors & Officers Liability  
 Policy#: OPS1585547  
 Carrier: Philadelphia Indemnity Insurance Company  
 Policy Term: 7/1/2019 TO 7/1/2020  
 Per Claim: \$3,000,000 / Aggregate: \$3,000,000 / Retention: \$10,000

Policy: Cyber Liability  
 Policy#: RPSP50154305M  
 Carrier: BCS Insurance Company  
 Policy Term: 7/1/2019 TO 7/1/2020  
 Limit: \$3,000,000 / Aggregate: \$3,000,000 / Retention: \$5,000

City & County of San Francisco, its Officers, Agents & Employees named as additional insured under General Liability and Automobile Liability 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. Waiver of Subrogation for Workers Compensation applies in favor of certificate holder. Endorsement to Follow

POLICY NUMBER: OPR1585547

COMMERCIAL GENERAL LIABILITY

NAMED INSURED: Richmond Area Multi Services

CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

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

City & County of San Francisco its officers, agents and employees  
Re: As Per Contract or Agreement on File with Insured  
1380 Howard St  
San Francisco, CA, 94103

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

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

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

POLICY NUMBER: HHN852534513

NAMED INSURED: Richmond Area Multi Services

COMMERCIAL AUTO  
CA 83 07 10 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 07/01/2019	Countersigned By:
Named Insured: RICHMOND AREA MULTI SERVICES	(Authorized Representative)

### SCHEDULE

Name and Address of Additional Insured: City & County of San Francisco its officers, agents and employees Re: As Per Contract or Agreement on File with Insured 1380 Howard St , San Francisco, CA. 94103 (If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)
--

- A. SECTION II - Who is An Insured is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy.
- B. The additional insured named in the Schedule or Declarations is not required to pay for any premiums stated in the policy or earned from the policy. Any return premium and any dividend, if applicable, declared by us shall be paid to you.
- C. You are authorized to act for the additional insured named in the Schedule or Declarations in all matters pertaining to this insurance.
- D. We will mail the additional insured named in the Schedule or Declarations notice of any cancellation of this policy. If we cancel, we will give ten (10) days notice to the additional insured.
- E. The additional insured named in the Schedule or Declarations will retain any right of recovery as a claimant under this policy.

**THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.**



**QUALITY COMP**

*Workers' Compensation Solutions*

**RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group**

**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 Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #15105). The company is rated "A+" Category "XV" by A.M. Best & Company.

**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, 2020  
Expiration: January 1, 2021

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

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris  
Director of Underwriting  
RPS Monument

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.\*



EXPIRES

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 seeking 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 3705 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 3—Administration of Self-Insurance.

DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF SELF-INSURANCE PLANS  
11050 Olson Drive, Suite 230  
Rancho Cordova, CA 95670  
Phone No. (916) 464-7000  
FAX (916) 464-7007



**CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION**

**TO WHOM IT MAY CONCERN:**

This certifies that Certificate of Consent to Self-Insure No. 4515 was issued by the Director of Industrial Relations to:

**Quality Comp, Inc.**

under the provisions of Section 3700, Labor Code of California with an effective date of December 1, 2004. The certificate is currently in full force and effective.

Dated at Sacramento, California  
This day the 05th of December 2019

A handwritten signature in cursive script, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris  
Director Of Underwriting  
Mountain Insurance Services  
255 Great Valley Pkwy, Ste 200  
Malvern, Pa 19355

NUMBER : 4515 - 0059

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

**CERTIFICATE OF CONSENT TO SELF-INSURE**

THIS IS TO CERTIFY, That

**Richmond Area Multi-Services, Inc.**

(Name of Affiliate )

STATE OF INCORPORATION CA

**Quality Comp, Inc.**

(Master CertificateHolder )

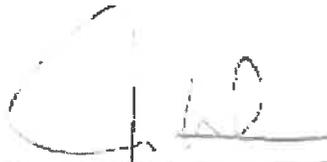
STATE OF INCORPORATION CA

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, holder of Master Certificate No, 4515.

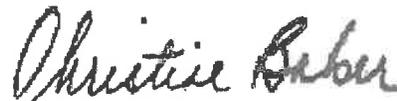
This certificate may be revoked at any time for good cause shown.\*

EFFECTIVE DATE : July 1, 2014

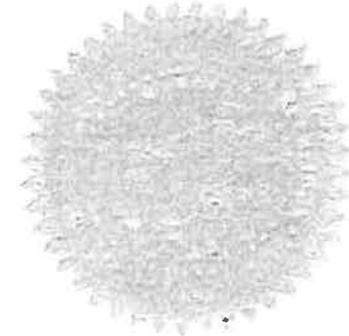
DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA



Jon Wroten, Chief



Christine Baker, Director



\*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 solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and to 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 non-compliance with Title 1, California Administrative Code, Group 2 — Administration of Self Insurance



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS**

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

This change in coverage, effective 12:01 AM January 1, 2020, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Richmond Area Multi-Services, Inc.

By Quality Comp, Inc.

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

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

**Schedule**

**Person or Organization**

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

**Job Description**

Administrative employees and behavioral health/vocational rehab/peer counselors

Countersigned by

Vicki Eberwein, Program Administrator, Authorized Representative



**RE: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured**

Fitzgerald, Elizabeth (ADM)

Mon 9/9/2019 2:50 PM

To: Ling, Ada (DPH) <Ada.Ling@sfdph.org>

Hi Ada,

Waiver of Subrogation Endorsement for the Workers' Compensation policy provided by Quality Comp is acceptable.

Thanks,

---

Elizabeth Fitzgerald, Sr. Risk Analyst  
Risk Management Division  
25 Van Ness Avenue, Suite 750  
San Francisco, CA 94102  
415-554-2303 Direct  
415-554-2300 Main Office  
415-554-2357 Fax  
Email: [elizabeth.fitzgerald@sfgov.org](mailto:elizabeth.fitzgerald@sfgov.org)

From: Ling, Ada (DPH) <Ada.Ling@sfdph.org>

Sent: Monday, September 9, 2019 11:33 AM

To: Fitzgerald, Elizabeth (ADM) <elizabeth.fitzgerald@sfgov.org>

Cc: John Wong <johnwong@ramsinc.org>; Jorge Wong <jorgewong@ramsinc.org>; Trina de Joya <trinadejoya@ramsinc.org> <trinadejoya@ramsinc.org>; Parni Hassanzal <Parni\_Hassanzal@ajg.com>; Michelle A Gonzalez <Michelle\_Gonzalez@ajg.com>

Subject: Re: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured

Elizabeth, see email below from Michelle, Quality Comp (RAMS's insurance broker) respond to your last email regarding the RAMS-Self Insured Issue. Please review if this explanation is acceptable or not. Attached is the whole set of the WC self insured document.

Thank you

Ada

Yim Ling

Senior Administrative Analyst  
City and County of San Francisco  
Department of Public Health  
1380 Howard Street, Room 419b  
San Francisco, CA 94103

Telephone (415) 255-3493  
Fax (415) 252-3088

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**From:** Michelle A Gonzalez <[Michelle\\_Gonzalez@aig.com](mailto:Michelle_Gonzalez@aig.com)>  
**Sent:** Thursday, September 5, 2019 6:38 PM  
**To:** Ling, Ada (DPH) <[Ada.Ling@sfdph.org](mailto:Ada.Ling@sfdph.org)>  
**Cc:** John Wong <[johnwong@ramsinc.org](mailto:johnwong@ramsinc.org)>; Jorge Wong <[jorgewong@ramsinc.org](mailto:jorgewong@ramsinc.org)>; Trina de Joya <[trinadejoya@ramsinc.org](mailto:trinadejoya@ramsinc.org)> <[trinadejoya@ramsinc.org](mailto:trinadejoya@ramsinc.org)>; Parni Hassanzai <[Parni\\_Hassanzai@aig.com](mailto:Parni_Hassanzai@aig.com)>  
**Subject:** RE: Approval request: Workers Compensation Waiver Endorsement - Re: "Subrogation" for contractor of RAMS - Self Insured

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Ada,  
My name is Michelle and we are RAMS' insurance broker. Quality Comp is the name of the Self-Insured Program and they are the only ones that have the authority to issue a Waiver of Subrogation since they are the carrier. Although they aren't an actual insurance company, they are the program managers and have full authority over the program.  
Please let me know if you have any questions.  
Thank you!

**Michelle Gonzalez**  
Area Assistant Vice President



Insurance | Risk Management | Consulting

direct 818-539.8630  
[Michelle\\_Gonzalez@aig.com](mailto:Michelle_Gonzalez@aig.com)

Gallagher  
505 N. Brand Blvd. #500, Glendale, CA 91203  
[www.aig.com](http://www.aig.com)



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Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc.  
Entity CA License No. 0726293 | Individual CA License No. 0D51009

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