# **Purchase Order**



# SAN FRANCISCO CITY COUNTY

1 Dr. Carlton B. Goodlett Place City Hall, Room 430 San Francisco CA 94102 UNITED STATES

Supplier: 0000018587 HYDE STREET COMMUNITY SERVICES INC 815 HYDE ST STE 100 SAN FRANCISCO CA 94109 UNITED STATES Ship To: 16070 1380 Howard St 4th Floor San Francisco CA 94103 UNITED STATES **CHANGE ORDER - REPRINT Dispatch Via Print Business Unit: SFGOV Purchase Order** Date Revision 0000448440 07-27-2020 1 - 2020-12-15 **Payment Terms** Freight Terms Ship Via N30 FOB DEST Freight PPD & COMMON Allowed Currency Phone/ Email **Buyer** Tran,Loan T Loan.Tran@sfdph.org USD

Attention: Not Specified Bill To: cbhsinvoices@sfdph.org SAN FRANCISCO CA

UNITED STATES

Page: 1 of 5

Tax Exempt? N Tax Exempt ID: Replenishment Option: Standard Total PO Amount 3,396,880.00

Line-Sched	Item/Description	MFG	Quantity UOM	PO Price	Extended Amt	Due Date
1 - 1	INITIAL PAYMENT 10000-10001792-		1.00 EA	750,000.00	750,000.00	07/27/2020
				Schedule Total	750,000.00	_
Contract I	D: 1000010833	Version: 1	Contract Line: 0	Release: 9	Category Line: 1	
	Total Amount: 0.00 Total Quantity: 0.00		Amount Open: 0.00 Quantity Open: 0.000	00		
				Item Total	750,000.00	_
2 - 1	Mental health s equivalent Net of I/P \$750 10000-10001792- Invoice Templat M06	,000 0001	1.00 EA	2165118.00	2165118.00	07/27/2020
				Schedule Total	2,165,118.00	_
Contract I	D: 1000010833	Version: 1	Contract Line: 0	Release: 10	Category Line: 1	
	Total Amount: 0.00 Total Quantity: 0.00		Amount Open: 0.00 Quantity Open: 0.000	00		
				Item Total	2,165,118.00	_
3 - 1	Mental health s equivalent 10001-10034030- Invoice Templat	0001	1.00 EA	.00	00.00	07/27/2020
				Schedule Total	0.00	_
Contract I	D: 1000010833	Version: 1	Contract Line: 0	Release: 11	Category Line: 1	

Authorized Signature

3/22/2021



# **Purchase Order**

**Page:** 2 of 5

# SAN FRANCISCO CITY COUNTY

1 Dr. Carlton B. Goodlett Place City Hall, Room 430 San Francisco CA 94102 **UNITED STATES** 

**CHANGE ORDER - REPRINT Dispatch Via Print Business Unit: SFGOV Purchase Order** Revision 0000448440 07-27-2020 1 - 2020-12-15 **Payment Terms** Freight Terms Ship Via N30 FOB DEST Freight PPD & COMMON Allowed Currency Phone/ Email **Buyer** Tran,Loan T Loan.Tran@sfdph.org USD

Supplier: 0000018587 HYDE STREET COMMUNITY SERVICES INC 815 HYDE ST STE 100 SAN FRANCISCO CA 94109

16070 Ship To: 1380 Howard St 4th Floor San Francisco CA 94103 **UNITED STATES** 

cbhsinvoices@sfdph.org Attention: Not Specified Bill To: SAN FRANCISCO CA

**UNITED STATES** 

**UNITED STATES** 

Tax Exempt? N Tax Exempt ID: Replenishment Option: Standard

3,396,880.00 **Total PO Amount** 

Line-Sched	Item/Description	MFG	Quantity UOM	PO Pri	ce Extended Amt	Due Date
	Total Amount: 0.00		Amount Open: 0.00			
	Total Quantity: 0.00		Quantity Open: 0.0000	0		
				Item Total	0.00	_
4 - 1	Mental health s equivalent 17156-10031199- Invoice Templat M10, M11, M12	0044	1.00 EA	481762.	00 481762.00	07/27/2020
				Schedule Total	481,762.00	_
Contract	ID: 1000010833	Version: 1	Contract Line: 0	Release: 12	Category Line: 1	
	Total Amount: 0.00		Amount Open: 0.00			
	Total Quantity: 0.00		Quantity Open: 0.0000	0		
				Item Total	481,762.00	

**Total PO Amount** 3,396,880.00

**Authorized Signature** 

If a Contract ID is identified in this Purchase Order, the terms and conditions of that Contract establish the obligations of Contractor and City regarding this purchase and supersede the terms and conditions set forth below.

#### A. Commercial Terms

- 1. Cash Discounts Terms of Payment. The discount period will start upon date of completion of delivery of all items on any Purchaser Order or other authorization certified by the City's Controller, or upon date of receipt of properly prepared invoices covering such deliveries, whichever is later. Payment is deemed to be made, for the purpose of earning the discount, on the date of mailing the City's check. No additional charge shall accrue against City in the event City does not make payment within any time specified by bidder.
- 2. Place of Manufacture. No article furnished hereunder shall have been made in prison or by convict labor, except articles purchased for use by City's detention facilities.
- 3. Electrical Products. Articles and services must comply with applicable laws, ordinances and other legal requirements, including (among others) the Cal-OSHA regulations in Title 8 of the Code of Regulations and, for electrical products, Sections 110.2 and 110.3 (B) of the S.F. Electrical Code. In addition, if an electrical item has not been tested by a lab approved by City's Department of Building Inspection (DBI) or Department of Public Works (DPW), Contractor shall notify the requesting department before delivery by writing the department at the "Deliver to" address on the front of the Purchase Order. Approved testing labs are posted on Purchasing's website at http://www.sfgov.org/oca/. When a non-tested item is delivered, the department will request approval from DPW. If the department is unable to obtain approval, City reserves the right to cancel the transaction and return the item to Contractor, at no charge to City.
- 4. Condition of Articles. Articles offered and furnished must be new and previously unused, and of manufacturer's latest model, unless otherwise specified herein.
- 5. Inspection. All articles supplied shall be subject to inspection and acceptance or rejection by Purchasing or any department official responsible for inspection. Non-conforming or rejected goods may be subject to reasonable storage fees.
- 6. F.O.B. Point. F.O.B destination in San Francisco, freight prepaid and allowed, unless otherwise specified.
- 7. Failure to Deliver. If Contractor fails to deliver an article and/or service of the quality, in the manner or within the time called for by this contract, such article and/or service may be bought from any source by Purchasing and if a greater price than the contract price be paid, the excess price will be charged to and collected from Contractor or sureties on its bond if bond has been required; or, the City may terminate the contract for default; or, the City may return deliveries already made and receive a refund.
- 8. Material Safety Data Sheets. Where required by law, contractor will include Material Safety Data Sheets (MSDSs) with delivery for applicable items. Failure to include the MSDSs for such items will constitute a material breach of contract and may result in refusal to accept delivery.
- 9. Taxes. City is exempt from federal taxes except on articles for resale. Contractor will enter state and local sales or use tax, and excise tax if applicable, on invoices.

#### **B.** General Contract Conditions

- 10. Budget and Fiscal Provisions. This contract is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This section controls against any and all other provisions of this contract.
- 11. Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City's Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Purchase Order in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Contractor and City having modified this Purchase Order as authorized by amendment and approved as required by law. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
- 12. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim
- 13. Hold Harmless and Indemnification. Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and indepen
- 14. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THE AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED UNDER THIS CONTRACT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.
- 15. Termination and Termination for Convenience. In the event Contractor fails to perform any of its obligations under this contract, in addition to any other remedies available to City, this contract may be terminated and all of Contractor's rights hereunder ended. Termination will be effective after ten days' written notice to Contractor. No new work will be undertaken, and no new deliveries will be made, after the date of receipt of any notice of termination, or five days after the date of the notice, whichever is earlier. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, under this contract to the satisfaction of the City, up to the date of termination. However, City may offset from any such amounts due Contractor any liquidated damages or other costs City has or will incur due to Contractor's nonperformance. Any such offset by City will not constitute a waiver of any other remedies City may have against Contractor for financial injury or otherwise. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, pursuant to this contract, to the satisfaction of the City up to the date of termination. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City. Such non-recoverable costs include, but are not limited to, anticipated profits on this contract, post-termination employee salaries, post-termination administrative expenses, or any other cost which is not reasonable or authorized under this section. This section shall not prevent Contractor from recovering costs necessarily incurred in discontinuing further work
- 16. Nondisclosure of Private, Proprietary or Confidential Information. If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and

only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M. In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

#### 17. Consideration of Criminal History in Hiring and Employment Decisions.

- a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at http://sfgov.org/olse/fco. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.
- b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.
- 18. Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

#### 19. Nondiscrimination Requirements.

- a. Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- b. Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.
- 20. MacBride PrinciplesNorthern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By accepting this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.
- 21. Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood wood product. Contractor shall comply with San Francisco Environment Code Chapter 8, which provides that except as expressly permitted by the application of Sections 802(b) and 803(b) of the San Francisco Environment Code, Contractor shall not provide any items to the City in performance of this contract which are tropical hardwoods, tropical hardwood wood products, virgin redwood or virgin redwood wood products. Contractor is subject to the penalty and enforcement provisions of Chapter 8.
- 22. Resource Conservation. Contractor agrees to comply fully with the provisions of Chapter 5 of the San Francisco Environment Code ("Resource Conservation"), as amended from time to time. Said provisions are incorporated herein by reference.
- 23. Alcohol and Drug-Free Workplace Policy. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.
- 24. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.
- 25. Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance under this Agreement, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.
- 26. 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.
- 27. Minimum Compensation Ordinance ("MCO") -- Service Contracts only. 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.
- 28. Health Care Accountability Ordinance (HCAO) [Service contracts including agreements between a Tenant or Subtenant lasting 1 year or more only]. 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
- 29. First Source Hiring Program [if contract is greater than \$50,000 and if Contractor has an office in Alameda, San Francisco or San Mateo counties] Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- 30. Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.
- 31. Preservative-Treated Wood Products. Contractor shall comply with the provisions of San Francisco Environment Code Chapter 13, which requires that each Contractor purchasing preservative-treated wood products on behalf of the City, shall only purchase such products from the list of alternatives adopted by the Department of the Environment pursuant to Section 1302 of Chapter 13, unless otherwise granted an exemption by the terms of that Chapter.
- 32. Use of City Opinion. Contractor shall not quote, paraphrase, or otherwise refer to or use any opinion of City, its officers of agents, regarding Contractor or Contractor's performance

under this contract without prior written permission of Purchasing.

- 33. Contract Interpretation; Choice of Law/Venue; Assignment. Should any questions arise as to the meaning and intent of the contract, the matter shall be referred to Purchasing, who shall decide the true meaning and intent of the contract. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco. This Agreement may be assigned only with the written approval of Purchasing by written instrument executed and approved in the same manner as this Agreement.
- 34. Proposal, Quotation and Attachments. This contract incorporates by reference the provisions of any related bid request issued by City, any bid submitted by contractor, or both. This contract incorporates by reference the provision of any attachments.
- 35. Provisions Controlling. Contractor agrees that in the event of conflicting language between this contract and Contractor's printed form, the provisions of this contract shall take precedence. This section shall supersede any language in the contractor's terms and conditions attempting to nullify City terms and conditions or to resolve language conflicts in favor of the contractor's terms and conditions.
- 36. Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 37. Slavery Era Disclosure. [This paragraph applies if this contract is for financial services, insurance, or textiles.] Contractor shall comply with San Francisco Administrative Code Chapter 12Y, San Francisco Slavery Era Disclosure Ordinance, including but not limited to Contractor's affirmative duty to research and disclose evidence of Contractor, its parent or subsidiary entity, or its Predecessor Company's Participation in the Slave Trade or receipt of Profits from the Slave Trade. Contractor is subject to the enforcement and penalty provisions in Chapter 12Y.
- 38. Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will 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.

Authorized Signature	

ADPICS/FAMIS -	FY	2020-21	Original					DOCUMENT NU	MBER	DEPARTMENT	82 Mental	Health & Subs	tance Abı
CITY/COUNTY OF			-			=		Doccivilla (1 1 (c)		DEPARTMENT CONTI		995-MH/SA	
			Modification-Increase	e		_		000044	0440	DATE	HM-19-0	PAGE	
CONTRACT PURCHA	SE ORDI	ER INPUT FORM	-Decrease			=		000044	8440		F /22 /20	1	1
			Encumbrance Only							ORIGINAL CONTRAC	7/22/20	PERIOD COV	ERED .
Complete for Contract Order type		nd Contracts	<b>44.60 50.40</b>					AT 030 00T				FROM 7/1/20	ALD
Amount of this Encumbers			\$1,695,940	)	TOTAL CIVIL SERVICE RESOLUT	L APPROVED CONTRACT	r \$	27,030,997		ID#1000	0010833	<u>//1/20</u>	
OTHER DELYMENTES OF THE OKABITION OF THE					CIVIL BERVICE RESOLU	10.1110						6/30/21	
					40587-17/18,	11/20/17							
CONTRACTOR: Hyde Street C	Communit	y Services	VENDOR NO	62707/000001858	37	01	DELIVER TO:				SEND INVOICES	N DUPLIC (Inter-Office	:e)
ADDRESS 815 Hyde Stre	eet, Suite	100	FEIN/SSN No	45-0493846	_						PH&P A	ccounting Offi	ce
C E	. CA 041	00		415 564 3607			1				1200 II.		4.47
San Francisco	), CA 941	.09	Phone #	415-564-2607			-					vard St., Rm. 4 cisco, CA 9410	
TERMS OF PAYMENT							T T T T T T T T T T T T T T T T T T T	NO			San Fran		
35.03				RETAINAGE REQUIR			YES/NO:	NO	_	INSURANCE		EXPIRATION	
Monthly				IF YES, AMOUNT OR	%		_	_		REQUIRED	AMOUN	<u>DATE</u>	ATTAC
COMMODITY OR SERVICE CO	ODE # DETA	AILED DESCRIPTION OF SERV	ICES AND PRODU	JCTS						WORKER'S	<b>#1 000 0</b>	0 1/1/21	<b>X</b> 7
										COMP	\$1,000,00	00 1/1/21	X
		FY 20-21 Amend -1 (I	BOS) per FN #	#1, dated 11/4/2020	).					COMP. GEN.			_
7400-20 (CMHS)										LIABILITY	\$1,000,00	00 7/1/2021	X
7400-18 (CSAS)		Contract Term:		Original	Contingency	Contingency	Encumb.	Encumb.	Contingency	AUTOMOBILE			
PROFSERV Bid		7/1/18-06/30/26		Award:	Approved	Used	Per Transation	Total	Still Avail.		\$1,000,00	00 7/1/2021	X
RFP8-2017 8/23/17		18-19 Prev. Encu		3,316,974			1,693,00	2 1,693,000	2	UMBRELLA		=11.15051	
RFP 11-2017 6/12/17		18-19 Fund Encumber	frold contract	(1,859,668)			\$768,482	\$768,482		FIDELITY BON	,	7/1/2021	X
		18-19 Fund balance		(688,825)					7	(= initial pyt ar	nt)		
		19-20 Prev Encu.		3,401,880			3,401,88	0 3,401,880	0				
		20-21 To Be Encu. 20-21 Prev Encu		3,401,880			1,700,94			Professional	\$1,000,00	00 7/1/2021	X
		20-21 Prev Encu 20-21This Encu (BOS)					, ,			Professional	\$1,000,00	00 //1/2021	Α
		21-22 To Be Encu.	•	3,401,880			1,695,94	0 3,396,880	<del>                                     </del>				
		22-23 To Be Encu.		3,401,880					+	ATTACHMENT	CS - Please identi	y by title or description	n
		23-24 To Be Encu.		3,401,880					1		T lease racini	, by the or description	•
		24-25 To Be Encu.		3,401,880					1				
		25-26 To Be Encu.		3,401,880									
		Total contract		24,581,641	2,449,35	56	8,491,76	2 8,491,762	2,449,356				
		Contingency Used		0		<b>.</b>	<u> </u>		<u>-</u>				
		Contingency Still Avail		2,449,356			\$7,5647,241	\$7,567,241					
		Blanket Total		27,030,997	1	_			<del></del>				
										SYSTEM USE			
PREPARED BY (Print)	•		APPROVALS										
Ada Ling													
Senior Administra	tive Anal		AP-Conti	racts: 씨뉴									
Phone # 255-3493	Fax #			·									
(Signature)	(Print N	Name)		DOARD O	R COMMISSION		RE		NT - DIRECTOR OF PROPERTY			CONTROLLER	
Line Document Num	ber							1	Project		Grant	ADDEND	им 🗀
No. Number	Suffix	Amount			Index Code			Project	Project Detail	Grant	Grant Detail	ATTACE	
		1,457,559	00	251984-10000-10	001792-0001	HMHMCC730515	5 CK 3/22/21				·		
		(2,500)	00	251984-10001-10		HMHMRCGRAN	44500		m q	1-29-21			
									*				
		(240,881)	00	251984-17156-10	031199-0029	HMHMPROP63	Fund 11630	NO	01/29/21				
		481,762	00	251984-17156-10	031199-0044	MH MHSA (Adul	t) Fund 11630	AB	01/29/21				
		1,695,940	00										

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

#### First Amendment

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

#### **RECITALS**

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

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

WHEREAS, services in this Agreement were procured competitively as required by San Francisco Administrative Code Chapter 21.1 through multiple Request for Proposals ("RFP"), RFP 8-2017 issued on August 23, 2017 and RFP 11-2017 issued on June 12, 2017 in which City selected Contractor as the highest qualified scorer pursuant to the RFP, and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 40587-17/18 on July 15, 2019.

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number 562-20 on December 18, 2020.

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 ID# 1000010833) between Contractor and City.
- **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 Definitions.** The following is hereby added to the Agreement as a Definition in Article 1:
- 1.10 "Confidential Information" means confidential City information including, but not limited to, personally-identifiable information ("PII"), protected health information ("PHI"), or individual financial information (collectively, "Proprietary or Confidential Information") that is subject to local, state or federal laws

restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

- **2.2 Term of the Agreement**. Article 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 December 31, 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 expire on June 30, 2026, unless earlier terminated as otherwise provided herein.
  - **2.3 Payment.** Article 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 Four Hundred Seventy Four Thousand Four Hundred Thirty Nine Dollars (\$9,474,439). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charge ns," 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 Seven Million Thirty Hundred Thousand Nine Hundred Ninety Seven Dollars (\$27,030,997). 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.
  - **2.4 Audit and Inspection of Records.** The following section is hereby added to the Agreement in Article 3, replacing the previous Section 3.4 in its entirety:
- 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.

**2.5 Contract Amendments; Budgeting Revisions.** The following section is hereby added to the Agreement in Article 3.7 and reads as follows:

# 3.7 Contract Amendments; Budgeting Revisions.

- 3.7.1□ **Formal Contract Amendment**: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).
- 3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.
- 3.7.3 City Program Scope Reduction. Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.
- **2.6 Assignment.** The following section is hereby added to the Agreement in Article 4, replacing the previous Section 4.5 in its entirety:

#### 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.

**2.7 Insurance**. The following section is hereby added to the Agreement in Article 5, replacing the previous Section 5.1 in its entirety:

#### 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.
- $(d)\Box$  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.
- $(e) \square \quad \text{Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial} \\ \text{Payment included under this Agreement covering employee theft of money written with a per loss limit.}$ 
  - $(f)\square$  Reserved (Technology Errors and Omissions Coverage).
- $(g)\Box$  Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$2,000,000 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."
- 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.
- **2.8 Indemnification.** The following section is hereby added to the Agreement in Article 5, replacing the previous Section 5.2.1 in its entirety:

#### 5.2 Indemnification

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) - (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

**2.9 Withholding.** The following section is hereby added to the Agreement in Article 7:

# 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.

**2.10 Termination and Default.** The following section is hereby added to the Agreement in Article 8, replacing the previous Section 8.2 in its entirety:

# 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

3.3	Submitting raise Claims.	10.10	Alcohol and Drug-Flee 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.
- **2.11 Rights and Duties Upon Termination or Expiration.** The following section is hereby added to the Agreement in Article 8, replacing the previous Section 8.4 in its entirety:

#### 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	9.1	Ownership of Results
	Services		
3.3.7(a)	Grant Funded Contracts -	9.2	Works for Hire
	Disallowance		
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	11.10	Compliance with Laws
	Consequential Damages		
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.
- **2.12 Consideration of Salary History.** The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.4 in its entirety:
- 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.
- **2.13 Minimum Compensation Ordinance.** The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.7 in its entirety:

#### **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.

**2.14 Health Care Accountability Ordinance.** The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.8 in its entirety:

# 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.

**2.15 Limitations on Contributions.** The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.11 in its entirety:

#### **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.

**2.16 Distribution of Beverages and Water.** The following section is hereby added to the Agreement in Article 10, replacing the previous Section 10.17 in its entirety:

#### 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.
- **2.17 Incorporation of Recitals.** The following section is hereby added to the Agreement in Article 11, replacing the previous Section 11.3 in its entirety:
- 11.3 Incorporation of Recitals. The matters recited above are hereby incorporated into and made part of this Agreement.
- **2.18 Order of Precedence.** The following section is hereby added to the Agreement in Article 11, replacing the previous Section 11.13 in its entirety:

#### 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, the RFP, and Contractor's proposal RFP 8-2017 issued on August 23, 2017 and RFP 11-2017 issued on June 12, 2017. The RFP and Contractor's proposal 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. 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 procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

**2.19 Notification of Legal Requests.** The following section is hereby added to the Agreement in Article 11:

#### 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.

**2.20 Management of City Data and Confidential Information.** The following section is hereby added to the Agreement in Article 13:

#### 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.

The Appendices listed below are Amended as follows:

- 2.21 Appendices A, A-1 and A-2 dated 7/1/2020 (i.e. July 1, 2020 ) are hereby added for FY 2020-21.
- 2.22 Appendices B, B-1 and B-2 dated 7/1/2020 (i.e. July 1, 2020 ) are hereby added for FY 2020-21.
- 2.23 Appendix F: Invoices Templates corresponding with this FY 20-21 First Amendment are hereby added for Fiscal Year 2020-21.

#### ARTICLE 3 EFFECTIVE DATE

Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

#### ARTICLE 4 LEGAL EFFECT

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

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

**CITY CONTRACTOR** Recommended by: **Hyde Street Community Services, Inc** DocuSigned by: DocuSigned by: r. Joanne dywlay 1/20/2021 | 12:58 PM PST Greg Wagner 2/8/2021 | 11:08 AM PST -CB2DA7A83ED8463... 28527524752949F. Grant Colfax, MD Dr. Joanne Azulay Date Date **Executive Director** Director of Health 815 Hyde Street, Suite 100 Department of Public Health San Francisco, CA 94109 Supplier ID: 0000018587 Approved as to Form: Dennis J. Herrera City Attorney 2/4/2021 | 11:44 AM PST ouise Simpson Louise S. Simpson Date Deputy City Attorney Approved: 2/12/2021 | 2:21 PM PST Sailaja Kurella Date Acting Director of the Office of Contract Administration, and Purchaser

# Appendix A Scope of Services – DPH Behavioral Health Services

# Scope of Services – Di II Benavioi ai Hear

1.	Terms		
	A. ☐ Contract Administrator		N. □ Patients' Rights
	B. □ Reports		O. ☐ Under-Utilization Reports
	C.□ Evaluation		P.□ Quality Improvement
	D. ☐ Possession of Licenses/Permits		Q. Working Trial Balance with Year-End Cost
	E.□ Adequate Resources		Report
	F.□ Admission Policy		R. ☐ Harm Reduction
	G. ☐ San Francisco Residents Only		S.□ Compliance with Behavioral Health
	H. ☐ Grievance Procedure		Services Policies and Procedures
	I.□ Infection Control, Health and Safety		T.□ Fire Clearance
	J.□ Aerosol Transmissible Disease Program,		U. □ Clinics to Remain Open
	Health and Safety		V. ☐ Compliance with Grant Award Notices
	K. ☐ Acknowledgement of Funding		•
	L.□ Client Fees and Third Party Revenue	2.	<b>Description of Services</b>
	M. DPH Behavioral Health (BHS) Electronic	3.	Services Provided by Attorneys

#### 1. Terms

#### A. Contract Administrator:

Health Records (EHR) System

In performing the Services hereunder, Contractor shall report to **Mojica, Richelle-Lynn**, Contract Administrator for the City, or his / her designee.

#### B. Reports:

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

#### C. Evaluation:

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

#### D. Possession of Licenses/Permits:

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

#### E. Adequate Resources:

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

Appendix A Hyde Street Community Services, Inc., ID#1000010833 7/1/20

#### F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

#### G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

#### H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

#### I. Infection Control, Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.
  - J. Aerosol Transmissible Disease Program, Health and Safety:

- (1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.
- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

#### K. <u>Acknowledgment of Funding:</u>

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

#### L. Client Fees and Third Party Revenue:

- (1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

#### M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

#### N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

#### O. <u>Under-Utilization Reports</u>:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

#### P. Quality Improvement:

Appendix A

Hyde Street Community Services, Inc., ID#1000010833

7/1/20

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) □Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

#### O. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

#### R.□ <u>Harm Reduction</u>

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

#### S. Compliance with Behavioral Health Services Policies and Procedures

In the provision of SERVICES under BHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by BHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

#### T.Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health **providers**, including satellite sites, and used by CLIENTS **or** STAFF **shall** meet local fire codes. Providers shall undergo of fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

#### U. <u>Clinics to Remain Open:</u>

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

#### V. <u>Compliance with Grant Award Notices</u>:

Appendix A Hyde Street Community Services, Inc., ID#1000010833

7/1/20

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

## 2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 Hyde Street Community Services, Inc.

Appendix A-2 Adult FSP

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

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	<b>Contract Term:</b> 07/01/20-06/30/21
	Funding Source: Various

F

#### 1. ☐ Identifiers:

Program Name: Hyde Street Community Services, Inc. (HSCS)

Program Address: 815 Hyde Street, Suite 100 City, State, ZIP: San Francisco, CA 94109 Telephone/FAX: 415-673-5700/415-292-7140

Website Address: hydestreetcs.org

Executive Director/Program Director: Dr. Joanne Azulay

Telephone: 415-673-5700 x221 Email Address: drazulay@hscssf.org Program Code(s): 38BR3/ 38BRA3

2	□ Nature	$\alpha f$	Document:
∠.	I valuic	OI.	Document.

☐ Original ☐ Contract Amendment	Revision to Program Budgets (RPB)
---------------------------------	-----------------------------------

#### 3. ☐ Goal Statement:

The mission of Hyde Street Community Services, Inc. is to provide comprehensive behavioral health and rehabilitation services to residents of San Francisco who are in need these services to achieve and maintain the maximum quality of life and greatest degree of independence possible. These services will be sensitive to the cultural, racial, and sexual diversity of the populations served and responsive to community input, adapting to the changing needs of the community and consumers.

# 4. Target Population:

HSCS strives to serve all San Franciscans in need. Where a particular program is not the best fit, the clinical staff will make an appropriate referral, either internally or with our many co-service providers in San Francisco. The target population of the Tenderloin Clinic of HSCS provides a continuum of behavioral health services to an adult population primarily residing in the Central City of San Francisco, although it serves residents throughout the City. Individuals present with a wide array of situational, acute and chronic behavioral, emotional, cognitive and physical health issues. These are often complicated by social, economic, housing, and substance abuse problems.

HSCS is committed to providing culturally relevant services to the diverse ethnic and racial populations residing in San Francisco. The largest of these groups are African American, Arab speaking/ Muslim populations, Southeast Asian and, most recently, Latino. Presently the clinic provides city-wide services to the Arab-speaking population, utilizing Peer Counselors for translation and case management.

The Full-Service Partnership Program (FSP), an intensive case management team, will target adult residents of San Francisco who have been identified to address their multiple and complex issues that require more intensive and frequent service than can be addressed in standard outpatient programs. Often these individuals are high users of acute services and have difficulty linking to traditional services. Complicating issues include: 1) homelessness or risk of homelessness, 2) history of criminal justice involvement, 3) inability to maintain stable interpersonal relationships or employment due to emotional dysregulation and poor impulse control, 4) self-destructive behaviors including suicidal impulses or

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	Contract Term: 07/01/20-06/30/21
	Funding Source: Various

behaviors likely to result in harm, 5) history of physical, cognitive and/or emotional trauma, and 6) lack entitlements or stable income.

# 4. ☐ Methodology:

# A. Dutreach, recruitment, promotion, and advertisement

HSCS is an equal opportunity employer and makes every effort to attract qualified staff and interns who are bi-cultural and/ or bi-lingual. Hiring and promotion are conducted in accordance with the policies established in the union contract with SEIU, Local 1021.

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

Hyde Street Community Services will participate in the CBHS Advanced Access initiative, including timely measurement of data at the site and reporting of data to CBHS as required, which may be changed from time to time with prior notice from CBHS.

HSCS will provide services those individuals who are eligible for System of Care services, following the admission criteria specified by CBHS guidelines. HSCS will accept referrals authorized by Central Access, inpatient units, and other CBHS programs that meet medical necessity and authorization criteria. In addition, individuals residing in the community, who drop in, will be assessed for admission according to the same criteria.

The HSCS guidelines regarding assessment and treatment of indigent clients and will participate in the CMHS Advanced Access initiative and is committed to providing an initial assessment and medication evaluation, as needed, within 24 to 48 hours of request.

The FSP Team of Hyde Street accepts referrals that are approved for Intensive Case management services. Cases are assigned to team members to contact the referring source and begin the linkage process as soon as possible depending on the length of the wait list and caseload.

# C. Service delivery model

Hyde Street Outpatient (the Tenderloin Clinic) provides comprehensive Outpatient Behavioral Health services to an adult population of San Francisco residents. These services include:

# **Crisis** Intervention

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral and therapy.

A unit of service is 1 minute of direct contact with a client toward resolution of the crisis.

# Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for

CID#: 1000010833 7/1/2020

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	Contract Term: 07/01/20-06/30/21
	Funding Source: Various

medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.

A Unit of Service is one minute of contact directly with a client, or with others on behalf of the client regarding evaluation and management of medications.

#### Mental Health Services.

"Mental Health Services" are those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

#### Assessment.

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of psychological and cognitive testing procedures.

A Unit of Service is one minute of time providing a face-to-face clinical assessment, interpretation, and report writing of an individual directly, or indirectly in consultation with another provider.

#### Collateral.

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

A Unit of Service is one minute of contact with an individual, outside of the agency, who is engaged with the client's care.

## Therapy.

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

A Unit of Service is one minute of contact with an individual (or a group) addressing management of symptoms and behaviors.

#### Targeted Case Management.

"Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

A Unit of Service is one minute of contact with a client or on behalf of a client to stabilize

3

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2		
Program Name: Hyde Street Outpatient & Hyde Street FSP	Contract Term: 07/01/20-06/30/21		
	Funding Source: Various		

functioning in the community.

## Crisis Intervention

"Crisis Intervention" means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral and therapy.

A unit of service is 1 minute of direct contact with a client toward resolution of the crisis.

# Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.

A Unit of Service is one minute of contact directly with a client, or with others on behalf of the client regarding evaluation and management of medications.

## Mental Health Services.

"Mental Health Services" are those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral and occur both in person and remotely via telehealth services.

#### Assessment.

"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of psychological and cognitive testing procedures.

A Unit of Service is one minute of time providing a face-to-face clinical assessment of an individual directly, or indirectly in consultation with another provider.

# Collateral.

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

A Unit of Service is one minute of contact with an individual, outside of the agency, who is engaged with the client's care.

# Therapy.

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at

4

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	Contract Term: 07/01/20-06/30/21
	Funding Source: Various

which the beneficiary is present.

A Unit of Service is one minute of contact with an individual (or a group) addressing management of symptoms and behaviors.

# Targeted Case Management.

"Targeted Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

A Unit of Service is one minute of contact with a client or on behalf of a client to stabilize functioning in the community.

# D. Discharge Planning and exit criteria and process

Clients of the Outpatient clinic are discharged when it is deemed they no longer require services, when they, themselves, request discharge or they have dropped out of services for a period of 120 days without contact.

The length of stay of clients falls into three groups: those that have received less than 6 months, those that have remained in treatment for from 2 to 4 years and those that continue to receive services for longer than 5 years. The last group are generally receiving medication management and group therapy. Clients are often discharged to self, primary care or a non-specialty mental health service.

Clients of the FSP are discharged according to the new criteria identifying those that no longer require intensive services. These clients are discharged to outpatient clinics in a "step-down" transition process or to other social, residential or medical services.

# E. Program staffing

The staff of Hyde Street is multidisciplinary and consists of 27 employees on 5 teams:

Administrative Team: Executive Director, Executive Assistant and support staff

Therapy Team: Clinical Director, Director of Training, Supervising clinicians, licensed and waiver therapists with several bilingual staff therapists.

Medication Team: Medical Director, Staff Psychiatrist, Nurse Practitioners and Psych Tech FSP Team: Four Therapist/ Case Managers

Socialization Team: Program Coordinator and 4 peer counselors including vocational specialist and Arabic -speaking counselors.

#### 5. □ Objectives and Measurements:

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objective FY 2020-2021.

# 6. □ Continuous Quality Improvement:

# A. Achievement of contract performance objectives

The Executive Director maintains a database of all open cases to insure:

1. □ Completion of a Risk Assessment upon opening.

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	Contract Term: 07/01/20-06/30/21
	Funding Source: Various

2.□ Completion of a Data Base Assessment within 60 days of opening
3.□ Completion of an Initial POC and CSA within 60 days of opening or before the first planned service.
4.□ Completion of annual documents: POC, CSA, Consent of Treatment, Consent for medications, HIPAA, Acknowledgement of Receipt of Materials in a timely manner.

5. ☐ Staff Productivity

The PURQC committee is composed of the Executive Director, the Clinical Director, the Medical Director and the Director of Training. The Executive Director reviews all POC's and CSA's and presents for discussion cases that exceed 15 hours of requested services. The Executive Assistant maintains a record of all requests for information regarding SSI applications as an indicator of assistance in obtaining SSI linked Med-iCal. The Executive Assistant oversees the opening and updating of cases insuring that information regarding Primary Care, Financial Status, housing information and tobacco use are entered into Avatar. The Medical Director monitors the completion of Metabolic Monitoring and vital signs for all clients prescribed medications. The Director of Training oversees adherence to all required trainings by BHS, schedules the weekly in-service training and supervision of interns. The trainings are planned to address current trends in treatment, enhancing cultural sensitivity, community resources, and professional growth.

# B. Documentation quality

Initially, all charts submitted for annual CSA will be reviewed by the Executive Assistant for completeness using the PURQC Checklist Review of Documents". Using Avatar, the Quality Assurance Committee which includes line staff as well as the Executive Director and the Clinical Director will review all charts submitted requesting more than 15 hours for completeness according to the "PURQC Documentation Compliance" which will be reinstated once the COVID-19 criteria are no longer in place. Medical Director will review for compliance with annual reassessment for medications, metabolic monitoring and Informed Consent for medications. Supervisory staff may also randomly monitor documentation when responding to error or duplicate billing reports.

Intern supervisors, when co-signing all documents, will monitor and provide feedback to students on a regular basis.

Twice a year, one chart from each clinician or intern, will receive a full chart audit. This review will include monitoring for compliance assessments, Treatment Plans of Care, progress notes and completion of required local, state and federal documents with client signatures. Feedback will be given to each clinician and, corrections, if needed will be monitored.

#### C. Cultural Competency

Increasing and maintaining awareness of cultural issues and sensitivity to the impact on treatment, Hyde St. engages in the following activities:

- 1. ☐ HSCS will continue regular meetings of the Consumer Advisory Board who will advise the administration and recommend changes or enhancements of programming and services to better meet the needs of consumers.
- 2. ☐ Inclusion of "What are the cultural issues?" in each case presentation at the clinic.
- 3. Promotion of hiring culturally or linguistically diverse staff.

Contractor Name: Hyde Street Community Services, Inc.	Appendix A-1and A-2
Program Name: Hyde Street Outpatient & Hyde Street FSP	<b>Contract Term:</b> 07/01/20-06/30/21
	Funding Source: Various

# D. Client Satisfaction

Client satisfaction is monitored through feedback in the mandated Client Satisfaction Survey, through discussion in a group setting, and individually in response to client complaints and suggestions to staff.

# E. Measurement, analysis and use of ANSA.

HSCS will use both ANSA data and internal, program specific data, to measure and analyze outcomes. All clients open for more than 60 days will have a Treatment Plan of Care and ANSA completed and annually from the date of opening. Reports generated by CBHS will be obtained and reviewed on a regular basis. Internally, information will be collected on referrals, show rates and the demographic and clinical profile of consumers. These materials will be reviewed and used to determine appropriate clinical interventions and programmatic changes.

7. □ Required Language: N/A

7 CID#: 1000010833 7/1/2020

7/1/20

# 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. <u>Final Closing Invoice</u>

#### (1) Fee For Service Reimbursement:

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

#### (2) Cost Reimbursement:

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

- C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."
- D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund 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 t0he C.ITY.

# 2. Program Budgets and Final Invoice

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

Budget Summary CRDC B-1 and B-2 Appendix B-1 Hyde Street Community Services, Inc. Appendix B-2 Adult FSP

# 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 Seven Million Two Hundred Sixty Seven Thousand Five Hundred Thirty Five Dollars** (\$27,267,535) for the period of **July 1, 2018 through June 30, 2026.** 

CONTRACTOR understands that, of this maximum dollar obligation, \$2,449,354 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

7/1/20

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.

 $(2)\Box$  CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Description of Services, and an 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	\$3,316,974	
July 1, 2019 through June 30, 2020	\$3,401,880	
July 1, 2020 through June 30, 2021	\$3,401,880	
July 1, 2021 through June 30, 2022	\$3,401,880	
July 1, 2022 through June 30, 2023	\$3,401,880	
July 1, 2023 through June 30, 2024	\$3,401,880	
July 1, 2024 through June 30, 2025	\$3,401,880	
July 1, 2025 through June 30, 2026	<u>\$3,401,880</u>	
Sub. Total of July 1, 2018 through June 30, 2026	\$27,130,134	
Contingency	\$2,449,354	
Less:		
July 1 – December, 2018 Encumbered by		
previous contract # 1000007863	(1,623,972)	\$1,859,668.41
Unspend Amount from 2018-2019	<del>(687,981)</del>	\$688,824.6
Total of July 1, 2018 through June 30, 2026	<del>\$27,267,535</del>	\$27,030,997

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.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Hyde Street Community Services, Inc for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new 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		ract Budget Guilliary	Appendix B, Pag	ge 1
Legal Entity Name/Contractor Name Hyde Street Community Services, Inc				
Contract ID Number 1000010833 FN Date			#1, 11/4/2020	
Appendix Number	B-1	B-2		
Provider Number	38BR	38BR		
Program Name	HYDE ST	ADULT FSP		
Program Code		38BRA3		
Funding Term	07/01/20 - 06/30/21	07/01/20 - 06/30/21		
FUNDING USES			TOTAL	
Salaries	1,425,242	594,594	\$ 2,019,8	836
Employee Benefits	323,299	134,877	\$ 458,	176
Subtotal Salaries & Employee Benefits	1,748,541	729,471	\$ 2,478,0	012
Operating Expenses	407,131	68,666	\$ 475,7	797
Subtotal Direct Expenses	2,155,672	798,137	\$ 2,953,8	809
Indirect Expenses		119,720	\$ 443,0	
Indirect %	15.0%	15.0%	15	5.0%
TOTAL FUNDING USES	\$ 2,479,023	\$ 917,857	\$ 3,396,8	880
		Employee Benefits Rate	22.7%	
BHS MENTAL HEALTH FUNDING SOURCES				
MH Adult Fed SDMC FFP (50%)	982,468	273,274	\$ 1,255,7	742
MH Adult State 1991 MH Realignment	737,130	-	\$ 737,	130
MH Adult County General Fund	701,401	162,821	\$ 864,2	222
MH Adult Medicare	58,024	-	\$ 58,0	
MH MHSA (Adult) Match	-	273,274	\$ 273,2	
MH MHSA (Adult)	-	208,488		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 2,479,023	\$ 917,857	\$ 3,396,8	880
TOTAL DPH FUNDING SOURCES	\$ 2,479,023	\$ 917,857		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 2,479,023	\$ 917,857		
Prepared By Victor de la Rocha				2020

Document Date: 7/1/2020

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

DHCS Legal Entity Number 01123  Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)  Appendix Number					B-1	
y ,	Hyde Street Community Servi	ces, Inc	-		Page Number	2
Provider Number 38BR			-		Fiscal Year	2020-2021
Contract ID Number	•		Fundir	ng Notification Date	#1, 11/4/2020	
	Program Name		HY	DE ST		
	Program Code	38BR3	38BR3	38BR3	38BR3	
Mod	e/SFC (MH) or Modality (SUD)	15/10-57, 59	15/60-69	15/01-09	15/70-79	
	Service Description		OP-Medication Support	OP-Case Mgt Brokerage	OP-Crisis Intervention	
Fundin	g Term (mm/dd/yy-mm/dd/yy):	07/01/20 - 06/30/21	07/01/20 - 06/30/2	1 07/01/20 - 06/30/21	07/01/20 - 06/30/21	
FUNDING USES						TOTAL
	Salaries	839,356	476,720	103,297	5,869	\$ 1,425,242
Employee Benefits		190,397	108,138	23,433	1,331	\$ 323,299
Sutotal Salaries & Benefits		1,029,753	584,858	126,730	7,200	\$ 1,748,541
Operating Expenses		239,770	136,178	29,508	1,675	\$ 407,131
Subtotal Direct Expenses		1,269,523	721,036	156,238	8,875	\$ 2,155,672
Indirect Expenses		190,428	108,155	23,436	1,332	\$ 323,351
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%
	TOTAL FUNDING USES		\$ 829,191	\$ 179,674	\$ 10,207	\$ 2,479,023
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	578,597	328,618	71,208	4,045	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	434,112	246,558	53,425	3,035	\$ 737,130
MH Adult County General Fund	251984-10000-10001792-0001	413,070	234,607	50,836	2,888	\$ 701,401
MH Adult Medicare	251984-10000-10001792-0001	34,172	19,408			\$ 58,024
	EALTH FUNDING SOURCES		\$ 829,191	\$ 179,674	\$ 10,207	\$ 2,479,023
TOTAL DPH FUNDING SOURCES		\$ 1,459,951	\$ 829,191	\$ 179,674	\$ 10,207	\$ 2,479,023
TOTAL FUNDING SOL	JRCES (DPH AND NON-DPH)	. ,			. ,	\$ 2,479,023
		Fee-For-Service	Fee-For-Service		· ·	
Payment Method			(FFS)	(FFS)	(FFS)	
DPH Units of Service		197,290				
	Unit Type		Staff Minute	Staff Minute	Staff Minute	
	H FUNDING SOURCES Only)					
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		· ·	<u> </u>	· ·	
Published Rate (Medi-Cal Providers Only)					1 6 6 7 1	T (
Published F	Rate (Medi-Cal Providers Only) Unduplicated Clients (UDC)		\$ 3.5	\$ 3.51	\$ 3.51	Total UDC 600

Document Date: 7/1/2020

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

Contract ID Number 1000010833 Program Name HYDE ST Program Code 38BR3

Appendix Number Page Number Fiscal Year 2020-2021
Funding Notification Date #1, 11/4/2020

			Funding Notificat	lion Date	#1, 11/4/2020	
		T	OTAL	251984-10000- 10001792-0001		
Funding Term	07/0	1/2	0 - 06/30/21	07/01/	/20 - 06/30/21	
Position Title	FTE		Salaries	FTE	Salaries	
Psychiatrist/Med. Director	0.86	\$	213,995	0.86	213,995	
Psychiatrist	0.86	\$	192,671	0.86	192,671	
LPT	0.53	\$	33,845	0.53	33,845	
Nurse Practitioner	0.86	\$	123,834	0.86	123,834	
Nurse Practitioner	0.86	\$	78,677	0.86	78,677	
Receptionist	0.86	\$	42,482	0.86	42,482	
Therapist	1.00	\$	62,865	1.00	62,865	
Therapist	1.00	\$	62,921	1.00	62,921	
Therapist	1.00	\$	62,865	1.00	62,865	
Therapist	1.00	\$	62,865	1.00	62,865	
Supervising Clinician	1.00	\$	75,000	1.00	75,000	
Clinic Director	0.86	\$	90,873	0.86	90,873	
Staff Psychologist	0.86	\$	93,366	0.86	93,366	
Executive Director	0.38	\$	70,456	0.38	70,456	
Director of Training	0.86	\$	83,527	0.86	83,527	
Supervising Clinician	1.00	\$	75,000	1.00	75,000	
Totals:	13.75	\$	1,425,242	13.75	\$ 1,425,242	
Employee Benefits:	22.68%	\$	323,299	22.68%	323,299	
TOTAL SALARIES & BENEFITS		\$	1,748,541	[	\$ 1,748,541	

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

Contract ID Number 1000010833 Appendix Number B-1
Program Name HYDE ST Page Number 4
Program Code 38BR3 Fiscal Year 2020-2021
Funding Notification Date #1, 11/4/2020

Expense Categories & Line Items	TOTAL	251984-10000- 10001792-0001		
Funding Term	07/01/20 - 06/30/21	07/01/20 - 06/30/21		
Rent	\$ 322,599	322,599		
Utilities (telephone, electricity, water, gas)	\$ 7,652	7,652		
Building Repair/Maintenance	\$ 9,412	9,412		
Occupancy Total:	\$ 339,663	\$ 339,663		
Office Supplies	\$ 8,417	8,417		
Photocopying	\$ 383	383		
Postage	\$ 689	689		
IT Supplies	\$ 3,826	3,826		
Materials & Supplies Total:	\$ 13,315	\$ 13,315		
Training/Staff Development	\$ 1,530	1,530		
Insurance	\$ 25,252	25,252		
Professional Services (Shredding/Recycling Services)	\$ 9,183	9,183		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 15,305	15,305		
General Operating Total:	\$ 51,270	\$ 51,270		
Local Travel	\$ 383	383		
Staff Travel Total:	\$ 383	\$ 383		
Other (provide detail):				
Client Related Expenses - include client food, client activities, client supplies, client travel, & rental subsidies	\$ 2,500	2,500		
Other Total:	\$ 2,500	\$ 2,500		

407,131 | \$

407,131

TOTAL OPERATING EXPENSE | \$

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

DHCS Legal Entity Number 01123					ta Gonootion	, ,	Appe	ndix Number	B-2			
Provider Name Hyde Street Community Serv	ices, Inc	-					F	Page Number	5			
Provider Number 38BR		-							2020-2021			
Contract ID Number 1000010833	_						Funding Not	ification Date	#1, 11/4/2020			
Program Name		ADULT FSP										
Program Code	38BRA3	38BRA3	38BRA3	38BRA3	38BRA3	38BRA3	38BRA3	38BRA3				
	15/10-57,											
Mode/SFC (MH) or Modality (SUD)	59	15/60-69	15/01-09	15/70-79	60/70	60/72	60/78	60/78				
		OP-			SS-Client	SS-Client	SS-Other	SS-Otner Non-MediCal				
		Medication	OP-Case Mgt	OP-Crisis	Hsng Support		Client	Client				
Service Description	OP-MH Svcs		Brokerage	Intervention	Exp	Support Exp	Support Exp					
Funding Term (mm/dd/yy-mm/dd/yy):			07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21				
FUNDING USES		3.123 33.20	, , , , , , , , , , , , , , , , , , , ,	7		3.123 33.30.21	7	3.0.20 33.30.2.	TOTAL			
Salaries	235,327	45,667	157,194	3,152	_	_	80,251	73,004	\$ 594,594			
Employee Benefits		10,352	35,634	715	_	_	18,204	16,560	\$ 134,877			
Subtotal Salaries & Benefits		56,019	192,828	3,867	_	_	98,455	89,564	\$ 729,472			
Operating Expenses		6,889	23,714	476	435	1,739	-	-	\$ 68,666			
Subtotal Direct Expenses		62,908	216,542	4,343	435	1,739	98,455	89,564	\$ 798,138			
Indirect Expenses		9,436	32,481	651	65	261	14,766	13,435	\$ 119,720			
Indirect %		15%	15%	15%	15%	15%	15%	15%	15%			
TOTAL FUNDING USES		\$ 72,344	\$ 249,023	\$ 4,994	\$ 500	\$ 2,000	\$ 113,221	\$ 102,999	\$ 917,857			
BHS MENTAL HEALTH FUNDIN( Dept-Auth-Proj-Activity												
MH Adult Fed SDMC FFP (50%) 251984-10000-10001792-0001	175,841	21,598	74,344	1,491	-	-	-	-	\$ 273,274			
MH Adult County General Fund 251984-10000-10001792-0001	66,413	12,868	44,296	788	-	-	-	38,456	\$ 162,821			
MH MHSA (Adult) Match 251984-17156-10031199-0044	111,298	21,598	74,344	1,491	-	-	64,543	-	\$ 273,274			
MH MHSA (Adult) 251984-17156-10031199-0044	19,224	16,280	56,039	1,224	500	2,000	48,678	64,543	\$ 208,488			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 372,776	\$ 72,344	\$ 249,023	\$ 4,994	\$ 500	\$ 2,000	\$ 113,221	\$ 102,999	\$ 917,857			
BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity												
TOTAL DPH FUNDING SOURCES	\$ 372,776	\$ 72,344	\$ 249,023	\$ 4,994	\$ 500	\$ 2,000	\$ 113,221	\$ 102,999	\$ 917,857			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 372,776	\$ 72,344	\$ 249,023	\$ 4,994	\$ 500	\$ 2,000	\$ 113,221	\$ 102,999	\$ 917,857			
	Fee-For-	Fee-For-	Fee-For-	Fee-For-	Cost	Cost	Cost	Cost				
	Service	Service	Service	Service	Reimburse	Reimburse	Reimburse	Reimburse				
Payment Method		(FFS)	(FFS)	(FFS)	ment (CR)	ment (CR)	ment (CR)	ment (CR)				
DPH Units of Service			49,214					2944				
Unit Type				Staff Minute	Client Day,	Client Day,	Client Day,	Client Day,				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)					\$ 83.33		\$ 34.99	\$ 34.99				
er Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			1 -		\$ 83.33		\$ 34.99	\$ 34.99				
Published Rate (Medi-Cal Providers Only)			\$ 3.51	\$ 3.51	N/A	N/A	N/A	N/A	Total UDC			
Unduplicated Clients (UDC)	50	50	50	50	3	20	50	50	50			

Program Code 38BRA3

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

Contract ID Number 1000010833

Program Name ADULT FSP

Page Number 6 Fiscal Year 2020-2021

B-2

FISCAL YEAR 202

Appendix Number

Funding Notification Date #1, 11/4/2020

				F	FS		Funding Notification Date #1, 11/4/2020 C/R					
		TOTAL		984-10000- 01792-0001		984-17156- 81199-0044		984-10000- 01792-0001	251984-17156- 10031199-0044			
Funding Term	07/0	01/20 - 06/30/21	07/01/	20 - 06/30/21	07/01/	/20 - 06/30/21	07/01/	07/01/20 - 06/30/21		20 - 06/30/21		
Position Title	FTE	Salaries	FTE	FTE Salaries		Salaries	FTE	Salaries	FTE	Salaries		
Psychiatrist/Med. Director	0.15	\$ 33,903	3 0.07	16,108	0.08	17,795						
Psychiatrist	0.15	\$ 29,704	1 0.07	14,113	0.08	15,591						
LPT	0.09	\$ 5,740	0.04	2,727	0.05	3,013						
Nurse Practitioner	0.15	\$ 21,00	0.07	9,978	0.08	11,023						
Nurse Practitioner	0.15	\$ 19,06	0.07	9,056	0.08	10,005						
Receptionist	0.15	\$ 7,20	5 0.07	3,423	0.08	3,782						
FSP Therapist	1.00	\$ 77,629	0.48	36,881	0.52	40,744						
FSP Therapist	1.00	\$ 62,869	0.48	29,869	0.52	32,996						
FSP Therapist	1.00	\$ 64,01	0.48	30,413	0.52	33,598						
FSP Therapist	1.00	\$ 62,869	0.48	29,869	0.52	32,996						
Peer Counselor	0.63	\$ 29,539	9				0.33	15,504	0.30	14,035		
Peer Counselor	0.63	\$ 29,539	9				0.33	15,504	0.30	14,035		
Peer Counselor	0.50	\$ 23,62	7				0.26	12,401	0.24	11,226		
Clinic Director	0.15	\$ 15,41	0.07	7,322	0.08	8,089						
Staff Psychologist	0.15	\$ 15,834	1 0.07	7,523	0.08	8,311						
Executive Director	0.06	\$ 11,949	0.03	5,677	0.03	6,272						
Program Coordinator	1.00	\$ 70,550	)				0.42	29,595	0.58	40,955		
Director of Training	0.15	\$ 14,16	0.07	6,730	0.08	7,435						
Totals:	8.11	\$ 594,594	2.55	\$ 209,689	2.80	\$ 231,650	1.34	\$ 73,004	1.42	\$ 80,251		
Employee Benefits:	22.68%	\$ 134,87	7 22.68%	47,565	22.68%	52,547	22.68%	16,560	22.68%	18,204		
TOTAL SALARIES & BENEFITS		\$ 729,47		\$ 257,254	 ]	\$ 284,197	]	\$ 89,564	 ]	\$ 98,455		

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

 Contract ID Number
 1000010833
 Appendix Number
 B-2

 Program Name
 ADULT FSP
 Page Number
 7

 Program Code
 38BRA3
 Fiscal Year
 2020-2021

 Funding Notification Date
 #1, 11/4/2020

		FI	-S	C/R		
Expense Categories & Line Items	TOTAL	251984-10000- 10001792-0001	251984-17156- 10031199-0044	251984-17156- 10031199-0044		
Funding Term	07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21	07/01/20 - 06/30/21		
Rent	\$ 52,250	25,152	27,098			
Utilities (telephone, electricity, water, gas)	\$ 1,296	616	680			
Building Repair/Maintenance	\$ 1,594	757	837			
Occupancy Total:	\$ 55,140	\$ 26,525	\$ 28,615	\$ -		
Office Supplies	\$ 1,425	677	748			
Photocopying	\$ 65	31	34			
Postage	\$ 117	56	61			
Computer Hardware/Software	\$ 648	308	340			
Materials & Supplies Total:	\$ 2,255	\$ 1,072	\$ 1,183	\$ -		
Training/Staff Development	\$ 259	123	136			
Insurance	\$ 4,276	2,032	2,244			
Professional Services (Shredding/Recycling Services)	\$ 1,905	905	1,000			
Equipment Lease & Maintenance	\$ 2,592	1,232	1,360			
General Operating Total:	\$ 9,032	\$ 4,292	\$ 4,740	\$ -		
Local Travel	\$ 65	31	34			
Staff Travel Total:	\$ 65	\$ 31	\$ 34	\$ -		
Other (provide detail):						
Client Related Expenses - include client food, client activities, client supplies, client travel, & rental subsidies	\$ 2,174	-	-	2,174		
Other Total:	\$ 2,174	\$ -	\$ -	\$ 2,174		

TOTAL OPERATING EXPENSE	\$	68,666	\$	31,920	\$	34,572	\$	2,174
-------------------------	----	--------	----	--------	----	--------	----	-------

### Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Hyde Street	Community Services, Inc	Page Number	8
Contract ID Number 1000010833	<u></u>	Fiscal Year	2020-2021
	 Fundi	ng Notification Date	#1, 11/4/2020

### 1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount	
Executive Director		0.56	104,596
Administrative Director		1.00	74,520
Controller		1.00	98,326
	Subtotal:	2.56	\$ 277,442
	Employee Benefits:	22.2%	61,545

**Total Salaries and Employee Benefits:** 

### 2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Rent	44,183
Utilities (telephone, electricity, water, gas)	1,063
Building Repair/Maintenance	1,308
Office/Janitorial Supplies	1,169
Photocopying	53
Postage	96
Training/Staff Development	213
Insurance	3,508
Equipment Lease & Maintenance	2,126
Local Travel	53
Professional Services	1,563
IT Supplies	532
Legal and Accounting	18,497
Other Processing Fees	1,520
Payroll Processing	24,000
Bank Charges (account maintenance fees)	4,200
Total Operating Costs	\$ 104,084

Total indirect costs	\$ 443,071
	· / ·

Total Indirect from DPH 1: \$ 443,071

338,987

\$\text{Appendix F}\$ Hyde Street Community Services, Inc., ID#1000010833 \$\text{7/1/20}\$

Appendix F

Invoice

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F PAGE A

				1000										
							l	INVOICE NUM	BER :	M03	JL	20		
Contractor: Hyde Street Community Services							•	Ct. Blanket No.	: BPHM	N/A				
Address: 134 Golden Gate Ave., San Francisco,	CA 94102			В	HS	<b>;</b>		Ct. PO No.: PO	OHM	SFGOV-00	000448440		Jser Cd	
Tel. No.: (415) 564-2607 Fax No.: (415)								Fund Source:		MH Adult F	ed/ State	1991/ County /	Adult/ M	ledicare
ax 110 (413)								Invoice Period	:	July 2020				
Funding Term : 07/01/2020 - 06/30/2021								Final Invoice:				(Check if	Yes)	
PHP Division: Behavioral Health Services														
Т				ntracted			HIS PERIOD	Delivered t		% of T		De	emaining liverable	es
Unduplicated Clients for Exhi	ibit:		Exhibi	UDC		Exhib	oit UDC	Exhibit l	JDC	Exhibi	t UDC	Ex	hibit UD	С
'Unduplicated Counts for AIDS Use Only.														
DELIVERABLES Program Name/Reptg. Unit	Total Cont	tracted	Delivere PER			Unit		Deliver to Da		% of T	OTAL	Remaining Deliverables		
Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS	1	Rate	AMOUNT DUE	UOS	CLIENTS	UOS	CLIENTS	UOS	iiverable	CLIENTS
B-1 Hyde St. PC# - 38BR3 - 251984-10000-10001	792-0001													
15/ 10 - 57, 59 OP - MH Svcs	197,290				\$	7.40	\$ -	0.00		0.00%		197,2	90.00	
15/ 60 - 69 OP - Medication Support	62,788				\$	13.42		0.00		0.00%			'88.00	
15/ 01 - 09 OP - Case Mgt Brokerage	35,508	<b></b>			\$	5.06		0.00		0.00%			08.80	
15/ 70 - 79 OP - Crisis Intervention-OP	1,048				\$	9.74	\$ -	0.00		0.00%		1,0	48.00	
	<b></b>	<b></b>			<b> </b>			<b></b>		<b></b>				
	<del> </del>				<b> </b>			<b></b>		ł				
	<del> </del>				<b> </b> -			<del> </del>		<b></b>				
	<b> </b>	<del> </del>			<b> </b>					<b></b>				
	<del> </del>				<b> </b>					<b></b>				
	<u> </u>							<b>†</b>		<b></b>				
TOTAL	296,634		0.00					0.00		0.00%		296,6	34.00	
								Expenses	To Date	<del></del>			ning Ba	lance
	Budget Am	ount		\$	2,47	9,023.00		\$	-	0.0	0%	\$ 2,479,023.00		,479,023.00
				SUBTOTAL	AMO	LINT DUE	¢	NOTES:						
			Less	: Initial Payr			φ -	1						
				DPH Use) Othe		-		i						
			•			RSEMENT	\$ -	1						
										_				
certify that the information provided above in accordance with the contract approved for														
claims are maintained in our office at the add			er the provi	Sion of that	COIIL	iaci. Fuii	justilication a	nu backup reci	Jius ioi iii	056				
Signature:							Date:							
Title:														
							i							
Send to:		1 Г		DPH Author	izatio	n for Payr	ment							
<u> Behavioral Health Services-Budget/ Invoice Analy</u> 1380 Howard St 4th Floor	/st	1 1												
San Francisco, CA 94103		1												
	-	]												
Or email to:		1												
cbhsinvoices@sfdph.org		1			_	Authorize	ed Signatory				Da	te		
		1 F												

Appendix F PAGE A

				ract ID# 010833	1							
			1000	010033	_		INVOICE NUM	IBER:	M04	JL	20	
Contractor: Hyde Street Community Ser	vices						Ct. Blanket No	· BPHM	N/A			
contractor. Hydrocarota community co.	V.000						ot. Blankot Ho	5	1477		Us	er Cd
Address: 134 Golden Gate Ave., San I	Francisco	, CA 94102					Ct. PO No.: P	OHM	SFGOV-	00004484	40	
Tol. No.: (415) 564 2607		İ			1		F		NALL (A.L	II) O - I - OF	/ B 41   B 41   O A	(AI. II)
Tel. No.: (415) 564-2607 Fax No.: (415)			R	HS			Fund Source:		MH (Adu	lit) Chty GF	/ MH MHSA (	Adult)
1 ax 110 (413)				113			Invoice Period	:	July 2	020		
Funding Torm, 07/04/2020, 06/20/202	14	·			•		Final Invaion				(Ob = al. :f )/	\
Funding Term: 07/01/2020 - 06/30/202	2.1						Final Invoice:				(Check if Y	es)
PHP Division: Behavioral Health Serv	ices											
	Т	OTAL	DFI	IVERED	DFI I\	/ERED	% OF	:	I RFM	AINING	9,	6 OF
	1	RACTED	THIS	PERIOD	l l	DATE	TOTA	L		RABLES	T	OTAL
Program/Exhibit  B-2 Adult FSP PC# - 38BRA3 - 251984	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
60/ 78 SS-Other Non-MediCal	2,944	<b>0031199-004</b> 50	<u>4</u>		_	<u> </u>	0%	0%	2,944	50	100%	100%
Client Support Exp	2,044	- 00					0 70	070	2,044	- 00	10070	10070
., .												
Unduplicated Counts for AIDS Use Onl	у.											
			I		EXPE	NSES	EXPENS	SES	%	OF	REM	IAINING
Description			BU	DGET	THIS F	PERIOD	TO DA	ΓΕ	BUI	DGET	BAI	ANCE
Total Salaries				73,004.00	\$	-	\$	-		0.00%		73,004.00
Fringe Benefits			,	16,560.00	\$	-	\$	-		0.00%		16,560.00
Total Personnel Expenses			\$	89,564.00	\$	-	\$	-		0.00%	\$	89,564.00
Operating Expenses:												
Occupancy			\$	-	\$	-	\$	-		0.00%		-
Materials and Supplies			\$	-	\$	-	\$	-		0.00%		-
General Operating			\$	-	\$	-	\$	-	0.00%			-
Staff Travel			\$	-	\$	-	\$	-		0.00%		-
Consultant/Subcontractor			\$	-	\$	-	\$	-		0.00%		-
Other:			\$	-	\$	-	\$	-		0.00%		
			φ	-	Φ	-	Ф	-		0.00%	Φ	-
Total Operating Expenses			\$		\$		\$	_		0.00%	\$	_
Capital Expenditures			\$		\$		\$			0.00%		
TOTAL DIRECT EXPENSES			_	89,564.00	\$		\$	_		0.00%		89,564.00
Indirect Expenses				13.435.00	\$		\$			0.00%		13,435.00
TOTAL EXPENSES				02.999.00	\$		\$			0.00%		102,999.00
Less: Initial Payment Recovery					<u> </u>		NOTES:		1	0.0070	<b>Y</b>	,
Other Adjustments (DPH use only)												
,							MH Adult Cnty G	F 251984-1	0000-10001	792-0001 - 9	38,456.00	
							MH MHSA (Adult	) - 251984-	17156-1003	1199-0044 -	\$64,543.00	
REIMBURSEMENT					\$	-						
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the a	services p	provided unde								in		
Signature:					_		Date:					
Printed Name:												
·					-							
Title:					_		Phone:					
Send to:							DPH Auth	orization	for Paym	ent		
							DITIAUU	10112atiO11	.or r ayırı	J. 10		
Behavioral Health Services-Budget/ Inv 1380 Howard St., 4th Floor San Francisco, CA 94103	voice Ana	llyst										
Or email to:												
cbhsinvoices@sfdph.org						Author	ized Signatory	,	-		Date	
				I .								

Appendix F PAGE B

Contract ID#	
1000010833	Ī

**Contractor: Hyde Street Community Services** 

Tel. No.:

#### **DETAIL PERSONNEL EXPENDITURES**

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
NAME & TITLE	FIE	SALART	THIS PERIOD	TODATE	BODGET	DALANCE
Peer Counselor	0.33	\$ 15,504.00	\$ -	\$ _	0.00%	\$ 15,504.00
Peer Counselor	0.33	15,504.00	\$ -	\$ -	0.00%	15,504.00
Peer Counselor	0.26	12,401.00	\$ -	\$ -	0.00%	12,401.00
Program Coordinator	0.42	29,595.00	\$ -	\$ -	0.00%	29,595.00
TOTAL SALARIES	1.34	\$ 73,004.00	\$ -	\$ -	0.00%	\$ 73,004.00

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

Signature:	Date:	
Printed Name:		
Title:	 Phone:	

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F PAGE A

Contract ID# 1000010833 INVOICE NUMBER: M06 20 Ct. Blanket No.: BPHM N/A **Contractor: Hyde Street Community Services** User Cd **BHS** Address: 134 Golden Gate Ave., San Francisco, CA 94102 Ct. PO No.: POHM SFGOV-0000448440 Tel. No.: (415) 673-5700 Fund Source: MH Adult Fed SDMC / Cnty GF/ MH MHSA (Adult) Match Fax No.: (415) 292-7140 Invoice Period: July 2020 Funding Term : 07/01/2020 - 06/30/2021 (Check if Yes) Final Invoice: PHP Division: Behavioral Health Services Remaining Delivered THIS PERIOD Total Contracted Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD Unit to Date % of TOTAL Deliverable Modality/Mode # - Svc Func (MH Only) AMOUNT DUE CLIENTS CLIENTS UOS Rate UOS B-2 Adult FSP PC# - 38BRA3 50,379 0.00% 15/ 10 - 57, 59 OP - MH Svcs 7.40 0.00 50,379.00 15/ 60 - 69 OP - Medication Support 5,391 13.42 0.00 0.00% 5,391.00 15/ 01 - 09 OP - Case Mgt Brokerage 49,214.00 49,214 5.06 0.00 0.00% 15/ 70 - 79 OP - Crisis Intervention-OP 0.00 513.00 513 9.73 0.00% TOTAL 105.497 0.000 0.00 0.00% 105.497.00 Expenses To Date % of Budget Remaining Budget **Budget Amount** 699,137.00 699,137.00 0.00% NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery MH MHSA (Adult)/ Match 251984-17156-10031199-0044 - \$301,498.00 (For DPH Use) Other Adjustments MH Adult Fed SDMC/Cnty GF- 251984-10000-10001792-0001 - \$397,639.00 NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Date: Signature: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: Authorized Signatory cbhsinvoices@sfdph.org

INVOICE NUMBER:

M10

JL 20

Appendix F PAGE A

Contract ID# 1000010833

Contractor: Hyde Street Community Ser	vices						Ct. Blanket No	o.: BPHM	N/A			
Address: 134 Golden Gate Ave., San F	-rancisco	, CA 94102					Ct. PO No.: F	РОНМ	SFGOV-	-0000448		Jser Cd
Tel. No.: (415) 564-2607							Fund Source:		MH MHS	Λ (Λdult)	Match/M	H MHSA (Adult)
Fax No.: (415)			В	HS			Invoice Period		July 2		Waterii/ Wi	T WILL TO TY (Tradity)
							invoice i enoc	4.	July 2	020		
Funding Term: 07/01/2020 - 06/30/202	21						Final Invoice:				(Check i	í Yes)
PHP Division: Behavioral Health Servi												
		OTAL RACTED		IVERED PERIOD	DELIVERED TO DATE		% OI TOTA			INING RABLES	% OF TOTAL	
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
		031199-004	4									
60/ 78 SS-Other Non-MediCal Client Support Exp	3,236	50			-	-	0%	0%	3,236	50	100%	100%
Unduplicated Counts for AIDS Use Onl	\											
Orlduplicated Counts for AIDS OSE Offi	у.											
						ENSES	EXPEN			OF		MAINING
Description				IDGET		PERIOD	TO DA		BUD	GET		ALANCE
Total Salaries				80,251.00	\$	-	\$	-		0.00%	-	80,251.00
Fringe Benefits				18,204.00	\$	-	\$   \$	-		0.00%		18,204.00
Total Personnel Expenses			Ф	98,455.00	Ф		<b>Ι</b> Φ			0.00%	\$	98,455.00
Operating Expenses: Occupancy			\$		\$		\$	_		0.00%	\$	_
Materials and Supplies			\$	-	\$	-	\$			0.00%	•	
General Operating			\$	_	\$		\$	_		0.00%	•	_
Staff Travel		\$	-	\$	-	\$	-		0.00%		-	
Consultant/Subcontractor			\$	-	\$	-	\$	-		0.00%	\$	-
Other:			\$	-	\$	-	\$	-		0.00%	\$	-
			\$	-	\$	-	\$	-		0.00%	\$	-
Total Operating Expenses			\$	-	\$	_	\$			0.00%	\$	_
Capital Expenditures			\$	-	\$	-	\$	-		0.00%		-
TOTAL DIRECT EXPENSES				98,455.00	\$	-	\$	-		0.00%	\$	98,455.00
Indirect Expenses				14,766.00	\$	-	\$	-		0.00%	\$	14,766.00
TOTAL EXPENSES			\$ 1	13,221.00	\$	-	\$	-		0.00%	\$	113,221.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)												
							1					
REIMBURSEMENT					\$	-						
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the ac	services p	rovided unde										
Signature:							Date:					
Printed Name:												
Title:							Phone:					
Send to:							DPH Autho	rization fo	r Paymer	nt		
Behavioral Health Services-Budget/ Inv 1380 Howard St., 4th Floor San Francisco, CA 94103	lyst											
Or email to: cbhsinvoices@sfdph.org	Or email to: cbhsinvoices@sfdph.org						ized Signator	у	•		Dat	e
Jul Amendment1 12-28										Pre	epared: 1/1	5/2021

Appendix F PAGE B

Contract ID#						
1000010833			Invo	ice Nun	nber	
		M10	JL	20		
					User Cd	
	CT PO No.		•			

**Contractor: Hyde Street Community Services** 

Tel. No.:

#### **DETAIL PERSONNEL EXPENDITURES**

FTE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
111	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
		\$ -	\$ -		
					\$ 11,226.00
0.58	\$ 40,955.00	\$ -	\$ -	0.00%	\$ 40,955.00
4.40	<b>A</b> 00.054.00			0.000/	\$ 80,251.00
	0.30 0.24 0.58	0.30 \$ 14,035.00 0.30 \$ 14,035.00 0.24 \$ 11,226.00 0.58 \$ 40,955.00	0.30 \$ 14,035.00 \$ - 0.24 \$ 11,226.00 \$ - 0.58 \$ 40,955.00 \$ -	0.30 \$ 14,035.00 \$ - \$ - \$ - 0.24 \$ 11,226.00 \$ - \$ - \$ - 0.58 \$ 40,955.00 \$ - \$ - \$ - 0.58 \$	0.30 \$ 14,035.00 \$ - \$ - 0.00% 0.24 \$ 11,226.00 \$ - \$ - 0.00% 0.58 \$ 40,955.00 \$ - \$ - 0.00%

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

Signature:	Date:	
Printed Name:		
Title:	Phone:	

Contract ID# 1000010833 Appendix F PAGE A

							INVOICE NU	MRFR.	M11	JL	20	
Contractor: Hyde Street Communi	tu Sorvicos						Ct. Blanket N					
Contractor. Hyde Street Communi	ty Services						Ct. Dialiket iv	U DETIN	IN/A		Use	er Cd
Address: 134 Golden Gate Ave.,	dress: 134 Golden Gate Ave., San Francisco, CA 94102  . No.: (415) 564-2607  k No.: (415)  BHS							POHM	SFGOV-	0000448		
Tel. No.: (415) 564-2607							Fund Source:		MH MHS	SA (Adult	)	
Fax No.: (415)			В	HS			i una ocurce.		IVII I IVII IC	or (rauli	)	
							Invoice Period	d:	July 2	020		
Funding Term: 07/01/2020 - 06/3	30/2021						Final Invoice:			((	Check if Y	es)
PHP Division: Community Beha	vioral Heal	th Services	;									
		OTAL		IVERED		VERED	% C		REMA			OF
Program/Exhibit	UOS	RACTED UDC	UOS	PERIOD UDC	UOS	DATE	UOS	AL UDC	UOS	RABLES UDC	UOS	TAL UDC
	251984-1715			UDC	003	ODC	003	ODC	003	ODC	003	UDC
60/ 72 SS-Client Flexible	40	20			-	-	0%	0%	40	20	100%	100%
Support Exp												
Unduplicated Counts for AIDS Us	se Only.											
·									1			
Description			BII	DGET		ENSES	EXPEN		% BUD			AINING ANCE
Total Salaries		\$	-	\$	PERIOD	TO DA	-	ВОО	0.00%		ANCE	
Fringe Benefits		\$		\$		\$			0.00%	\$		
			\$	-	\$	-	\$	-		0.00%		-
Operating Expenses:	Total Personnel Expenses										*	
Occupancy		\$	-	\$	-	\$	-		0.00%	\$	-	
Materials and Supplies		\$	-	\$	-	\$	-		0.00%			
General Operating			\$	-	\$	-	\$	-		0.00%		
Staff Travel			\$ -		\$	-	\$			0.00%		-
Consultant/Subcontractor			\$ -		\$	-	\$ -		0.00%		<u> </u>	
Other: Client Related Expen	ises		\$ 1,739.00		\$		\$	-	0.00%			
			\$	-	\$		\$	-		0.00%	\$	
Total Operating Expenses			\$	1,739.00	\$	-	\$	-		0.00%		1,739.00
Capital Expenditures			\$	-	\$	-	\$	-	ļ	0.00%	\$	-
TOTAL DIRECT EXPENSES			\$	1,739.00 261.00	\$	-	\$	-		0.00%	•	1,739.00
Indirect Expenses TOTAL EXPENSES			\$	2,000.00	\$	-	\$	-		0.00%	\$	261.00 2,000.00
			φ	2,000.00	Ψ		NOTES:			0.00%	φ	2,000.00
Less: Initial Payment Recovery Other Adjustments (DPH use on	ly)						NOTES.					
REIMBURSEMENT					\$	-						
I certify that the information provided	above is, to	the best of	my knowl	edge, compl	ete and	accurate; t	he amount requ	ested for rei	mburseme	nt is in		
accordance with the contract app		•		der the pro	vision o	of that con	tract. Full justi	fication and	d backup	records f	or those	
claims are maintained in our offic	e at the ad	dress indic	ated.									
Signature:					_		Date:					
Printed Name:					-		•					
Title:							Phone:					
			•		•		•					
Send to:							DPH Authori	zation for F	ayment			
Behavioral Health Services-Budg	et/ Invoice	Analyst										
1380 Howard St., 4th Floor		•										
San Francisco, CA 94103												
									_			
Or email to:						Author	rized Signato	ſy			Date	
cbhsinvoices@sfdph.org												
			I	I								

Contract ID# 1000010833 Appendix F PAGE A

							INVO	ICE NUI	MBER:	M12	JL	20	
Contractor: Hyde Street Community	Services						Ct. B	lanket No	o.: BPHM	N/A			
Address 424 Oalder Oaks Ave Co		04.0	1100				O4 D	O N	OLIM	05001	0000440		er Cd
Address: 134 Golden Gate Ave., Sa	an Franci	SCO, CA 94	1102				Ct. P	O No.: F	OHIVI	SFGOV-	0000448	440	
Tel. No.: (415) 564-2607					Ī		Fund	Source:		MH MHS	SA (Adult	)	
Fax No.: (415)			B	HS			Invoid	oo Dorioo	1.	Luly 2	020		
					ı			ce Period	1.	July 2	020		
Funding Term: 07/01/2020 - 06/30/2	2021						Final	Invoice:			(0	Check if Ye	es)
PHP Division: Behavioral Health S	ervices												
	TC	OTAL	DEL	IVERED	DELIV	/ERED	1	% OI	=	REMA	INING	%	OF
	CONT	RACTED	<del>                                     </del>	PERIOD	TO I	DATE		TOTA	\L	DELIVE	RABLES	TO	TAL
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	ι	JOS	UDC	UOS	UDC	UOS	UDC
<b>B-2 Adult FSP PC# - 38BRA3 - 2519</b> 60/ 70 SS-Client Hsng	84-17156 6	-10031199- 3	0044		_		1	0%	0%	6	3	100%	100%
Support Exp							+	0 70	0 70	0	3	10070	100 /
Unduplicated Counts for AIDS Use (	Only.												
					FXPF	NSES	T	EXPEN	SES	% (	OF.	REMA	AINING
Description			BU	DGET		PERIOD		TO DA		BUD			ANCE
Total Salaries		\$	-	\$	-	\$		-		0.00%	\$	-	
Fringe Benefits			\$	-	\$	-	\$		-		0.00%		-
Total Personnel Expenses			\$	-	\$	-	\$		-		0.00%	\$	-
Operating Expenses:													
Occupancy			\$	-	\$	-	\$		-		0.00%	-	-
Material and Supplies			\$	-	\$	-	\$		-	0.00%		•	
General Operating Staff Travel			\$		\$	-	\$			0.00%			
Consultant/ Subcontractor			\$		\$		\$			0.00%			
Other: Client Related Expense	S		\$	435.00	\$	_	\$		_		0.00%	•	
3 ti 1011			\$	-	\$	-	\$		-	0.00%			
Total Operating Expenses			\$	435.00	\$	-	\$		-		0.00%		435.00
Capital Expenditures			\$	-	\$	-	\$		-		0.00%	•	-
TOTAL DIRECT EXPENSES			\$	435.00 65.00	\$	-	\$				0.00%		435.00 65.00
Indirect Expenses TOTAL EXPENSES			\$	500.00	\$		\$				0.00%	•	500.00
Less: Initial Payment Recovery			Ψ	300.00	Ψ		NOTE	· ·			0.0070	Ψ	300.00
Other Adjustments (DPH use only)							INOIL	-0.					
(B acc c)							1						
REIMBURSEMENT					\$	-							
I certify that the information provided	l abovo i	to the he	et of my	knowlodgo	comple	to and a	courat	o: the am	ount room	ostad for	roimbure	omont ic	in
accordance with the contract approv													.11
claims are maintained in our office a								,					
Circoture								Data					
Signature:					•			Date:					
Printed Name:													
					•								
Title:							I	Phone:					
Send to:			1				DPH	Authoriz	ation for F	Payment			
0							וווכ	, (0010112		aymont			
Behavioral Health Services-Budget/	Invoice A	Analyst											
1380 Howard St., 4th Floor													
San Francisco, CA 94103													
Or amail to:						۸۰،۰۱۰	ri=ocl C	lianot-	,			Dot-	
Or email to:						Autnoi	nzea S	Signator	y			Date	
cbhsinvoices@sfdph.org													



1380 Howard Street, Room 419b

San Francisco

### CERTIFICATE OF LIABILITY INSURANCE

07/01/2020

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).

	is certificate does not confer rights to				endor	sement(s).	may require	an endorsement. As	tatement	on
PRO	DUCER				CONTA/ NAME:	CT Kimber G	asca			
ABI	Insurance & Financial Services				PHONE (A/C, No E-MAIL	o, Exth: (650) 43	37-0593	FAX (AJC, I	lo): (650)	437-0593
3 W	aters Park Drive				E-MAIL ADDRE	88: Kimber.Ga	asca@theabdt	eam.com		
Sult	e 100					IN	SURER(8) AFFOR	IDING COVERAGE		NAIC#
San	Mateo			CA 94403	INSURE	RA: VantaPro	Specialty Insu	urance Co		
INSU	RED				INSURER B: Allied World Insurance Co					
	Hyde Street Community Service	s US/	A, Inc.		INSURER C:					
	DBA: The Tenderioin Clinic				INSURER D:					
	815 Hyde Street, Sulte 100				INSURE	RE:				
	San Francisco			CA 94109	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL207144404				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PERT KICLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI XLICIE	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLIC	ACT OR OTHER IES DESCRIBE	DOCUMENT OF DHEREIN IS S AIMS.	WITH RESPECT TO WHIC	H THIS	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DDYYYY)	(MM/DD/YYYY)	ı	ІМІТВ	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		00,000
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)		00,000
		١						MED EXP (Any one person)	\$ 20,0	
Α		Y		5088090701		07/01/2020	07/01/2021	PERSONAL & ADV INJURY		00,000
	GENLAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	POLICY PRO X LOC							PRODUCTS - COMP/OP AG	9 .	00,000
	OTHER:	┞						COMBINED SINGLE LIMIT	ş	
	AUTOMOBILE LIABILITY							(Ea accident)		00,000
	OWNED SCHEDULED	١.,						BODILY INJURY (Per person	· +	
Α	AUTOS ONLY AUTOS NON-OWNED	Υ		5091020701		07/01/2020	07/01/2021	BODILY INJURY (Per accide		
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	Ş	
		┞	$\perp$						Ş	
_	VIMBRELLA LIAB OCCUR			5000003404		2212412222		EACH OCCURRENCE		00,000
В	EXCESS LIAB CLAIMS-MADE	-		5090023101		07/01/2020	07/01/2021	AGGREGATE	\$ 1,00	00,000
	DED RETENTION \$ WORKERS COMPENSATION	├	$\vdash$					PER LOT	\$ -	
	AND EMPLOYERS' LIABILITY Y/N							PER OTI STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY		
	DÉSCRIPTION OF OPERATIONS below	├						E.L. DISEASE - POLICY LIM	Т \$	
Α	Professional Liability			5088090701		07/02/2020	07/01/2021	PL Aggregate Limit	537	000.000
^	Abuse and Molestation			3000090701		07/02/2020	07/01/2021	Abuse Aggregate Limit		000,000
DE8	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	10PD 1	01 Additional Remarks Schedule	may be a	fisched If more co	sace is required)	ribade riggregate cilin	40,0	100,000
The	City and County of San Francisco, its Office tract or agreement on file with the insured, enters' Compensation.	ers, Ag	gents a	and Employees are Additiona	Insure	ds on General I	Liability and Au		l to	
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	City and County of San Francis Its Officers, Agents, Employee	co Dej	partme	ent of Public Health	SHO	ULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE F, NOTICE WILL BE DELI Y PROVISIONS.		D BEFORE

AUTHORIZED REPRESENTATIVE

DD GODDODATION AIL 1 1

CA 94103



### **EVIDENCE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 7/8/2019

		EVIDENCE OF FRO	PERTITION	KANCE		7/8/2019
ADDITIONAL INTEREST COVERAGE AFFORDED	NAMED BI BY THE P UTHORIZE	SURANCE IS ISSUED AS A MATTER OF ELOW. THIS EVIDENCE DOES NOT AFF OLICIES BELOW. THIS EVIDENCE OF ED REPRESENTATIVE OR PRODUCER,	FIRMATIVELY OR NEGATI INSURANCE DOES NOT	IVELY AMEND, EXTE CONSTITUTE A CON	END OR ALTER TH	
AGENCY	PHONE (A/C, No, I	Ext): (650)488-8565	COMPANY			
ABD Insurance & Fi			Travelers Casua	alty & Surety	Co of Americ	a
3 Waters Park Driv	ve.			_		
Suite 100						
	G.	04403				
San Mateo	E-MAIL	94403				
FAX (A/C, No): (650)488-8566	ADDRESS:	eric.alburger@theabdteam.	CC			
CODE:		SUB CODE:				
AGENCY 00008345						
INSURED			LOAN NUMBER		POLICY NUMBER	
Hyde Street Commun	nity Se	rvices USA, Inc.			105643482	
DBA: The Tenderlo	in Clin	ic	EFFECTIVE DATE	EXPIRATION DATE		
815 Hyde Street, S	_		7/1/2020	7/1/2021		D ===== =D ======D
San Francisco			THIS REPLACES PRIOR EVID	1 .		
San Francisco	CA	94109	THIS KEI EAGEST KICK EVIDI	LNOL DATED.		
PROPERTY INFORMATIO	N					
LOCATION/DESCRIPTION						
815 Hyde Street, S San Francisco, CA		00				
0000 W0000DW0 W000	RODORON DODOROD	DD	RRRRRRRD		oomo momono ODoooRwoDwoR	
	KIMI		J	VI		
COVERAGE INFORMATION	ON					
		COVERAGE/PERILS/FORMS		АМО	UNT OF INSURANCE	DEDUCTIBLE \$5,000
Employee Theft / H	Fidelit	y Coverage		AMO	\$750,000	\$5,000
	Fidelit	y Coverage		AMO	_	
Employee Theft / F	Fidelit	y Coverage		AMO	_	
Employee Theft / I	Fidelit	y Coverage		AMO	_	
Employee Theft / I	Fidelit	y Coverage	EFORE THE EXPIRATION		\$750,000	
REMARKS (Including Special Cancellation Should any of the Alderson Delivered in accord	Fidelit	y Coverage  ditions)  SCRIBED POLICIES BE CANCELLED BI	FORE THE EXPIRATION		\$750,000	
Employee Theft / F  REMARKS (Including Special	Fidelit	y Coverage  ditions)  SCRIBED POLICIES BE CANCELLED BI		DATE THEREOF, NO	\$750,000	
REMARKS (Including Special Cancellation Should any of the Alderson Delivered in accord	Fidelit	y Coverage  ditions)  SCRIBED POLICIES BE CANCELLED BI	EFORE THE EXPIRATION		\$750,000	
Employee Theft / I	BOVE DES	ditions)  SCRIBED POLICIES BE CANCELLED BETH THE POLICY PROVISIONS.  an Francisco RM 419b		DATE THEREOF, NO	\$750,000	
Employee Theft / I	BOVE DES	ditions)  SCRIBED POLICIES BE CANCELLED BETH THE POLICY PROVISIONS.  an Francisco RM 419b	M0R000000	DATE THEREOF, NO	\$750,000	



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/14/2020

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.

	SUBROGATION IS WAIVED, subjec is certificate does not confer rights t							require an endorsement	. A st	atement on
	DUCER				CONTA NAME:	CT Automati		ssing Insurance Agency, In	iC.	
Aut	omatic Data Processing Insurance Age	ncy, li	nc.		PHONE	1 000	524-7024	FAX (A/C, No):		
	0 0	•			E-MAIL ADDRE			(A/C, NO).		
1 A	dp Boulevard				ADDRE		LIDED(S) AEEOE	RDING COVERAGE	$\overline{}$	NAIC #
	eland			NJ 07068	INSURE		Preferred Insura		-+	10346
INSU						IVA.		· ,	-+	
	Tryde direct dominantly dervices	,			INSURE				$\rightarrow$	
	815 Hyde St Ste 100				INSURE				$\rightarrow$	
	01011,400 01 010 100				INSURER D :					
	San Francisco			CA 94109	INSURER E : INSURER F :					
CO		TIFIC	CΔTF	E NUMBER: 1628455	INSURE	KF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT, TERM OR CONDITION	OF AN	IY CONTRAC	T OR OTHER	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH								) ALL	THE TERMS,
NSR LTR		ADDL	SUBR		DLLINI		POLICY EXP (MM/DD/YYYY)			
LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
								DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							(20.0000.0000)	\$	
								` , ' , '	\$	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	
	OTHER: AUTOMOBILE LIABILITY							COMPINED CINICIE LIMIT	\$ \$	
	ANY AUTO								\$ \$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR								-	
	- CCCOR								\$	
	CLAIWS-WADE	-							\$	
	DED   RETENTION \$ WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								1,00	0.000
Α	OFFICER/MEMBER EXCLUDED?   N	N/A	Υ	EIG293686300		02/12/2020	02/12/2021	E.L. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE S	*	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - POLICY LIMIT	1,00	0.000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	, .,00	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	│ D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
	certificate of insurance includes a Wai							•		
CFI	RTIFICATE HOLDER				CANO	ELLATION				
<u></u>					<u> </u>	<u> </u>				
								ESCRIBED POLICIES BE CA		
	City and Court 12	_: =	<b>\</b>	descent of District 11 10				EREOF, NOTICE WILL B CYPROVISIONS.	E DEI	LIVERED IN
	City and County of San Fran		pepar	Timent of Public Health		WI				
	1380 Howard St Room 419B				AUTHO	RIZED REPRESE	NTATIVE			
	One Francis			04 64400	-71	m. Muin				
	San Francisco			CA 94103	/ (an	in Mun				



1380 Howard Street, Room 419b

San Francisco

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2020

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).

PRO	DUCER	NAME: Kimber Gasca									
AB	D Insurance & Financial Services				PHONE (650) 437-0593 (AIC. No. Ext): (650) 437-0593						
3 Waters Park Drive						E-MAIL ADDRESS: Kimber.Gasca@theabdteam.com					
Sul	te 100				INSURER(8) AFFORDING COVERAGE NAIC #						
Sai	n Mateo			CA 94403	INSURER A: VantaPro Specialty Insurance Co						
INS	URED				INSURER B: Allied World Insurance Co						
1	Hyde Street Community Service	s US	A, Inc.		INSURER C: Lloyds of London						
1	DBA: The Tenderioin Clinic				INSURER D:						
1	815 Hyde Street, Suite 100				INSURER E :						
	San Francisco			CA 94109	INSURER F:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL207144404							
C	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.										
LTR	TYPE OF INSURANCE		WVD			(MM/DDYYYYY)	(MM/DD/YYYY)		LIMIT	8	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		ş 1,00	
1	CLAIMS-MADE X OCCUR							PREMISES (Ea occu		\$ 1,00	0,000
1								MED EXP (Any one)	person)	\$ 20,0	00
Α		Υ		5088090701		07/01/2020	07/01/2021	PERSONAL & ADV INJURY \$ 1,0			0,000
1	GENLAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	GENERAL AGGREGATE \$ 3,00		
1	POLICY PRO- X LOC							PRODUCTS - COMP	P/OP AGG	\$ 3,00	0,000
1	OTHER:							Abuse.Molestati		\$ \$3,0	000,000
$\Box$	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,00	0,000
1	X ANY AUTO						'	BODILY INJURY (Pe			
Α	OWNED SCHEDULED AUTOS ONLY	Υ		5091020701		07/01/2020	07/01/2021	BODILY INJURY (Pe	SODILY INJURY (Per accident) \$		
1	HIRED NON-OWNED AUTOS ONLY						'	PROPERTY DAMAG (Per accident)	E	Ş	
1							'			Ş	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Œ	\$ 1,00	0,000
B EXCESS LIAB CLAIMS-MADE				5090023101	07/01/2020		07/01/2021	AGGREGATE \$ 1,00		0,000	
DED RETENTION \$		]								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
AND EMPLOYERS LABILITY Y/N ANY PROPRIETORIPARTIEREXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandstory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDEN	NT	\$	
								E.L. DISEASE - EA EMPLOYEE		\$	
								E.L. DISEASE - POLICY LIMIT \$		\$	
С	Cyber and Privacy Breach including Management Liability			5088090701		07/02/2020	07/01/2021	Aggregate Limit Dexuctible		\$2,0 \$2,5	000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The City and County of San Francisco, its Officers, Agents and Employees are Additional Insureds on General Liability and Automobile Liability as per contract or agreement on flie with the insured, endorsement attached. This insurance is primary and non-contributory. Walver of Subrogation is added to Workers' Compensation.											
CE	RTIFICATE HOLDER	CANC	ELLATION								
City and County of San Francisco Department of Public Health						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Its Officers, Agents, Employee						ALITHORIZED REPRESENTATIVE					

CA 94103

#### 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**

-
Ramamar a angalamra arawa alamama mamarad
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Policy Number: 5091020701 COMMERCIAL AUTO
Effective: 7/1/20

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

### ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### **BUSINESS AUTO COVERAGE FORM**

#### **SCHEDULE**

Name Of Person Or Organization:						
o mimed an accama acan-coamanaminaramical and canaca						
Rowanic account a cross something with a cros						
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.						

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form. The inclusion of additional interest or interests will not operate to increase the limit of our liability.

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. 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.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be \_\_\_\_\_0 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

**Person or Organization** 

**Job Description** 

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC 1380 HOWARD ST ROOM 419B SAN FRANCISCO CA 94103 PROVIDE MENTAL HEALTH SERVICES

The charge for this endorsement is \$ 250

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective 02/12/2020

at 12:01 AM standard time, forms a part of

Policy No. EIG 2936863 00

Of the EMPLOYERS PREFERRED INS. CO.

Carrier Code 00920

Issued to HYDE STREET COMMUNITY SERVICES

Countersigned at \_\_\_\_\_\_ on \_\_\_\_ By: \_

Endorsement No.

Premium \$8,681

Authorized Representative

WC 04 03 06

(Ed. 4-84)

 $\odot$  1998 by the Workers' Compensation Insurance Rating Bureau of California. All rights reserved.

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. 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.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be \_\_\_\_0 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

**Person or Organization** 

**Job Description** 

CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC 1380 HOWARD ST ROOM 419B SAN FRANCISCO CA 94103

PROVIDE MENTAL HEALTH SERVICES

The charge for this endorsement is \$ 250

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective 02/12/2021

at 12:01 AM standard time, forms a part of

Policy No. EIG 2936863 01

Of the EMPLOYERS PREFERRED INS. CO.

Carrier Code 00920

Issued to HYDE STREET COMMUNITY SERVICES

Endorsement No.

Premium

Countersigned at \_\_\_\_\_\_ on \_\_\_\_ By: .

**Authorized Representative** 

(Ed. 4-84)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/17/2021

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).

	is certificate does not confer rights to							require an endorsement. A s	tatement on		
PRODUCER						CONTACT Automatic Data Processing Insurance Agency, Inc.					
Automatic Data Processing Insurance Agency, Inc.						PHONE 1-800-524-7024 (A/C, No, Ext): (A/C, No):					
					E-MAIL ADDRESS:						
1 Adp Boulevard						INSURER(S) AFFORDING COVERAGE NAIC					
Ros	eland			NJ 07068	INSURER A: Employers Preferred Insurance Company				10346		
INSU	RED Hyde Street Community Services	Ste 10	00		INSURER B:						
					INSURER C:						
	815 Hyde St					INSURER D:					
						INSURER E:					
	San Francisco			CA 94109	RF:						
				NUMBER: 1889466				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										
CI	ERTIFICATE MAY BE ISSUED OR MAY F	PERTA	AIN,	THE INSURANCE AFFORI	DED BY	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJECT TO ALL			
					BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY	ADDL S	WVD	POLICY NUMBER	POLICY EF (MM/DD/YYY		POLICY EXP (MM/DD/YYYY)	LIMITS			
								EACH OCCURRENCE \$ DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$			
								MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$  GENERAL AGGREGATE \$			
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$			
	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$ WORKERS COMPENSATION							\$ OTH-			
	AND EMPLOYERS' LIABILITY Y/N	n/a N					PER OTH- STATUTE ER	20,000			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE N		Ν	EIG293686301		02/12/2021	02/12/2022		00,000		
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$ 1,00	00,000			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,00	50,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER						CANCELLATION					
City and County of San Fransico Department of Public Health 1380 Howard St Room 419B						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	.555				AUTHORIZED REPRESENTATIVE						
	San Francisco			CA 94103	Money M. Muin						