


CBHS Policies and Procedures

	City and County of San Francisco Department of Public Health BEHAVIORAL HEALTH SERVICES	1380 Howard Street San Francisco, CA 94103 415.255-3400 FAX 415.255-3567
POLICY/PROCEDURE REGARDING: USE OF STIPENDS FOR CLIENTS & FAMILY MEMBERS		
Issued By: Marlo Simmons, MPH Acting Director of Behavioral Health Services Effective Date: 6/17/2020 <i>Marlo Simmons</i>		Manual Number: 2.06-20 References: N/A

I. Purpose

The purpose of this policy is to provide guidance on the payment of stipends to clients and family members. For the purposes of this policy, a client is defined as an individual of any age who is receiving or has received behavioral health services. The term ‘Client’ includes those who may refer to themselves using terms such as consumers, survivor, patients, etc. A family member is a parent, sibling, partner, or significant other (as defined by the client) who is now or was in the past the primary caregiver or source of support for a child, youth, adolescent, or adult with a serious mental health challenge who accessed mental health services.

Scope

This policy applies to all Behavioral Health Services (BHS) civil service programs.

II. Policy

A. Allowable Stipend Disbursement

Civil Service staff may provide stipends to clients and family members who are:

- Making an ongoing commitment to a group process (i.e., committee chairs, committee members or individuals organizing a meeting or a specific approved project); attending an event, such as a focus group, proposal review panel, budget committee meeting, registered training, or workshop; or providing mentoring or support to peers within a structured program.

Stipends are all-inclusive amounts, which cover time spent at a meeting, in addition to travel or other incidental expenses. The meeting length and amount should be established in advance by Civil Service staff organizing the event.

Duration	Maximum Stipend Rate
Up to 1 hour	\$25.00
Each additional hour	\$25.00/hour

- Stipends paid above the amount detailed above will be determined in advance on a case by case basis by the organizer and must be approved, in writing, by the appropriate System of Care Director and BHS Director.

- If any consumer or family member is paid over \$600 in stipends per calendar year, they must complete and submit a W-9 form.

B. Non-Allowable Stipend Disbursement

Individuals excluded from stipends include any of the following:

- An individual who is being paid through an employer for their time during the volunteer activity; and/or
- Civil Service employees.

C. Process for Providing Stipends

- Staff must obtain and document prior approval from SOC Director
- Staff must complete a Stipend Tracking Sheet for everyone receiving a stipend (with recipient name; email, phone, activity dates, activities and duration) See example below:
- This form (or comparable document) must be signed by 1) the recipient, 1) the BHS staff requesting the stipend and 3) the SOC Director.

Name	Jose Doe	Phone	415.287.3333	Email	jd@jd.net
Date	Activity		Duration (in hours)		
4/3/14	Read RFP & Proposals		6		
4/5/14	Scored RFP Proposals		4		
Total Hours			10		
Volunteer signature			Date		
BHS Staff Signature			Date		
SOC Director			Date		

Contact Person: BHS Program Manager for Peer Services, 415-255-3673

III. Distribution. BHS Policies and Procedures are distributed by BHS Quality Management.

- SOC Managers
- BOCC Program Managers
- CDTA Program Managers
- Quality Management