

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of October 13, 2020, in San Francisco, California, by and between Central City Hospitality House (“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 continue to improve behavioral health outcomes for older adults, by expanding early identification efforts and improving access to appropriate care, by extending the performance period, increasing the contract amount and updating standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFQ 5-2017, issued on April 27, 2017 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 49279-17/18 on November 4, 2019.

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement (Contract ID#: 1000011069) dated July 1, 2018, 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 Original Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1st, 2018; or (ii) the Effective Date and expire on June 30, 2021, 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 1st, 2018; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

2.3 **Payment.** *Article 3.3.1 of the Original Agreement currently reads as follows:*

3.3.1 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 Eight Million Eight Hundred Four Thousand Two Hundred Thirty Five Dollars (\$8,804,235). 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. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. 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 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 Fifteen Million Ninety Three Thousand Six Hundred Twelve Dollars (\$15,093,612). 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. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.4 **Contract Amendments; Budgeting Revisions.** *The following section is hereby added to the Agreement in Article 3.*

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

2.5 **Assignment.** *The following section is hereby added to the Agreement in Article 4, replacing the previous Section 4.5 in its entirety:*

4.5 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.

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

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

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage. as applicable.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Reserved. (Technology Errors and Omissions Liability Coverage)
- (f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

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

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

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

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.

2.7 **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.

2.8 **Termination for Default; Remedies.** *The following section is hereby added to the Agreement in Article 8, replacing the previous Section 8.2.1 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
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.

2.9 Rights and Duties upon Termination or Expiration. *The following section is hereby added to the Agreement in Article 8, replacing the previous Section 8.4.1 in its entirety:*

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire

3.4	Audit and Inspection of Records		11.6	Dispute Resolution Procedure
3.5	Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity		11.8	Construction
6.1	Liability of City		11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages		11.10	Compliance with Laws
Article 7	Payment of Taxes		11.11	Severability
8.1.6	Payment Obligation		Article 13	Data and Security
			Appendix E	Business Associate Agreement

2.10 **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:*

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

2.11 **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:*

10.17.1 **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.

2.12 **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.

2.13 **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.

2.14 **Data and Security.** *The following section is hereby added to the Agreement in Article 13, replacing the previous Article 13 in its entirety:*

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:

2.12 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 10/13/2020.

2.13 Delete Appendix A-1 through A-4, and replace in its entirety with Appendix A-1 through A-4 to Agreement as amended. Dated: 05/05/2020.

2.14 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 10/13/2020.

2.15 Delete Appendix B-1 through B-4, and replace in its entirety with Appendix B-1 through B-4 to Agreement as amended. Dated: 10/05/2020.

2.16 Delete Appendix F, and replace in its entirety with Appendix F to Agreement as amended. Dated: 10/22/2020.

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

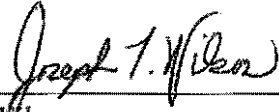
Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY
Recommended by:

CONTRACTOR
Central City Hospitality House

Grant Colfax, MD
Director of Health
Department of Public Health



Joe Wilson
Executive Director

Supplier ID number: 0000023132

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney

Approved:

Sailaja Kurella
Acting City Purchaser and Director of the
Office of Contract Administration

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. Acknowledgment of Funding:

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 – Tenderloin Self-Help Center

Appendix A-2 – Sixth Street Self-Help Center

Appendix A-3 – Community Building Program

Appendix A-4 – Sixth Street Self-Help Center, Homeless Mentally Ill Outreach & Treatment (HMIOT)

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: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

1. Identifiers:

Tenderloin Self-Help Center
 146 Leavenworth Street, San Francisco, CA, 94102
 415.749.2100
 www.hospitalityhouse.org

Contractor Address: 290 Turk Street, San Francisco, CA, 94102

Person Completing this Narrative: Joe Wilson, Executive Director
 Telephone: 415.749.2111
 Email Address: jwilson@hospitalityhouse.org
 Program Code: 38CJ2

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

The Tenderloin Self-Help Center offers a continuum of low-threshold services for those who do not otherwise utilize traditional service delivery modes, including peer counseling, case management, individual and group behavioral health services, a community arts program, an employment program, peer-led support groups, opportunities for volunteerism, and socialization activities.

4. Target Population:

While Hospitality House strives to serve all who present for services, this program will focus on serving adult and older adult residents of San Francisco’s Tenderloin community - homeless and housed – who struggle with behavioral health issues and who have difficulty accessing traditional modes of service. This highly disenfranchised population includes homeless people, those living in SRO hotels, immigrants, veterans, people with disabilities, LGBT communities, ex-offenders, and others. Demographics reflect the diversity of the community - roughly 29% African American, 2% American Indian, 31% Asian, 19% Caucasian, 10% Latino, and 10% other; 42% female, 52% male, 2% transgender; 8% veterans; 44% housed; 53% age 55 and older. Services are located in San Francisco’s Tenderloin community – 94102 zip code.

5. Modality(s)/Intervention(s)

See Appendix B – Budget.

6. Methodology:

A. Hospitality House’s peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

process. Another strategy of engagement is to provide diverse entry points for access to behavioral health and social services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the drop-in and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace. Hospitality House has been providing services in the Tenderloin since 1967. Given this well-established presence, word of mouth is one of the primary methods that participants hear about our services. In addition, we have detailed program fliers available in English and Spanish providing overviews of program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. Our website is updated frequently, and we have an active social media presence through Facebook and Twitter.

B. Intake: With low-threshold, open-door access, everyone is invited to participate in Hospitality House’s programs at their own level of stability and ability. People engage in services when they are ready and advance at their own pace, and participants’ resiliency is acknowledged and fostered. Staff embrace a strengths-based perspective and encourage participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak or shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

With a commitment to providing accessible services through an “any door is the right door” approach, Hospitality House has given considerable thought to developing appropriate methods of tracking program utilization and demographics. As participants engage in drop-in services, they are encouraged to sign in with staff. The sign-in sheet includes an identifier (last initial and last four social security digits), age, gender, ethnicity, veteran status, and stable housing status. Participants who are uncomfortable with the sign-in process are counted through a tally mark system. This combination enables data staff to accurately reflect both an unduplicated participant count as well as the number of visits to the program. Further detail is available for case management participants who have reached a more sustained level of engagement.

C. Program Service Delivery Model: Hospitality House’s community-based, peer-led programs are designed to be accessible and welcoming to all participants. Hospitality House has no entry requirements (with the exception of the shelter which is only for men), and staff are trained to work with participants at their own pace using a variety of engagement techniques. A combination of peer and clinical staff are available to work with participants on an individual as well as a group level. Behavioral expectations are clearly communicated and consistently enforced. Consequences for not complying with behavioral expectations are appropriate to the rule infraction, and participants are never permanently denied services from Hospitality House. This allows participants to reconnect to services after a period of time out and further supports the idea that people can and do change, if given the opportunity and resources.

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, creative writing classes, employment services, and socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

Length of Stay; Frequency and Duration of Service: Participants are able to receive services at Hospitality House on an indefinite basis, at the frequency and engagement level of their choice, for as long as they deem it supportive and helpful.

Locations of Service Delivery; Hours of Operation: Service delivery for this project will be centered at the Tenderloin Self-Help Center (located at 146 Leavenworth St.) in the Tenderloin, open 7am-7pm Monday through Friday, and at the Community Arts Program (located at 1009 Market St.) in the Mid-Market area, with open studio hours Monday/Wednesday/Friday from 1-6pm, Tuesday/Thursday from 10am-3pm.

Strategies for Service Delivery:

Immediate Survival and Support Services. Upon arrival, participants have immediate access to respite from the streets, use of restrooms and telephones, and basic supplies. This includes hygiene items, clothing vouchers, bus tokens, laundry vouchers, and voicemail boxes, as available. Coffee and other refreshments are offered throughout the course of the day, as available. Groceries and produce are distributed on Wednesday afternoons to over 100 participants and neighborhood residents.

Peer Advocates and Studio Assistants are available to immediately assist participants with general peer counseling and support; letters to establish residency for CAAP benefits; information and referrals for clothing, food, housing, and other services; assistance in obtaining state identification cards and replacement birth certificates; support and linkage in the areas of housing, benefits, treatment and medical care. In their initial engagement with participants, Peer Advocates and Studio Assistants also provide basic assessment of participants’ needs and direct them to case management services and other services the Center has to offer.

Case Management. Case Managers provide counseling and case management support to those in need of more intensive services, addressing their barriers to achieving health and stability, including mental health and substance use issues, physical health needs, housing, and vocational development. In accordance with Hospitality House’s participant-centered model, case managers focus on participants’ strengths and work in collaboration with them to develop individual goal plans. There is also a strong focus on self-help and peer-to-peer support in working toward participant outcomes.

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

Holistic Behavioral Health Services. For many years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as offering clinical insight in peer staff trainings.

To further strengthen the focus on holistic health, Hospitality House contracts with the Care Through Touch Institute to provide healing chair massage two days each week. This intervention has proven to be successful with participants experiencing various levels of trauma, mental health activation, and substance use issues. The simple practice of touch brings up people’s awareness about what they are experiencing in their bodies and minds and leads to increased engagement in health-related services.

Support Groups. In addition to the four weekly harm reduction therapy groups offered through partnership with HRTC, a range of peer support groups is also available. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. Each of the Center’s targeted support groups (women’s group, Latino group, etc.) gives individuals the opportunity to connect with their peers about their group’s specific issues and provides staff a formal opportunity to advise participants on available resources. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, group participation offers unique insight and assistance. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Socialization and Cultural Activities. Because those who come to the Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. The Community Arts Program provides open studio access, technical art workshops, creative writing classes, and exhibition opening events that are open for all. Every week at the Self-Help Center, there is a Friday Social where participants are invited to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women’s History Month, *Dia de los Muertos*, Lunar New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as major sporting events, natural disasters, and memorial services to remember those in the community who have died.

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

Wrap-around Services: With the Tenderloin Self-Help Center drop-in space located in the center of the program, participants are literally surrounded by opportunities for deeper engagement. Case manager offices are located in the mezzanine, with employment, therapy, group, and wellness services located in the basement. This provides a comfortable, low-threshold engagement mechanism from which participants can access the broad range of available support services.

Linkages & Coordination with Other Agencies: In order to actualize the “any door is the right door” approach, Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco which enhance the quality and level of services available to our participants including mental health, substance abuse, medical, employment, legal, housing, immediate needs, and other services.

D. Exit Criteria & Process: In order to ensure long-term accessibility and welcoming in response to community needs, Hospitality House allows participants to define their own measures of success, in true harm reduction fashion. Participants do not “exit” the program; files are considered either “active” or “inactive” so that they can be reactivated if a participant wants to re-engage in services. Staff work with participants where they are at, meeting their range of needs for more or less intensive services, aftercare, or informal follow-up. This consistent availability is a key aspect of welcoming and accessibility. Due to the challenges and transitions facing many community members and people seeking services, it has been important for Hospitality House to remain available to participants. This is helpful for participants who return to the agency after a prolonged absence, knowing that Hospitality House is a place which offers low-threshold support.

E. Staffing: Currently, the staffing of the program consists of a combination of Peer Advocates/Studio Assistants and Case Managers. While all staff work directly with program participants in the drop-in center, Peer Advocates/Studio Assistants specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. Employing harm-reduction and self-help strategies, the Case Managers work with participants to a greater degree to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy. Case Managers link participants to the broad array of services provided in the community. The Program Manager provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the Program Director, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters.

F. MHSA Additional Required Service Description:

1) Consumer/participant engagement: Hospitality House embraces a community-based, peer-led model that places consumers at the forefront of development, implementation, and evaluation.

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

Participants assume a variety of roles within the organization – participant, volunteer, staff, board member, donor – as they personally grow and evolve. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. As participants move into peer volunteer, staff, and management positions, they lend their voices through weekly meetings, trainings, and supervision sessions. There are also four seats on the board of directors designated for participants. Board members elected to those seats, and any other participant who is interested, are encouraged to sit on the board’s program and policy committee where decisions are made regarding program direction, development, and expansion.

2) Promoting the MHSA vision: Hospitality House holds a guiding principle of mission-driven fundraising, and found the MHSA funding stream to be a natural fit with the philosophy and services of the agency. The agency actively manifests the MHSA Vision in its daily functioning:

- *The concepts of recovery and resilience are widely understood and are evident in programs and service delivery.*

Through commitment to a low-threshold approach and a guiding principle of harm reduction, Hospitality House provides services with the belief that everyone has the ability to make life changes in order to thrive. Staff understand that all individuals seeking services have a unique vision for what they would like their life to look like. The program model ensures that participants are provided with unlimited opportunities to begin again and to continue working towards future goals.

- *Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.*

With a guiding principle of community-based, peer-led programs, Hospitality House has always advocated that participants be the guiding force in identifying and prioritizing their needs, from an individual goal-setting process, to a larger community organizing and policy advocacy level.

- *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.*

During new employee orientation, Hospitality House provides an overview of the agency’s guiding principles, which includes the commitment to treat everyone with dignity and respect. In addition, the agency places an emphasis on hiring peer staff from the community who have faced similar challenges to those of our participants. This combination ensures the cultural relevancy of our staff team.

- *Consumers and their families are actively engaged in all aspects of the behavioral health system including planning, implementation and evaluation.*

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

As described above, in Question 1.

- *Efforts to improve service coordination result in a seamless experience for clients.*
Hospitality House’s continuous quality improvement efforts prioritize incorporation of participant feedback. Qualitative and quantitative feedback is gathered through various weekly and annual efforts, and the data is reviewed with managers, staff and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

- *Collaboration with different systems increases opportunities for jobs, education, housing, etc.*
Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco. We have especially close relationships with the Harm Reduction Therapy Center and the Care Through Touch Institute which provide on-site access to holistic behavioral health services. In addition, we collaborate with dozens of other organizations to enhance the quality and level of services available to our participants, including mental health, substance use, medical, employment, legal, housing, immediate needs, and other services. Hospitality House is also involved in initiatives addressing neighborhood needs, such as the Market Street for the Masses Coalition and the Tenderloin Health Improvement Project.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

Hospitality House guarantees compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, such as Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction. The Program Director is responsible for Continuous Quality Improvement coordination. Hospitality House regularly involves participants in its CQI feedback loop. Feedback is gathered in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Survey responses, both quantitative and qualitative, are reviewed with the Board’s Program & Policy Committee, managers, staff, and participants; each program develops an Action Plan with concrete steps to address areas in need of improvement. Participants are also engaged in program evaluation through participation on the Board of Directors, with four full voting member seats for program participants to represent the agency’s programs.

A. Achievement of contract performance objectives and productivity: Each objective has a clearly defined evaluation measurement process. Because of the agency’s low-threshold nature, data is tracked through an internal database rather than through the Avatar system. Program staff report data through sign-in sheets, outcome forms, etc., and managers review the data for accuracy before submission to data staff. After completing data entry, the data staff reviews reports with the Director of Programs on a quarterly basis to ensure accuracy and track progress towards

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

meeting objectives. Managers are provided a quarterly update on their progress in meeting annual outcomes; problem-solving occurs regarding any areas in need of improvement.

B. Documentation quality, including a description of internal audits: With an emphasis on peer-based programming and hiring from the community, Hospitality House takes a multilayered approach to monitoring documentation, given that certain staff are less familiar with general workplace documentation standards. Managers sign off on data submitted by staff, prior to close scrutiny from data entry staff. Each month the managers review participant files for case notes and sufficient backup documentation before approving monthly outcome forms. Data staff follow-up with managers and program staff if questions arise during the data entry process. The Director of Programs collaborates with data staff to identify any discrepancies which require further review of documentation. Through this internal audit system, the agency can ensure that sufficient documentation backs up the outcomes as reported.

C. Cultural competency of staff and services: With “multi-cultural services” as one of the agency’s nine guiding principles, cultural sensitivity is a priority. Staff is trained in the orientation process and through the regular monthly training series on how to provide services in a welcoming manner. The Inclusivity Workgroup, consisting of interested staff and management, meets monthly to design and implement programming and activities to strengthen our cultural competency. Hospitality House prioritizes hiring staff from the community, with an emphasis on our staff demographics representing those of the community we serve, at every level of the organization. Hospitality House engages in the annual DPH cultural competency process, with management participating regularly in DPH Cultural Competency Task Force meetings.

D. Satisfaction with services: Hospitality House uses an annual internal Participant Satisfaction Survey, available in English, Spanish, and Chinese. Each of the agency’s programs collects surveys. As described above, Peer Advocates and Case Managers distribute and collect Participant Satisfaction Surveys during the annual one-week period. Because of the low-threshold nature of services, staff provides support to participants who request assistance in completing the survey. Administrative staff support survey collection and conduct data entry, resulting in a report summarizing both quantitative and qualitative survey results as well as a comparison from previous years. For the last two years, Hospitality House received assistance from graduate-level students to conduct the data analysis, which was really helpful. Results are shared with the Board of Directors’ Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, creating an annual action plan for each program to adjust program design and implementation in order to maximize participant satisfaction.

E. Timely completion and use of outcome data: As a low-threshold program, Hospitality House does not use CANS or ANSA data. We focus instead on review of our progress towards meeting outcome objectives, and whether data trends indicate a need for modification of service delivery methods.

Contractor Name: Hospitality House	Appendix A-1
Program Name: Tenderloin Self-Help Center	Funding Source: MHSA + GF

9. Required Language:

Not applicable.

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

1. Identifiers:

Sixth Street Self-Help Center
 169 Sixth Street, San Francisco, CA, 94103
 415.369.3040
 www.hospitalityhouse.org
 Contractor Address: 290 Turk Street, San Francisco, CA, 94102
 Person Completing this Narrative: Joe Wilson, Executive Director
 Telephone: 415.749.2111
 Email Address: jwilson@hospitalityhouse.org
 Program Code: 38IP6

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

To reduce the trauma caused by homelessness and poverty in the Sixth Street corridor by providing access to mental health, substance abuse, housing, employment, stabilization and socialization services using a low-threshold, self-help, peer-based, harm reduction model.

4. Target Population:

While Hospitality House strives to serve all who present for services, this program will focus on serving adult and older adult residents of San Francisco’s Sixth Street corridor/South of Market area - homeless and housed – who struggle with behavioral health issues and who have difficulty accessing traditional behavioral health modes of service. This highly disenfranchised population includes homeless people, those living in SRO hotels, immigrants, veterans, people with disabilities, LGBT communities, ex-offenders, and others. Demographics reflect the diversity of the community - roughly 45% African American, 1% American Indian, 6% Asian, 30% Caucasian, 9% Latino, and 9% other; 20% female, 78% male, 1% transgender; 15% veterans; 48% housed; 33% age 55 and older. Services are located in San Francisco’s Tenderloin community – 94103 zip code.

5. Modality(s)/Intervention(s)

See Appendix B – Budget.

6. Methodology:

A. **Outreach:** Hospitality House’s peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for access to services. While some individuals may be comfortable attending a support group, others may more easily open up while watching a movie. Some participants first engage through the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace. Hospitality House has been providing services in the Tenderloin since 1967. Given this well-established presence, word of mouth is one of the primary methods that participants hear about our services. In addition, we have detailed program fliers available in English and Spanish providing overviews of program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. Our website is updated frequently, and we have an active social media presence through Facebook and Twitter.

B. Intake: With low-threshold, open-door access, everyone is invited to participate in Hospitality House’s programs at their own level of stability and ability. People engage in services when they are ready and advance at their own pace, and participants’ resiliency is acknowledged and fostered. Staff embrace a strengths perspective and encourage participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak and shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

With a commitment to providing accessible services through an “any door is the right door” approach, Hospitality House has given considerable thought to developing appropriate methods of tracking program utilization and demographics. As participants engage in drop-in services, they are encouraged to sign in with staff. The sign-in sheet includes an identifier (last initial and last four social security digits), age, gender, ethnicity, veteran status, and stable housing status. Participants who are uncomfortable with the sign-in process are counted through a tally mark system. This combination enables data staff to accurately reflect both an unduplicated participant count as well as the number of visits to the program. Further detail is available for case management participants who have reached a more sustained level of engagement.

C. Program Service Delivery Model: Hospitality House’s community-based, peer-led programs are all designed to be accessible and welcoming to all participants. Hospitality House has no entry requirements (with the exception of the shelter which is only for men), and staff are trained to work with participants at their own pace and to use a variety of engagement techniques. A combination of peer and clinical staff are available to work with participants on an individual as well as a group level. Behavioral expectations are clearly communicated and consistently enforced. Consequences for not complying with behavioral expectations are appropriate to the rule infraction, and participants are never permanently denied services from Hospitality House.

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

This allows participants to reconnect to services after a period of time out and further supports the idea that people can and do change, if given the opportunity and resources.

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, employment workshops, and socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

Length of Stay; Frequency and Duration of Service: Participants are able to receive services at Hospitality House on an indefinite basis, at the frequency and engagement level of their choice, for as long as they deem it supportive and helpful.

Locations of Service Delivery; Hours of Operation: Service delivery for this project will be centered out of the Sixth Street Self-Help Center (located at 169 Sixth Street), in the Sixth Street corridor, open 9am-5pm Monday through Friday. Please see Appendix A4 for a description of services for the HMIOT extended hours (M-F: 5pm – 10pm).

Strategies for Service Delivery:

Immediate Survival and Support Services. Upon arrival, participants have immediate access to respite from the streets, use of restrooms and telephones, and basic supplies. This includes hygiene items, clothing vouchers, bus tokens, laundry vouchers, and voicemail boxes, as available. Coffee and other refreshments are offered throughout the course of the day, as available.

Peer Advocates are available to immediately assist participants with general peer counseling and support; letters to establish residency for CAAP benefits; information and referrals for clothing, food, housing, and other services; assistance in obtaining state identification cards and replacement birth certificates; support and linkage in the areas of housing, benefits, treatment and medical care. In their initial engagement with participants, Peer Advocates also provide some assessment of participants’ needs and direct them to case management services and other services the Center has to offer.

Case Management. Case Managers provide counseling and case management support to those in need of more intensive services, addressing their barriers to achieving health and stability, including mental illness, substance use issues, physical health needs, housing, and vocational development. In accordance with Hospitality House’s participant-centered model, case managers focus on participants’ strengths and work in collaboration with them to develop individual goal plans. There is also a strong focus on self-help and peer-to-peer support in working toward participant outcomes.

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

Holistic Behavioral Health Services. For many years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as offering clinical insight in peer staff trainings.

To further strengthen the focus on holistic health, Hospitality House contracts with the Care Through Touch Institute to provide healing chair massage each week. This intervention has proven to be successful with participants experiencing various levels of trauma, mental illness, and substance use issues. The simple practice of touch brings up people’s awareness about what they are experiencing in their bodies and minds and leads to increased engagement in health-related services.

Support Groups. In addition to the four weekly harm reduction therapy groups offered through partnership with HRTC, a range of peer support groups is also available. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. Each of the Center’s targeted support groups (Job Seekers Support Group, Healthy Lifestyles group, etc.) gives individuals the opportunity to connect with their peers about their group’s specific issues and provides staff a formal opportunity to advise participants on available resources. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, group participation offers unique insight and assistance. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Socialization and Cultural Activities. Because those who come to the Self-Help Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. Every week at the Self-Help Center, there is a Friday Social where participants are invited to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African American History Month, Women’s History Month, *Día de los Muertos*, Lunar New Year, Pride Month, and the like). These social activities provide access to entertainment in a safe space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as major sporting events, natural disasters, and memorial services to remember those in the community who have died.

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

Wrap-around Services: The Sixth Street Self-Help Center was designed with participants in mind. With the drop-in space located in the front of the program, participants are surrounded by opportunities for deeper engagement. Case manager offices are located next to the drop-in, with employment, therapy, and group services located just down a short hallway. This provides a comfortable, low-threshold engagement mechanism from which participants can access the broad range of available support services.

Linkages & Coordination with Other Agencies: In order to actualize the “any door is the right door” approach, Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco which enhance the quality and level of services available to our participants including mental health, substance abuse, medical, employment, legal, housing, immediate needs, and other services.

D. Exit Criteria & Process: In order to ensure long-term accessibility and welcoming in response to community needs, Hospitality House allows participants to define their own measures of success, in true harm reduction fashion. Participants do not “exit” the program; files are considered either “active” or “inactive” so that they can be reactivated if a participant wants to re-engage in services. Staff work with participants where they are at, meeting their range of needs for more or less intensive services, aftercare, or informal follow-up. This consistent availability is a key aspect of welcoming and accessibility. Due to the challenges and transitions facing many community members and people seeking services, it has been important for Hospitality House to remain available to participants. This is helpful for participants who return to the agency after a prolonged absence, knowing that Hospitality House is a place which offers low-threshold support.

E. Staffing: Currently, the program staffing consists of a combination of Peer Advocates (currently two) and Case Managers (currently two). While all staff work directly with program participants in the drop-in center, Peer Advocates specifically provide engagement, crisis intervention, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. Employing harm-reduction and self-help strategies, the Case Managers work with participants to a greater degree to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy. Case Managers link participants to the broad array of wellness-centered and client-focused services provided in the community. The Program Managers provide supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Managers report to the Program Director, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters.

F. MHSA Additional Required Service Description:

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSa + GF

Promoting the MHSa vision: Hospitality House holds a guiding principle of mission-driven fundraising, and found the MHSa funding stream to be a natural fit with the agency. The agency actively manifests the MHSa Vision in its daily functioning.

- *The concepts of recovery and resilience are widely understood and are evident in programs and service delivery.*

Through commitment to a low-threshold approach and a guiding principle of harm reduction, Hospitality House provides services with the belief that everyone has the ability to make life changes in order to thrive. Staff understand that all individuals seeking services have a unique vision for what they would like their life to look like. The program model ensures that participants are provided with unlimited opportunities to begin again and to continue working towards future goals.

- *Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.*

With a guiding principle of community-based, peer-led programs, Hospitality House has always advocated that participants be the guiding force in identifying and prioritizing their needs, from an individual goal-setting process, to a larger community organizing and policy advocacy level.

- *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.*

During new employee orientation, Hospitality House provides an overview of the agency’s guiding principles, which includes the commitment to treat everyone with dignity and respect. In addition, the agency places an emphasis on hiring peer staff from the community who have faced similar challenges to those of our participants. This combination ensures the cultural relevancy of our staff team.

Hospitality House had made modest, but important investments in self-care and mindfulness training, making healthful snacks and water more widely available, and taking steps to promote a more healthful working environment for our staff and the community at large. The program has engaged in productive discussions and collaborations with our community partners about the long-term value of these modest investments in our community engagement work.

- *Consumers and their families are actively engaged in all aspects of the behavioral health system including planning, implementation and evaluation.*

Consumer/participant engagement: Hospitality House embraces a community-based, peer-led model that places consumers at the forefront of development, implementation, and evaluation. Participants assume a variety of roles within the organization – participant, volunteer, staff, board member, donor – as they personally grow and evolve. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Both quantitative and

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. As participants move into peer volunteer, staff, and management positions, they lend their voices through weekly meetings, trainings, and supervision sessions. There are also four seats on the board of directors designated for participants. Board members elected to those seats, and any other participant who is interested, are encouraged to sit on the board’s program committee where decisions are made regarding program direction, development, and expansion.

- *Efforts to improve service coordination result in a seamless experience for clients.*
Hospitality House’s continuous quality improvement efforts prioritize incorporation of participant feedback. Qualitative and quantitative feedback is gathered through various weekly and annual efforts, and the data is reviewed with managers, staff and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

- *Collaboration with different systems increases opportunities for jobs, education, housing, etc.*
Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco. We have especially close relationships with the Harm Reduction Therapy Center and the Care Through Touch Institute which provide on-site access to holistic behavioral health services. In addition, we collaborate with dozens of other organizations to enhance the quality and level of services available to our participants, including mental health, substance abuse, medical, employment, legal, housing, immediate needs, and other services. Hospitality House is also involved in initiatives addressing neighborhood needs, such as the Market Street for the Masses Coalition and the Tenderloin Health Improvement Project.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

Hospitality House guarantees compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, such as Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction. The Program Director is responsible for Continuous Quality Improvement coordination. Hospitality House regularly involves participants in its CQI feedback loop. Feedback is gathered in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Survey responses, both quantitative and qualitative, are reviewed with the Board’s Program & Policy Committee, managers, staff, and participants; each program develops an Action Plan with concrete steps to address areas in need of improvement. Participants are also engaged in program evaluation through participation on the Board of Directors, with four full voting member seats for program participants to represent the agency’s programs.

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

A. Achievement of contract performance objectives and productivity: Each objective has a clearly defined evaluation measurement process. Because of the agency’s low-threshold nature, data is tracked through an internal database rather than through the Avatar system. Program staff report data through sign-in sheets, outcome forms, etc., and managers review the data for accuracy before submission to data staff. After completing data entry, the data staff review reports with the Program Director on a quarterly basis to ensure accuracy and track progress towards meeting objectives. Managers are provided a quarterly update on their progress in meeting annual outcomes; problem-solving occurs regarding any areas in need of improvement.

B. Documentation quality, including a description of internal audits: With an emphasis on peer-based programming and hiring from the community, Hospitality House takes a multilayered approach to monitoring documentation, given that certain staff members may be less familiar with general workplace documentation standards. Managers sign off on data submitted by staff, prior to close scrutiny from data entry staff. Each month the managers review participant files for case notes and sufficient backup documentation before approving monthly outcome forms. Data staff follow-up with managers and program staff if questions arise during the data entry process. The Director of Programs collaborates with data staff to identify any discrepancies which require further review of documentation. Through this internal audit system, the agency can ensure that sufficient documentation backs up the outcomes as reported.

C. Cultural competency of staff and services: With “multi-cultural services” as one of the agency’s nine guiding principles, cultural sensitivity is a priority. Staff is trained in the orientation process and through the regular monthly training series on how to provide services in a welcoming manner. The Inclusivity Workgroup, consisting of interested staff and management, meets monthly to design and implement programming and activities to strengthen our cultural competency. Hospitality House prioritizes hiring staff from the community, with an emphasis on our staff demographics representing those of the community we serve, at every level of the organization. Hospitality House engages in the annual DPH cultural competency process, with management participating regularly in DPH Cultural Competency Task Force meetings.

D. Satisfaction with services: Hospitality House uses an annual internal Participant Satisfaction Survey, available in English, Spanish, and Chinese. Each of the agency’s programs collects surveys. As described above, Peer Advocates and Case Managers distribute and collect Participant Satisfaction Surveys during the annual one-week period. Because of the low-threshold nature of services, staff provides support to participants who request assistance in completing the survey. Administrative staff support survey collection and conduct data entry, resulting in a report summarizing both quantitative and qualitative survey results as well as a comparison from previous years. For the last two years, Hospitality House received assistance from graduate-level students to conduct the data analysis, which was really helpful. Results are shared with the Board of Directors’ Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, creating an

Contractor Name: Hospitality House	Appendix A-2
Program Name: Sixth Street Self-Help Center	Funding Source: MHSA + GF

annual action plan for each program to adjust program design and implementation in order to maximize participant satisfaction.

E. Timely completion and use of outcome data: As a low-threshold program, Hospitality House does not use CANS or ANSA data. We focus instead on review of our progress towards meeting outcome objectives, and whether data trends indicate a need for modification of service delivery methods.

9. Required Language: NA.

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

1. Identifiers:

Community Building Program
 290 Turk Street, San Francisco, CA, 94102
 415.749.2100
 www.hospitalityhouse.org

Contractor Address: 290 Turk Street, San Francisco, CA, 94102

Person Completing this Narrative: Joe Wilson, Executive Director
 Telephone: 415.749.2111
 Email Address: jwilson@hospitalityhouse.org
 Program Code: 38CJHW

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

The Hospitality House Community Building Program will increase the community capacity to ameliorate the negative impact of trauma exposure on community members through increasing access to a range of behavioral and social services.

4. Target Population:

While Hospitality House strives to serve all who present for services, this program will focus on serving multi-diagnosed, multiply traumatized, homeless and at risk adult residents of the Tenderloin. Hospitality House serves individuals and “families,” understood as a primary social group sharing common beliefs and activities, as defined by its members. Demographics will reflect the diversity of the community, with roughly 24% African American, 1% American Indian, 12% Asian, 37% Caucasian, 18% Latino, and 8% other; 42% female, 56% male, 2% transgender; 4% veterans; 88% housed; 41% age 55 and older. Services are located in San Francisco’s Tenderloin community – 94102 zip code.

5. Modality(s)/Intervention(s)

See Appendix B – Budget.

6. Methodology:

A. Outreach: Hospitality House’s peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. This allows participants to open up easily to staff and facilitates the recovery process. Another strategy of engagement is to provide diverse entry points for access to services. While some individuals may be comfortable attending a support group, others may more easily open up in the community arts studio. Some participants first engage through the drop-in and are later linked to other services to address behavioral health needs.

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace. Hospitality House has been providing services in the Tenderloin since 1967. Given this well-established presence, word of mouth is one of the primary methods that participants hear about our services. In addition, we have detailed program fliers available in English and Spanish providing overviews of program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. Our website is updated frequently, and we have an active social media presence through Facebook and Twitter.

B. Intake: With low-threshold, open-door access, everyone is invited to participate in Hospitality House’s programs at their own level of stability and ability. People engage in services when they are ready and advance at their own pace, and participants’ resiliency is acknowledged and fostered. Staff embrace a strengths-based perspective and encourage participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak or shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

With a commitment to providing accessible services through an “any door is the right door” approach, Hospitality House has given considerable thought to developing appropriate methods of tracking program utilization and demographics. As participants engage in drop-in services, they are encouraged to sign in with staff. The sign-in sheet includes an identifier (last initial and last four social security digits), age, gender, ethnicity, veteran status, and stable housing status. Participants who are uncomfortable with the sign-in process are counted through a tally mark system. This combination enables data staff to accurately reflect both an unduplicated participant count as well as the number of visits to the program. Further detail is available for case management participants who have reached a more sustained level of engagement.

C. Program Service Delivery Model: Hospitality House’s community-based, peer-led programs are designed to be accessible and welcoming to all participants. Hospitality House has no entry requirements (with the exception of the shelter which is only for men), and staff are trained to work with participants at their own pace using a variety of engagement techniques. A combination of peer and clinical staff are available to work with participants on an individual as well as a group level. Behavioral expectations are clearly communicated and consistently enforced. Consequences for not complying with behavioral expectations are appropriate to the rule infraction, and participants are never permanently denied services from Hospitality House. This allows participants to reconnect to services after a period of time out and further supports the idea that people can and do change, if given the opportunity and resources.

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, creative writing classes, employment services, and socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

Length of Stay; Frequency and Duration of Service: Participants are able to receive services at Hospitality House on an indefinite basis, at the frequency and engagement level of their choice, for as long as they deem it supportive and helpful.

Locations of Service Delivery; Hours of Operation: Service delivery for this project will be centered at the Community Building Program (located at 290 Turk Street) in the Tenderloin, open 9am-5pm Monday through Friday.

Strategies for Service Delivery:

Healing, Organizing & Leadership Development (HOLD) Program: The Community Organizing Peer Advocate conducts prevention activities addressing trauma, recovery, and wellness in the community. This position recruits a group of interested participants to participate in a stipend internship program addressing the roots of personal and community trauma as a basis for engaging in community organizing efforts. Group members share their skills with other program participants and beyond the agency through involvement in neighborhood efforts to improve the quality of life for community residents. The facilitator serves as a point person to collaborate with various neighborhood initiatives. Volunteers and interns receive regular training from the Harm Reduction Therapy Center and other expert trainers in the community as well as group supervision and support.

Mental Health Assessment: This program offers expanded on-site behavioral health clinic services provided by licensed or license-eligible clinicians from the Harm Reduction Therapy Center to include specific prevention and early intervention support. Services include substance use and mental health assessment, nurse practitioner support, psychiatric care, harm reduction based individual and group counseling, and linkage to residential and outpatient treatment programs.

Case Management: Case Managers provide counseling and case management support to those in need of more intensive services, addressing their barriers to achieving health and stability, including mental health and substance use issues, physical health needs, housing, and vocational development. In accordance with Hospitality House’s participant-centered model, case managers focus on participants’ strengths and work in collaboration with them to develop individual goal plans. There is also a strong focus on self-help and peer-to-peer support in working toward participant outcomes.

Drop-in access to peer-counseling services: Peer Advocates address a multitude of issues, including mental health, substance abuse, benefits advocacy, employment, medical care, housing, legal issues, and other barriers to stability and health.

Housing Assistance Fund: The general purpose of the Housing Assistance Fund is to provide housing assistance (hotel vouchers, security deposit, move-in costs), eviction prevention support (rental payment to avoid eviction), operating support (minor repairs and maintenance, limited

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

utilities assistance), and other related costs to enhance the quality of life for participants who are housed (household supplies, cleaning supplies, dishes, linens).

The fund is provided as assistance and is not a loan, so it does not need to be repaid. In order to receive assistance, participants must complete the criteria outlined in the Housing Assistance Fund Checklist, which includes the development of a case management plan, proof of income, and a realistic budget that demonstrates the ability to maintain housing stability after assistance. External applicants who are not currently on the Supportive Services for Housing caseload must have a documented mental health diagnosis plus referral to Hospitality House for ongoing case management. All applicants are asked to attend three housing support group meetings before receiving their assistance. Participants are limited to a maximum amount of \$500 and may receive assistance once every ten years, with case by case review for exceptions.

Holistic Behavioral Health Services: For many years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as offering clinical insight in peer staff trainings.

To further strengthen the focus on holistic health, Hospitality House contracts with the Care Through Touch Institute to provide healing chair massage two days each week. This intervention has proven to be successful with participants experiencing various levels of trauma, mental health activation, and substance use issues. The simple practice of touch brings up people’s awareness about what they are experiencing in their bodies and minds and leads to increased engagement in health-related services.

Support Groups: In addition to the four weekly harm reduction therapy groups offered through partnership with HRTC, a range of peer support groups is also available. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. Each of the targeted support groups (men’s group, transgender group, Latino group, etc.) gives individuals the opportunity to connect with their peers about their group’s specific issues and provides staff a formal opportunity to advise participants on available resources. The weekly Supportive Services for Housing Group includes topics such as building a successful landlord-tenant relationship, budgeting and money management, dealing with difficult neighbors, living independently, coping with mental illness, eating healthy with limited resources, and preparing for a natural disaster. As the sessions are led by staff who are intimately connected to the institutional and personal barriers participants face, group participation offers unique insight and assistance. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

Socialization Activities: Because many who come to the program, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, a variety of activities provide an opportunity for participants to socialize with one another. Regular activities include Book Club, Community Organizing Workgroup, and the Creative Writing Workshop.

Drumming: The HOLD Program includes a weekly drumming group. As noted in the Holistic Wellness model, culturally specific activities like drumming circles and talking circles are healing for various communities. One 2008 study demonstrated some reduction in PTSD for soldiers engaged in music therapy group work and drumming, resulting in “especially increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy, as well as achieving a non-intimidating access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control.” [Bensimon, M, Amir, D, Wolf, Y. (2008) Drumming through trauma: Music therapy with post-traumatic soldiers. *The Arts in Psychotherapy*, v 35-1, 34-38.]

Cultural Connections and Community-building: When partnering with people experiencing and at risk of homelessness, Hospitality House includes the facilitation of community events which strengthen participants’ connection and investment in the world around them. Participants in the Community Building Program conceptualize, plan, and implement a variety of community events. The events not only increase knowledge of resources available in the community, but also showcase the community organizing activities of current and former program interns.

Wrap-around Services: With the drop-in space located in the front of the program, participants are surrounded by opportunities for deeper engagement. Case manager offices and group meeting spaces are located just down a short hallway. This provides a comfortable, low-threshold engagement mechanism from which participants can access the broad range of available support services.

Linkages & Coordination with Other Agencies: In order to actualize the “any door is the right door” approach, Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco which enhance the quality and level of services available to our participants including mental health, substance abuse, medical, employment, legal, housing, immediate needs, and other services.

D. Exit Criteria & Process: In order to ensure long-term accessibility and welcoming in response to community needs, Hospitality House allows participants to define their own measures of success, in true harm reduction fashion. Participants do not “exit” the program; files are considered either “active” or “inactive” so that they can be reactivated if a participant wants to re-engage in services. Staff work with participants where they are at, meeting their range of needs for more or less intensive services, aftercare, or informal follow-up. This consistent availability is a key aspect of welcoming and accessibility. Due to the challenges and transitions facing many community members and people seeking services, it has been important for Hospitality House to remain

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

available to participants. This is helpful for participants who return to the agency after a prolonged absence, knowing that Hospitality House is a place which offers low-threshold support.

E. Staffing: The Community Building Program includes one Community Organizing Peer Advocate, responsible for staffing HOLD Program activities and community events, increasing community member knowledge of safety planning and risk reduction strategies related to family and community violence and trauma. The Community Organizing Peer Advocate also guides and mentors stipended program interns in their work towards ameliorating the negative impact of trauma exposure on community members. In addition, this funding covers one Harm Reduction Therapist from the Harm Reduction Therapy Center. This therapist provides integrated mental health and substance use harm reduction therapy. This increases access to counseling and case management services for community members experiencing emotional distress related to trauma exposure. The funding also supports the Community Building Program Manager to provide coordination and oversight of the program. The Community Building Program Manager reports to the Director of Programs, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters.

F. MHSA Additional Required Service Description:

Promoting the MHSA vision: Hospitality House holds a guiding principle of mission-driven fundraising, and found the MHSA funding stream to be a natural fit with the philosophy and services of the agency. The agency actively manifests the MHSA Vision in its daily functioning:

- *The concepts of recovery and resilience are widely understood and are evident in programs and service delivery.*

Through commitment to a low-threshold approach and a guiding principle of harm reduction, Hospitality House provides services with the belief that everyone has the ability to make life changes in order to thrive. Staff understand that all individuals seeking services have a unique vision for what they would like their life to look like. The program model ensures that participants are provided with unlimited opportunities to begin again and to continue working towards future goals.

- *Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.*

With a guiding principle of community-based, peer-led programs, Hospitality House has always advocated that participants be the guiding force in identifying and prioritizing their needs, from an individual goal-setting process, to a larger community organizing and policy advocacy level.

- *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.*

During new employee orientation, Hospitality House provides an overview of the agency’s guiding principles, which includes the commitment to treat everyone with dignity and respect. In

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

addition, the agency places an emphasis on hiring peer staff from the community who have faced similar challenges to those of our participants. This combination ensures the cultural relevancy of our staff team.

- *Consumers and their families are actively engaged in all aspects of the behavioral health system including planning, implementation and evaluation.*

Hospitality House embraces a community-based, peer-led model that places consumers at the forefront of development, implementation, and evaluation. Participants assume a variety of roles within the organization – participant, volunteer, staff, board member, donor – as they personally grow and evolve. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. As participants move into peer volunteer, staff, and management positions, they lend their voices through weekly meetings, trainings, and supervision sessions. There are also four seats on the board of directors designated for participants. Board members elected to those seats, and any other participant who is interested, are encouraged to sit on the Board’s program and policy committee where decisions are made regarding program direction, development, and expansion.

- *Efforts to improve service coordination result in a seamless experience for clients.*

Hospitality House’s continuous quality improvement efforts prioritize incorporation of participant feedback. Qualitative and quantitative feedback is gathered through various weekly and annual efforts, and the data is reviewed with managers, staff and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

- *Collaboration with different systems increases opportunities for jobs, education, housing, etc.*

Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco. We have especially close relationships with the Harm Reduction Therapy Center and the Care Through Touch Institute which provide on-site access to holistic behavioral health services. In addition, we collaborate with dozens of other organizations to enhance the quality and level of services available to our participants, including mental health, substance use, medical, employment, legal, housing, immediate needs, and other services. Hospitality House is also involved in initiatives addressing neighborhood needs, such as the Market Street for the Masses Coalition and the Tenderloin Health Improvement Project.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

Hospitality House guarantees compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, such as Harm Reduction, HIPAA, Cultural Competency, and Client Satisfaction. The Program Director is responsible for Continuous Quality Improvement coordination. Hospitality House regularly involves participants in its CQI feedback loop. Feedback is gathered in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Survey responses, both quantitative and qualitative, are reviewed with the Board’s Program & Policy Committee, managers, staff, and participants; each program develops an Action Plan with concrete steps to address areas in need of improvement. Participants are also engaged in program evaluation through participation on the Board of Directors, with four full voting member seats for program participants to represent the agency’s programs.

A. Achievement of contract performance objectives and productivity: Each objective has a clearly defined evaluation measurement process. Because of the agency’s low-threshold nature, data is tracked through an internal database rather than through the Avatar system. Program staff report data through sign-in sheets, outcome forms, etc., and managers review the data for accuracy before submission to data staff. After completing data entry, the data staff review reports with the Program Director on a quarterly basis to ensure accuracy and track progress towards meeting objectives. Managers are provided a quarterly update on their progress in meeting annual outcomes; problem-solving occurs regarding any areas in need of improvement.

B. Documentation quality, including a description of internal audits: With an emphasis on peer-based programming and hiring from the community, Hospitality House takes a multilayered approach to monitoring documentation, given that certain staff are less familiar with general workplace documentation standards. Managers sign off on data submitted by staff, prior to close scrutiny from data entry staff. Each month the managers review participant files for case notes and sufficient backup documentation before approving monthly outcome forms. Data staff follow-up with managers and program staff if questions arise during the data entry process. The Program Director collaborates with data staff to identify any discrepancies which require further review of documentation. Through this internal audit system, the agency can ensure that sufficient documentation backs up the outcomes as reported.

C. Cultural competency of staff and services: With “multi-cultural services” as one of the agency’s nine guiding principles, cultural sensitivity is a priority. Staff are trained in the orientation process and through the regular monthly training series on how to provide services in a welcoming manner. The Inclusivity Workgroup, consisting of interested staff and management, meets monthly to design and implement programming and activities to strengthen our cultural competency. Hospitality House prioritizes hiring staff from the community, with an emphasis on our staff demographics representing those of the community we serve, at every level of the organization. Hospitality House engages in the annual DPH cultural competency process, with management participating regularly in DPH Cultural Competency Task Force meetings.

Contractor Name: Hospitality House	Appendix A-3
Program Name: Community Building Program	Funding Source: MHSA

D. Satisfaction with services: Hospitality House uses an annual internal Participant Satisfaction Survey, available in English, Spanish, and Chinese. Each of the agency’s programs collects surveys. As described above, Peer Advocates and Case Managers distribute and collect Participant Satisfaction Surveys during the annual one to two-week period. Because of the low-threshold nature of services, staff provide support to participants who request assistance in completing the survey. Administrative staff support survey collection and conduct data entry, resulting in a report summarizing both quantitative and qualitative survey results as well as a comparison from previous years. For the last two years, Hospitality House received assistance from graduate-level students to conduct the data analysis, which was really helpful. Results are shared with the Board of Directors’ Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, creating an annual action plan for each program to adjust program design and implementation in order to maximize participant satisfaction.

E. Timely completion and use of outcome data: As a low-threshold program, Hospitality House does not use CANS or ANSA data. We focus instead on review of our progress towards meeting outcome objectives, and whether data trends indicate a need for modification of service delivery methods.

9. Required Language:

Not applicable.

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

1. Identifiers:

Sixth Street Self-Help Center – Homeless Mentally Ill Outreach & Treatment (HMIOT) program
 169 Sixth Street, San Francisco, CA, 94103
 415.369.3040
 Website Address: www.hospitalityhouse.org
 Contractor Address: 290 Turk Street, San Francisco, CA, 94102

Person Completing this Narrative: Joe Wilson, Executive Director
 Telephone: 415.749.2111
 Email Address: jwilson@hospitalityhouse.org
 Program Code(s) (if applicable): N/A

2. Nature of Document:

Original Contract Amendment RPB

3. Goal Statement:

To reduce the trauma caused by homelessness and poverty and reduce excessive utilization of costly mental health interventions in the Sixth Street corridor by providing increased street-based and drop-in access to mental health, substance use, housing, employment, stabilization and socialization services using a low-threshold, peer-based, harm reduction and collaborative service intervention model during the hours of **5PM – 10PM, Monday - Friday**. Participation is voluntary.

4. Target Population:

While Hospitality House strives to serve all who present for services, this program will focus on serving adult and older adult residents of San Francisco’s Sixth Street corridor/South of Market area - homeless and housed – who struggle with behavioral health issues and who have difficulty accessing traditional modes of service. This highly disenfranchised population includes homeless people, those living in SRO hotels, immigrants, veterans, people with disabilities, LGBT communities, ex-offenders, and others. Demographics reflect the diversity of the community - roughly 48% African American, 1% American Indian, 6% Asian, 25% Caucasian, 11% Latino, and 9% other; 20% female, 78% male, 1% transgender; 15% veterans; 48% housed; 33% age 55 and older. Services are located in San Francisco’s Tenderloin community – 94103 zip code.

5. Modality(s)/Intervention(s)

See Appendix B for details.

6. Methodology:

A. **Outreach:** Hospitality House has been providing services in the heart of San Francisco since 1967. For more than 50 years, Hospitality House has been an anchor community-based institution welcoming homeless, low-income community residents. Given this well-established presence, word of mouth is one

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

of the primary methods that community residents hear about our services. Hospitality House’s peer-based, self-help model encourages engagement of difficult-to-reach populations, as services are provided by people who have had similar experiences to those accessing programs. In essence, those leading our programs reflect the life experience of those utilizing the programs. This allows participants to open up easily to staff and facilitates the recovery process.

Another strategy of engagement is to provide diverse entry points for access to services. While some individuals may be comfortable attending a support group, others may more easily open up while watching a movie. Some participants first engage through the Employment Resource Center and are later linked to other services to address behavioral health needs. Whatever the draw to services, Hospitality House allows for people to engage with programs in their area of interest and to progress at their own pace. In addition, we have detailed program fliers available in English and Spanish providing overviews of program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. Our website is updated frequently, and we have an active social media presence through Facebook and Twitter.

B. Intake: With low-threshold, open-door access, everyone is invited to participate in Hospitality House’s programs at their own level of stability and ability. People engage in services when they are ready and advance at their own pace, and participants’ resiliency is acknowledged and fostered. Staff embrace a strengths perspective and encourage participants to learn from their setbacks. Relapse is seen as a part of the recovery process instead of as weak and shameful behavior. Peer counseling is valued as a method of relating to participants and a way to instill hope that everyone can recover and achieve health and wellness in their lives.

With a commitment to providing accessible services through an “any door is the right door” approach, Hospitality House has given considerable thought to developing appropriate methods of tracking program utilization and demographics. As participants engage in drop-in services, they are encouraged to sign in with staff. The sign-in sheet includes an identifier (last initial and last four social security digits), age, gender, ethnicity, veteran status, and stable housing status. Participants who are uncomfortable with the sign-in process are counted through a tally mark system. This combination enables data staff to accurately reflect both an unduplicated participant count as well as the number of visits to the program. Further detail is available for case management participants who have reached a more sustained level of engagement.

We will work with MHSA staff on Sexual Orientation & Gender Identity (SOGI) training to enhance staff skill and confidence in eliciting and documenting more sensitive information while maintaining our low-threshold, low-barrier program model.

C. Program Service Delivery Model: Hospitality House’s community-based, peer-led programs are all designed to be accessible and welcoming to all participants. Hospitality House has no entry requirements (with the exception of the shelter which is only for men), and staff are trained to work with participants

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

at their own pace and to use a variety of engagement techniques. A combination of peer and clinical staff are available to work with participants on an individual as well as a group level. Behavioral expectations are clearly communicated and consistently enforced. Consequences for not complying with behavioral expectations are appropriate to the rule infraction, and participants are never permanently denied services from Hospitality House. This allows participants to reconnect to services after a period of time out and further supports the idea that people can and do change, if given the opportunity and resources.

Phases of Treatment: A range of services and activities are offered, including support groups, access to the arts, employment workshops, and socialization events that allow people to engage with the program in their areas of interest. Because Hospitality House employs the harm reduction philosophy, the entire range of services is available to participants regardless of their history of involvement in the program, in a non-linear fashion.

Length of Stay; Frequency and Duration of Service: Participants are able to receive services at Hospitality House on an indefinite basis, at the frequency and engagement level of their choice, for as long as they deem it supportive and helpful.

Locations of Service Delivery; Hours of Operation: Service delivery for this project will be centered out of the Sixth Street Self-Help Center (located at 169 Sixth Street), in the Sixth Street corridor, **open 5pm-10pm**, Monday through Friday.

Strategies for Service Delivery:

Linkages & Coordination with Other Agencies: In order to reduce utilization of intrusive and costly mental health interventions, Hospitality House will strengthen and expand its partnerships with various community partners, e.g., Harm Reduction Therapy Center, Citywide Case Management, etc. These long-running collaborations will be augmented by partnerships with many other community-based organizations to enhance the quality and level of services available to community residents seeking support.

Additional partnerships and referral arrangements will include Baker Places and DPH Street Medicine, and other agencies to strengthen access to on-site individual therapy, mental health/substance use treatment referrals, legal and housing referrals.

As always, the 6th Street drop-in-center includes access to restrooms, basic hygiene supplies, socialization/respice, and other basic services.

Immediate Survival and Support Services. Upon arrival, participants have immediate access to respice from the streets, use of restrooms and telephones, and basic supplies. This includes hygiene items, clothing vouchers, bus tokens, laundry vouchers, and voicemail boxes, as available. Coffee and other light refreshments are offered throughout the course of the evening, as available.

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

Peer Advocates are available to immediately assist participants with general peer counseling and support; letters to establish residency for CAAP benefits; information and referrals for clothing, food, housing, and other services; assistance in obtaining state identification cards and replacement birth certificates; support and linkage in the areas of housing, benefits, treatment and medical care. In their initial engagement with participants, Peer Advocates also provide preliminary assessment of participants’ needs and direct them to case management, individual therapy, and other Center services as needed.

As noted earlier, increased partnerships will augment options and increase potential for utilizing alternatives to more intrusive and costly interventions, and strengthen individual’s connection to community based services.

Case Management. Case Managers provide counseling and case management support to those in need of more intensive services, addressing their barriers to achieving health and stability, including mental illness, substance use issues, physical health needs, housing, and vocational development. In accordance with Hospitality House’s participant-centered model, case managers focus on participants’ strengths and work in collaboration with them to develop individual goal plans. There is also a strong focus on self-help and peer-to-peer support in working toward participant outcomes.

Holistic Behavioral Health Services. For many years, Hospitality House has enhanced its peer-based services with clinical support through a contract with the Harm Reduction Therapy Center (HRTC). HRTC is a non-profit organization dedicated to providing alternative treatment to people with behavioral health issues. As a State of California certified outpatient drug and alcohol treatment program, HRTC has pioneered harm reduction psychotherapy for dually-diagnosed individuals. Through this partnership, HRTC provides on-site individual and group harm reduction therapy services to participants as well as offering clinical insight in peer staff trainings.

To further strengthen the focus on holistic health, Hospitality House contracts with the Care Through Touch Institute to provide healing chair massage each week. This intervention has proven to be successful with participants experiencing various levels of trauma, mental illness, and substance use issues. The simple practice of touch brings up people’s awareness about what they are experiencing in their bodies and minds and leads to increased engagement in health-related services.

Support Groups. In addition to weekly harm reduction therapy groups offered through partnership with HRTC, a range of peer support groups is also available. Many people struggling with poverty and homelessness experience extreme isolation and alienation caused by a lack of genuine human connection. Each of the Center’s targeted support groups (Job Seekers Support Group, Healthy Lifestyles group, etc.) gives individuals the opportunity to connect with their peers about their group’s specific issues and provides staff a formal opportunity to advise participants on available resources. As the sessions are led by staff who are intimately connected to the institutional and personal barriers

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

participants face, group participation offers unique insight and assistance. In addition, the presence of peer staff provides participants with models of success and renewed belief that they, too, can transition from their present difficult circumstances.

Socialization and Cultural Activities. Because those who come to the Self-Help Center, whether homeless or housed, often experience isolation, loneliness, and lack of a social support system, the Center provides an opportunity for participants to socialize with one another. Every week at the Self-Help Center, there is a Friday Social where participants are invited to come and play dominos, chess, bingo, and other board games. This social time is followed by Friday Cinema, where a movie is shown.

Special events are planned for holidays and other occasions (African-American History Month, Women’s History Month, Dia de los Muertos, Lunar New Year, Pride Month, and the like). These social activities provide access to engagement in a safe, welcoming space that is free from drugs, alcohol, and other influences that may be present on the streets and in bars or clubs in the area. The Self-Help Center also provides a venue for community members to come together and support each other around other significant events, such as major sporting events, natural disasters, and memorial services to remember those in the community who have died.

Wrap-around Services: The Sixth Street Self-Help Center was designed with participants in mind. With the drop-in space located in the front of the program, participants are surrounded by opportunities for deeper engagement. Case manager offices are located next to the drop-in, with employment, therapy, and group services located just down a short hallway. This provides a comfortable, low-threshold engagement mechanism from which participants can access the broad range of available support services.

D. Exit Criteria & Process: In order to ensure long-term accessibility and welcoming in response to community needs, Hospitality House allows participants to define their own measures of success, in true harm reduction fashion. Participants do not “exit” the program; files are considered either “active” or “inactive” so that they can be reactivated if a participant chooses to re-engage in services. Staff work with participants where they are at, meeting their range of needs for more or less intensive services, aftercare, or informal follow-up. This consistent availability is a key aspect of welcoming and accessibility. Due to the challenges and transitions facing many community members and people seeking services, it has been important for Hospitality House to preserve its low-threshold access for participants. This is helpful for participants who return to the agency after a prolonged absence, knowing that Hospitality House is a place which offers ongoing support.

E. Staffing: Currently, program staffing consists of a combination of Peer Advocates and Case Managers. While all staff work directly with program participants in the drop-in center, Peer Advocates specifically provide engagement, crisis intervention, information and referral, and peer counseling to support participants and motivate them to engage in services and improve their physical, emotional, and economic health. Employing harm-reduction and self-help strategies, the Case Managers work with

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

participants to a greater degree to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy. Case Managers link participants to the broad array of services provided in the community. The Program Coordinator develops working agreements and referral relationships with key community partners, ensures regular communication with key practitioners, ensures quality engagement, case advocacy, and adherence to strengths-based case management principles, facilitates team meetings and stakeholder groups, and represents Hospitality House at community forums at the direction of the Program Manager. The Program Manager provides supervisory support to line staff, directs program activities, and is accountable to the provision of client-centered quality services. The Program Manager reports to the Director of Programs, who provides oversight of all programs, manages program budgets and grants, coordinates services with community partners, and oversees personnel matters.

F. HMIOT Additional Required Service Description:

Promoting the HMIOT vision: Hospitality House holds a guiding principle of mission-driven fundraising, and found the MHSA funding stream to be a natural fit with the agency. The agency actively manifests the MHSA Vision in its daily functioning.

- *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.*

Through support from the Community Health Innovation Fund, Hospitality House has developed a comprehensive peer-based training curriculum, designed to deepen knowledge, skills and confidence in working effectively in our signature low-threshold model of person-centered, trauma-informed engagement and service delivery. Over the past two years, Hospitality House has assisted 6-8 community organizations in designing and implementing training and skills building workshops and curricula for dozens of peer staff. We believe this experience and learning will help stimulate a more intentional learning culture within partner organizations and expose peer staff to increased opportunities to build skills, acquire knowledge and promote greater stability and goal attainment by community residents who participate in each of our programs.

For this HMIOT-funded effort, new staff will participate in dozens of hours of training in the first several weeks, and new staff will acquire skills in the principles of harm reduction, conflict prevention and de-escalation, effective communication, understanding the root causes of poverty and homelessness, motivational interviewing, and basic understanding of trauma and its effects on the brain, particularly executive functioning. All staff will obtain CPR and First Aid certification, as well as training in administering Norcan.

We will work with our partners to develop a replicable model of peer-based training to elevate skills in key areas, as well as implement case conferences, regular in-service trainings led by Hospitality House staff and/or one or more of our community partners.

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

During new employee orientation, Hospitality House provides an overview of the agency’s guiding principles, which includes the commitment to treat everyone with dignity and respect. New staff will participate in extensive skills training and gain working knowledge of community resources, referral protocols with our key community partners, and understanding resources. In addition, the agency places an emphasis on hiring peer staff from the community who have faced similar challenges to those of our participants. This combination ensures the cultural relevancy of our staff team.

- *The concepts of recovery and resilience are widely understood and are evident in programs and service delivery.*

Through commitment to a low-threshold approach and a guiding principle of harm reduction, Hospitality House provides services with the belief that everyone has the ability to make life changes – and informed choices - in order to thrive. Staff understand that all individuals seeking services have a unique vision for what they would like their life to look like. The program model ensures that participants are provided with unlimited opportunities to begin again and to continue working towards future goals.

Additionally, Hospitality House has developed greater familiarity and knowledge about the prevalence of psychological trauma, and the intersection of trauma and poverty and communities of color. Not surprisingly, peer staff working in high stress environments are especially susceptible to the effects of vicarious trauma due to constant exposure to the insidious effects of poverty and homelessness.

Hospitality House has made modest, but important investments in self-care and mindfulness training, making healthful snacks and water more widely available, and taking steps to promote a more healthful working environment for our staff and the community at large. We’re looking forward to engaging in productive discussions and collaborations with our community partners about the long-term value of these modest investments in our community engagement work.

- *Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.*

With a guiding principle of community-based, peer-led programs, Hospitality House has always advocated that participants be the guiding force in identifying and prioritizing their needs, from an individual goal-setting process, to a larger community organizing and policy advocacy level.

- *Consumers and their families are actively engaged in all aspects of the behavioral health system including planning, implementation and evaluation.*

Hospitality House embraces a community-based, peer-led model that places consumers at the forefront of development, implementation, and evaluation. Participants assume a variety of roles within the organization – participant, volunteer, staff, board member, donor – as they personally grow and evolve. Feedback is gathered regularly in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Both quantitative and qualitative data collected is reviewed with managers, staff, and participants in order to adjust program design and implementation in order to maximize participant satisfaction. As participants

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

move into peer volunteer, staff, and management positions, they lend their voices through weekly meetings, trainings, and supervision sessions. There are also four seats on the board of directors designated for participants. Board members elected to those seats, and any other participant who is interested, are encouraged to sit on the board’s program committee where decisions are made regarding program direction, development, and expansion.

- *Efforts to improve service coordination result in a seamless experience for clients.*
Hospitality House’s continuous quality improvement efforts prioritize incorporation of participant feedback. Qualitative and quantitative feedback is gathered through various weekly and annual efforts, and the data is reviewed with managers, staff and participants in order to adjust program design and implementation in order to maximize participant satisfaction.

- *Collaboration and coordination with different systems and multiple community partners increases opportunities for jobs, education, housing, etc.*
The Program Coordinator, Program Manager, and Director of Programs will lead the collaboration, service linkages and referral protocols, and training and skills-building efforts for HH peer staff and community partners. Hospitality House has engaged in long-running collaborations with many other community-based organizations in and around San Francisco, including close relationship with the Harm Reduction Therapy Center which will provide on-site access to holistic behavioral health services. We will strengthen collaboration and referral with Citywide Case Management, DPH Street Medicine, Positive Resource Center and Baker Places. As stated earlier, we will implement on-going collaborate with dozens of other organizations to enhance the quality and level of services available to our participants, including mental health, substance abuse, medical, employment, legal, housing, immediate needs, and other services.

Hospitality House is also involved in initiatives addressing critical neighborhood needs, such as the Market Street for the Masses Coalition, the Homeless Emergency Service Providers Association, and the Tenderloin Health Improvement Project, and the Budget Justice Coalition. The Executive Director also is a member of the Mayor’s Safe Injection Services Task Force.

Further, through the HMIOT-funded effort, Hospitality House will help promote and implement on-going cooperation and service integration among our community partners, as well as increased interaction between peer staff at multiple organizations.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

Hospitality House guarantees compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, such as Harm Reduction, HIPAA, Cultural Competency, and Client

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

Satisfaction. The Program Director is responsible for Continuous Quality Improvement coordination. Hospitality House regularly involves participants in its CQI feedback loop. Feedback is gathered in weekly community meetings, annual cultural competency surveys, and annual participant satisfaction surveys (both those solicited from the agency and from DPH). Survey responses, both quantitative and qualitative, are reviewed with the Board’s Program & Policy Committee, managers, staff, and participants; each program develops an Action Plan with concrete steps to address areas in need of improvement. Participants are also engaged in program evaluation through participation on the Board of Directors, with four full voting member seats for program participants to represent the agency’s programs.

A. Achievement of contract performance objectives and productivity: Each objective has a clearly defined evaluation measurement process. Because of the agency’s low-threshold nature, data is tracked through an internal database rather than through the Avatar system. Program staff report data through sign-in sheets, outcome forms, etc., and managers review the data for accuracy before submission to data staff. After completing data entry, the data staff review weekly and monthly reports with the Director of Programs on a quarterly basis to ensure accuracy and track progress towards meeting objectives. Managers are provided a quarterly update on their progress in meeting annual outcomes; problem-solving occurs regarding any areas in need of improvement.

B. Documentation quality, including a description of internal audits: With an emphasis on peer-based programming and hiring from the community, Hospitality House takes a multilayered approach to monitoring documentation, given that certain staff members may be less familiar with general workplace documentation standards. Managers sign off on data submitted by staff, prior to close scrutiny from data entry staff. Each month the managers review participant files for case notes and sufficient backup documentation before approving monthly outcome forms. Data staff follow-up with managers and program staff if questions arise during the data entry process. The Director of Programs collaborates with data staff to identify any discrepancies which require further review of documentation. Through this internal audit system, the agency can ensure that sufficient documentation backs up the outcomes as reported.

C. Cultural competency of staff and services: With “multi-cultural services” as one of the agency’s nine guiding principles, cultural sensitivity is a priority. Staff is trained in the orientation process and through the regular monthly training series on how to provide services in a welcoming manner. The Inclusivity Workgroup, consisting of interested staff and management, meets monthly to design and implement programming and activities to strengthen our cultural competency. Hospitality House prioritizes hiring staff from the community, with an emphasis on our staff demographics representing those of the community we serve, at every level of the organization. Hospitality House engages in the annual DPH cultural competency process, with management participating regularly in DPH Cultural Competency Task Force meetings.

Contractor Name: Hospitality House	Appendix A-4
Program Name: Sixth Street Self-Help Center – HMIOT	Funding Source: HMIOT

D. Satisfaction with services: Hospitality House uses an annual internal Participant Satisfaction Survey, available in English, Spanish, and Chinese. Each of the agency’s programs collects surveys. As described above, Peer Advocates and Case Managers distribute and collect Participant Satisfaction Surveys during the annual one-week period. Because of the low-threshold nature of services, staff provides support to participants who request assistance in completing the survey. Administrative staff support survey collection and conduct data entry, resulting in a report summarizing both quantitative and qualitative survey results as well as a comparison from previous years. For the last two years, Hospitality House received assistance from graduate-level students to conduct the data analysis, which was really helpful. Results are shared with the Board of Directors’ Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, creating an annual action plan for each program to adjust program design and implementation in order to maximize participant satisfaction.

E. Timely completion and use of outcome data: As a low-threshold program, Hospitality House does not use CANS or ANSA data. We focus instead on review of our progress towards meeting outcome objectives, and whether data trends indicate a need for modification of service delivery methods.

9. Required Language:

Not applicable.

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3.1, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix B-1	Tenderloin Self-Help Center
Appendix B-2	Sixth Street Self-Help Center
Appendix B-3	Community Building Program
Appendix B-4	Sixth Street Self-Help Center - Homeless Mentally Ill Outreach & Treatment (HMIOT)

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fifteen Million Ninety Three Thousand Six Hundred Twelve Dollars (\$15,093,612), for the period of July 1, 2018 through December 31, 2022.

CONTRACTOR understands that, of this maximum dollar obligation, \$971,990 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and 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 – June 30, 2019	\$2,781,734
July 1, 2019 – June 30, 2020	\$3,239,968
July 1, 2020 – June 30, 2021	\$3,239,968
July 1, 2021 – June 30, 2022	\$3,239,968
July 1, 2021 – December 31, 2022	\$1,619,984
<hr/>	
Subtotal:	\$14,027,863
Contingency:	\$971,990
<hr/>	
July 1, 2018 through December 31, 2022	\$15,093,612

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number 01305					Appendix B, Page 1
Legal Entity Name/Contractor Name Central City Hospitality House				Fiscal Year 2020-2021	
Contract ID Number 1000011069			Funding Notification Date 09/03/20		
Appendix Number	B-1	B-2	B-3	B-4	
Provider Number	38CJ	38IP	38CJ	N/A	
Program Name	TSHC	Sixth Street	CBP	HMIOT	
Program Code	38CJ2	38IP6	38CJHW	N/A	
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
FUNDING USES					TOTAL
Salaries	\$ 899,366	\$ 317,181	\$ 101,707	\$ 287,736	\$ 1,605,990
Employee Benefits	\$ 287,265	\$ 91,532	\$ 28,934	\$ 82,385	\$ 490,116
Subtotal Salaries & Employee Benefits	\$ 1,186,631	\$ 408,713	\$ 130,641	\$ 370,121	\$ 2,096,106
Operating Expenses	\$ 352,985	\$ 215,499	\$ 102,707	\$ 50,052	\$ 721,243
Subtotal Direct Expenses	\$ 1,539,616	\$ 624,212	\$ 233,348	\$ 420,173	\$ 2,817,349
Indirect Expenses	\$ 230,950	\$ 93,644	\$ 35,000	\$ 63,025	\$ 422,619
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 1,770,566	\$ 717,856	\$ 268,348	\$ 483,198	\$ 3,239,968
			Employee Benefits Rate		30.5%
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult County General Fund	\$ 1,179,996	\$ 455,288	\$ 167,000	\$ 483,198	\$ 2,285,482
MH MHSA (Adult)	\$ 587,670	\$ 262,568	\$ 101,348		\$ 951,586
MH Adult County GF - MCO	\$ 2,900				\$ 2,900
MH State Grant HMIOT				\$ -	\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,770,566	\$ 717,856	\$ 268,348	\$ 483,198	\$ 3,239,968
TOTAL DPH FUNDING SOURCES	\$ 1,770,566	\$ 717,856	\$ 268,348	\$ 483,198	\$ 3,239,968
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,770,566	\$ 717,856	\$ 268,348	\$ 483,198	\$ 3,239,968
Prepared By	Mara Raider	Phone Number	415-749-2144		

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

DHCS Legal Entity Number 01305
 Provider Name Central City Hospitality House
 Provider Number 38CJ

Appendix Number B-1
 Page Number 2
 Fiscal Year 2020-2021
 Funding Notification Date 09/03/20

Program Name	TSHC	TSHC	TSHC		
Program Code	38CJ2	38CJ2	38CJ2		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	60/60-69		
Service Description	OS-MH Promotion	OS-MH Promotion	SS-Case Mgt Support		
Funding Term (7/1/18-6/30/19):	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES					TOTAL
Salaries	591,131	308,235	-		899,366
Benefits	183,260	104,005	-		287,265
Operating Expenses	192,576	98,775	61,634		352,985
Subtotal Direct Expenses	966,967	511,015	61,634	-	1,539,616
Indirect Expenses	145,045	76,655	9,250		230,950
TOTAL FUNDING USES	1,112,012	587,670	70,884	-	1,770,566
BHS MENTAL HEALTH FUNDING SOURC	Dept-Auth-Proj-Activity	15.0%	15.0%	15.0%	
MH Adult County General Fund	251984-10000-10001792-0001	1,109,112		70,884	1,179,996
MH MHSA (Adult)	251984-17156-10031199-0044		587,670		587,670
MH Adult County GF - MCO	251984-10000-10001792-0001	2,900			2,900
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	1,112,012	587,670	70,884	-	1,770,566
TOTAL DPH FUNDING SOURCES	1,112,012	587,670	70,884	-	1,770,566
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,112,012	587,670	70,884	-	1,770,566
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	18,905	10,491	1,248		
Unit Type	Staff Hour	Staff Hour	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 58.82	\$ 56.02	\$ 56.80	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 58.82	\$ 56.02	\$ 56.80	\$ -	
Published Rate (Medi-Cal Providers Only)	n/a	n/a	n/a		Total UDC
Unduplicated Clients (UDC)	1504	876	120		2500

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name TSHC
 Program Code 38CJ2

Appendix Number B-1
 Page Number 3
 Fiscal Year 2020-2021
 Funding Notification Date 09/03/20

	GF & CODB		MHSA		MCO		Funding Notification Date		09/03/20			
	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0044		251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.55	\$ 51,899.00	0.30	\$ 28,309.00	0.25	\$ 23,590.00						
Deputy Director of Programs	0.40	\$ 30,000.00	0.30	\$ 22,500.00	0.10	\$ 7,500.00						
TSHC Manager	1.00	\$ 66,335.00	1.00	\$ 66,335.00								
CBP Manager	0.40	\$ 25,032.00			0.40	\$ 25,032.00						
CAP Manager	0.90	\$ 56,322.00	0.55	\$ 34,419.00	0.35	\$ 21,903.00						
Case Manager	1.00	\$ 46,832.00	1.00	\$ 46,832.00								
Case Manager	1.00	\$ 45,902.00	1.00	\$ 45,902.00								
Case Manager (Housing)	1.00	\$ 45,884.00			1.00	\$ 45,884.00						
Peer Service Advocate	1.00	\$ 42,128.00	1.00	\$ 42,128.00								
Peer Service Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00								
Peer Service Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00								
Peer Service Advocate (Activities)	1.00	\$ 41,280.00			1.00	\$ 41,280.00						
Peer Service Advocate	1.00	\$ 41,298.00			1.00	\$ 41,298.00						
Peer Service Advocate	1.00	\$ 42,128.00			1.00	\$ 42,128.00						
Peer Service Advocate (Community Organizing)	1.00	\$ 42,070.00	1.00	\$ 42,070.00								
Studio Assistant Peer Advocate	1.00	\$ 41,298.00	0.60	\$ 24,779.00	0.40	\$ 16,519.00						
Studio Assistant Peer Advocate	1.00	\$ 41,280.00	0.60	\$ 24,768.00	0.40	\$ 16,512.00						
Studio Assistant Peer Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00								
Substitute Peer Advocates & Studio Assistant Pee	0.81	\$ 29,400.00	0.81	\$ 27,900.00				\$ 1,500.00				
Peer Service Janitor	0.80	\$ 33,024.00	0.30	\$ 12,384.00	0.50	\$ 20,640.00						
Substitute Peer Service Janitors	0.19	\$ 7,900.00	0.19	\$ 6,500.00				\$ 1,400.00				
Program Coordinator	0.20	\$ 10,000.00	0.15	\$ 7,500.00	0.05	\$ 2,500.00						
Operations Manager	0.15	\$ 10,347.00	0.10	\$ 6,898.00	0.05	\$ 3,449.00						
Executive Director	0.20	\$ 25,167.00	0.20	\$ 25,167.00								
Totals:	18.60	\$ 899,366.00	12.10	\$ 588,231.00	6.50	\$ 308,235.00	0.00	\$ 2,900.00	0.00	\$ -	0.00	\$ -
Employee Benefits:	31.94%	\$ 287,265.00	31.15%	\$ 183,260.00	33.74%	\$ 104,005.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,186,631.00		\$ 771,491.00		\$ 412,240.00		\$ 2,900.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name TSHC
 Program Code 38CJ2

Appendix Number B-1
 Page Number 4
 Fiscal Year 2020-2021
 FN Date 09/03/20

Expense Categories & Line Items	TOTAL	GF & CODB	MHSA	Mode 60	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		251984-10000-10001792-0001	251984-17156-10031199-0044	251984-10000-10001792-0001		
Funding Term	<i>7/1/20-6/30/21</i>	<i>7/1/20-6/30/21</i>	<i>7/1/20-6/30/21</i>	<i>7/1/20-6/30/21</i>	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 82,200.00	\$ 62,200.00	\$ 20,000.00			
Utilities (electricity, water, gas)	\$ 65,700.00	\$ 35,700.00	\$ 30,000.00			
Building Repair/Maintenance	\$ 30,806.00	\$ 13,105.00	\$ 17,701.00			
Occupancy Total:	\$ 178,706.00	\$ 111,005.00	\$ 67,701.00	\$ -	\$ -	\$ -
Office Supplies	\$ 9,500.00	\$ 8,000.00	\$ 1,500.00			
Photocopying	\$ 1,750.00	\$ 1,750.00				
Program Equipment	\$ 1,500.00	\$ 1,500.00				
Program Supplies	\$ 49,889.00	\$ 31,615.00	\$ 18,274.00			
Materials & Supplies Total:	\$ 62,639.00	\$ 42,865.00	\$ 19,774.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 7,950.00	\$ 5,450.00	\$ 2,500.00			
Communications	\$ 16,500.00	\$ 7,700.00	\$ 8,800.00			
Insurance	\$ 10,371.00	\$ 10,371.00				
General Operating Total:	\$ 34,821.00	\$ 23,521.00	\$ 11,300.00	\$ -	\$ -	\$ -
Care Through Touch Institute - 6 hours/week x \$45/hr x ~48 weeks: see Subcontract.	\$ 12,960.00	\$ 12,960.00				
Harm Reduction Therapy Center - \$53.50/hour x ~24 hours/wk x 48 weeks: see Subcontract.	\$ 61,634.00			\$ 61,634.00		
Consultant/Subcontractor Total:	\$ 74,594.00	\$ 12,960.00	\$ -	\$ 61,634.00	\$ -	\$ -
Other (provide detail):						
Food	\$ 2,000.00	\$ 2,000.00				
Staff Recruitment	\$ 225.00	\$ 225.00				
Other Total:	\$ 2,225.00	\$ 2,225.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 352,985.00	\$ 192,576.00	\$ 98,775.00	\$ 61,634.00	\$ -	\$ -

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

DHCS Legal Entity Number 01305
 Provider Name Central City Hospitality House
 Provider Number 38IP

Appendix Number B-2
 Page Number 5
 Fiscal Year 2020-2021
 Funding Notification Date 09/03/20

Program Name	SSHC	SSHC	SSHC		
Program Code	38IP6	38IP6	38IP6		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	60/60-69		
Service Description	OS-MH Promotion	OS-MH Promotion	SS-Case Mgt Support		
Funding Term 7/1/18-6/30/19:	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES					TOTAL
Salaries	195,898	121,283	-		317,181
Benefits	57,261	34,271	-		91,532
Operating Expenses	57,366	72,771	85,362		215,499
Subtotal Direct Expenses	310,525	228,325	85,362	-	624,212
Indirect Expenses	46,596	34,243	12,805		93,644
TOTAL FUNDING USES	357,121	262,568	98,167	-	717,856
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity	15.0%	15.0%	15.0%	
MH Adult County General Fund	251984-10000-10001792-0001	357,121		98,167	455,288
MH MHSA (Adult)	251984-17156-10031199-0044		262,568		262,568
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		357,121	262,568	98,167	-
TOTAL DPH FUNDING SOURCES		357,121	262,568	98,167	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		357,121	262,568	98,167	-
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	6,210	4,566	1,872		
Unit Type	Staff Hour	Staff Hour	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 57.51	\$ 57.51	\$ 52.44	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 57.51	\$ 57.51	\$ 52.44	\$ -	
Published Rate (Medi-Cal Providers Only)	n/a	n/a	n/a		Total UDC
Unduplicated Clients (UDC)	494	366	140		1000

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name SSHC
 Program Code 38IP6

Appendix Number B-2
 Page Number 6
 Fiscal Year 2020-2021
 Funding Notification Date 09/03/20

	TOTAL		GF & CODB 251984-10000-10001792-0001		MHSA 251984-17156-10031199-0044		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.25	\$ 23,590.00	0.15	\$ 14,154.00	0.10	\$ 9,436.00				
Deputy Director of Programs	0.05	\$ 3,750.00	0.05	\$ 3,750.00						
SS Manager	1.00	\$ 62,580.00	0.50	\$ 31,290.00	0.50	\$ 31,290.00				
Case Manager	1.00	\$ 46,670.00	0.50	\$ 23,335.00	0.50	\$ 23,335.00				
Case Manager	0.95	\$ 32,884.00	0.50	\$ 16,942.00	0.45	\$ 15,942.00				
Peer Service Advocate	1.00	\$ 41,280.00	0.50	\$ 20,640.00	0.50	\$ 20,640.00				
Peer Service Advocate	1.00	\$ 41,280.00	0.50	\$ 20,640.00	0.50	\$ 20,640.00				
Substitute Peer Service Advocates	0.07	\$ 2,400.00	0.07	\$ 2,400.00						
Peer Service Janitor	1.00	\$ 39,728.00	1.00	\$ 39,728.00						
Operations Manager	0.17	\$ 11,727.00	0.17	\$ 11,727.00						
Program Coordinator	0.10	\$ 5,000.00	0.10	\$ 5,000.00						
Executive Director	0.05	\$ 6,292.00	0.05	\$ 6,292.00						
Totals:	6.64	\$ 317,181.00	4.09	\$ 195,898.00	2.55	\$ 121,283.00	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.86%	\$ 91,532.00	29.23%	\$ 57,261.00	28.26%	\$ 34,271.00	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 408,713.00		\$ 253,159.00		\$ 155,554.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name SSHC
 Program Code 38IP6

Appendix Number B-2
 Page Number 7
 Fiscal Year 2020-2021
 FN Date 09/03/20

Expense Categories & Line Items	TOTAL	GF & CODB	MHSA	Mode 60	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		251984-10000-10001792-0001	251984-17156-10031199-0044	251984-10000-10001792-0001		
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 39,923.00	\$ -	\$ 39,923.00			
Utilities (electricity, water, gas)	\$ 7,600.00	\$ 7,600.00	\$ -			
Building Repair/Maintenance	\$ 18,405.00	\$ 8,905.00	\$ 9,500.00			
Occupancy Total:	\$ 65,928.00	\$ 16,505.00	\$ 49,423.00	\$ -	\$ -	\$ -
Office Supplies	\$ 8,500.00		\$ 8,500.00			
Program Supplies	\$ 21,000.00	\$ 10,352.00	\$ 10,648.00			
Materials & Supplies Total:	\$ 29,500.00	\$ 10,352.00	\$ 19,148.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 6,000.00	\$ 6,000.00	\$ -			
Insurance	\$ 5,834.00	\$ 5,834.00	\$ -			
Communications	\$ 9,740.00	\$ 9,740.00	\$ -			
Equipment Lease & Maintenance	\$ 4,200.00	\$ -	\$ 4,200.00			
General Operating Total:	\$ 25,774.00	\$ 21,574.00	\$ 4,200.00	\$ -	\$ -	\$ -
Harm Reduction Therapy Center - \$44.45/hour x ~40 hours/wk x 48 weeks: see Subcontract.	\$ 85,362.00		\$ -	\$ 85,362.00		
Care Through Touch Institute - ~4 hours/week x \$45/hr x 48 weeks: see Subcontract.	\$ 8,640.00	\$ 8,640.00	\$ -	\$ -		
Consultant/Subcontractor Total:	\$ 94,002.00	\$ 8,640.00	\$ -	\$ 85,362.00	\$ -	\$ -
Other (provide detail):						
Staff Recruitment	\$ 295.00	\$ 295.00	\$ -			
Other Total:	\$ 295.00	\$ 295.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 215,499.00	\$ 57,366.00	\$ 72,771.00	\$ 85,362.00	\$ -	\$ -

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

DHCS Legal Entity Number 01305
 Provider Name Central City Hospitality House
 Provider Number 38CJ

Appendix Number B-3
 Page Number 8
 Fiscal Year 2020-2021
 Funding Notification Date 09/03/20

Program Name	CBP	CBP	CBP		
Program Code	38CJHW	38CJHW	38CJHW		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	60/60-69		
Service Description	OS-MH Promotion	OS-MH Promotion	SS-Case Mgt Support		
Funding Term 7/1/18-6/30/19:	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES					TOTAL
Salaries	101,707	-	-		101,707
Benefits	28,934	-	-		28,934
Operating Expenses	14,579	1,968	86,160		102,707
Subtotal Direct Expenses	145,220	1,968	86,160	-	233,348
Indirect Expenses	21,780	295	12,925		35,000
TOTAL FUNDING USES	167,000	2,263	99,085	-	268,348
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity	15.0%	15.0%	15.0%	
MH Adult County General Fund	251984-10000-10001792-0001	167,000			167,000
MH MHSA (Adult)	251984-17156-10031199-0044		2,263	99,085	101,348
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		167,000	2,263	99,085	-
TOTAL DPH FUNDING SOURCES		167,000	2,263	99,085	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		167,000	2,263	99,085	-
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	1,992	27	1,872		
Unit Type	Staff Hour	Staff Hour	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 83.84	\$ 83.81	\$ 52.93	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 83.84	\$ 83.81	\$ 52.93	\$ -	
Published Rate (Medi-Cal Providers Only)	n/a	n/a	n/a		Total UDC
Unduplicated Clients (UDC)	87	2	61		150

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name CBP
 Program Code 38CJHW

Appendix Number B-3
 Page Number 9
 Fiscal Year 2020-2021
 FN: 09/03/20

GF & CODB

	TOTAL		251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Deputy Director of Programs	0.10	\$ 7,500.00	0.10	\$ 7,500.00				
Program Manager	0.10	\$ 6,258.00	0.10	\$ 6,258.00				
Case Manager	1.00	\$ 46,669.00	1.00	\$ 46,669.00				
Peer Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00				
Totals:	2.20	\$ 101,707.00	2.20	\$ 101,707.00	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.45%	\$ 28,934.00	28.45%	\$ 28,934.00	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 130,641.00		\$ 130,641.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name CBP
 Program Code 38CJHW

Appendix Number B-3
 Page Number 10
 Fiscal Year 2020-2021
 FN Date 09/03/20

Expense Categories & Line Items	TOTAL	GF & CODB	MHSA	Mode 60	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		251984-10000-10001792-0001	251984-17156-10031199-0044	251984-17156-10031199-0044		
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ 6,121.00	\$ 6,121.00	\$ -			
Occupancy Total:	\$ 6,121.00	\$ 6,121.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -					
Photocopying	\$ -					
Program Supplies	\$ -	\$ -	\$ -			
Computer Hardware/Software	\$ -					
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,000.00	\$ 3,000.00	\$ -			
Insurance	\$ 4,326.00	\$ 2,358.00	\$ 1,968.00			
Communications	\$ 3,100.00	\$ 3,100.00				
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ 10,426.00	\$ 8,458.00	\$ 1,968.00	\$ -	\$ -	\$ -
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
Harm Reduction Therapy Center - \$52.79/hour x ~34 hours/wk x 48 weeks: see Subcontract.	\$ 86,160.00	\$ -		\$ 86,160.00		
Consultant/Subcontractor Total:	\$ 86,160.00	\$ -	\$ -	\$ 86,160.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 102,707.00	\$ 14,579.00	\$ 1,968.00	\$ 86,160.00	\$ -	\$ -

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

DHCS Legal Entity Number <u>01305</u>		Appendix Number <u>B-4</u>	
Provider Name <u>Central City Hospitality House</u>		Page Number <u>11</u>	
Provider Number <u>N/A</u>		Fiscal Year <u>2020-2021</u>	
		Funding Notification Date <u>09/03/20</u>	
Program Name	HMIOT		
Program Code	N/A		
Mode/SFC (MH) or Modality (SUD)	45/10-19		
Service Description	OS-MH Promotion		
Funding Term :	<u>7/1/20-6/30/21</u>		
FUNDING USES			TOTAL
Salaries	287,736		287,736
Benefits	82,385		82,385
Operating Expenses	50,052		50,052
Subtotal Direct Expenses	420,173	-	420,173
Indirect Expenses	63,025		63,025
TOTAL FUNDING USES	483,198	-	483,198
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity	15.0%	
<u>MH Adult County General Fund</u>	<u>251984-10000-10001792-0001</u>	483,198	483,198
			-
			-
This row left blank for funding sources not in drop-down list			
			-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	483,198	-	483,198
TOTAL DPH FUNDING SOURCES	483,198	-	483,198
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	483,198	-	483,198
BHS UNITS OF SERVICE AND UNIT COST			
	Cost Reimbursement (CR)		
Payment Method			
DPH Units of Service	8,407		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 57.48	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 57.48	\$ -	
Published Rate (Medi-Cal Providers Only)	n/a		Total UDC
Unduplicated Clients (UDC)	500		500

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name HMIOT
 Program Code N/A

Appendix Number B-4
 Page Number 12
 Fiscal Year 2020-2021
 FN: 09/03/20

	TOTAL		251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21				(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Programs	0.05	\$ 9,436.00	0.05	\$ 9,436.00				
Deputy Director of Programs	0.35	\$ 26,250.00	0.35	\$ 26,250.00				
Program Coordinator	1.00	\$ 50,000.00	1.00	\$ 50,000.00				
Case Manager	0.95	\$ 32,884.00	0.95	\$ 32,884.00				
Case Manager	1.00	\$ 45,884.00	1.00	\$ 45,884.00				
Peer Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00				
Peer Advocate	1.00	\$ 41,280.00	1.00	\$ 41,280.00				
Substitute Peer Service Advocates	0.10	\$ 9,600.00	0.10	\$ 9,600.00				
Peer Service Janitor	0.70	\$ 24,830.00	0.70	\$ 24,830.00				
Executive Director	0.05	\$ 6,292.00	0.05	\$ 6,292.00				
Totals:	6.20	\$ 287,736.00	6.20	\$ 287,736.00	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.63%	\$ 82,385.00	28.63%	\$ 82,385.00	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 370,121.00		\$ 370,121.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name HMIOT
 Program Code N/A

Appendix Number B-4
 Page Number 13
 Fiscal Year 2020-2021
 FN Date 09/03/20

Expense Categories & Line Items	TOTAL	MH Adult GF		
		251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Utilities (telephone, electricity, water, gas)	\$ 6,050.00	\$ 6,050.00		
Building Repair/Maintenance	\$ 9,775.00	\$ 9,775.00		
Occupancy Total:	\$ 15,825.00	\$ 15,825.00	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00		
Photocopying	\$ 1,050.00	\$ 1,050.00		
Program Supplies	\$ 25,000.00	\$ 25,000.00		
Materials & Supplies Total:	\$ 32,050.00	\$ 32,050.00	\$ -	\$ -
Training/Staff Development	\$ -	\$ -		
Communications	\$ 1,952.00	\$ 1,952.00		
General Operating Total:	\$ 1,952.00	\$ 1,952.00	\$ -	\$ -
Other (provide detail):	\$ -			
Job posting	\$ 225.00	\$ 225.00		
	\$ -			
Other Total:	\$ 225.00	\$ 225.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 50,052.00	\$ 50,052.00	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	Central City Hospitality House	Page Number	14
Contract ID Number	1000011069	Fiscal Year	2020-2021
		Funding Notification Date	9/3/20

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Executive Director	0.40	\$ 50,500.00
Operations Manager	0.45	\$ 31,500.00
Director of Finance and Administration	0.50	\$ 47,200.00
Finance Manager	0.50	\$ 33,500.00
Program Coordinator	0.50	\$ 25,000.00
Accounting and Operations Clerk	0.50	\$ 20,640.00
Data Entry Clerk	1.00	\$ 41,280.00
Administrative/Dev Director	0.15	\$ 14,500.00
Subtotal:	4.00	\$ 264,120.00
Employee Benefits:	31.1%	\$ 82,145.00
Total Salaries and Employee Benefits:		\$ 346,265.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Accounting/Bookkeeping	\$ 9,660.00
Contract Administration	\$ 4,500.00
Auditors	\$ 9,940.00
IT/Computer	\$ 7,000.00
Occupancy	\$ 2,000.00
Insurance	\$ 1,833.00
Utilities and Garbage	\$ 8,050.00
Communications	\$ 2,205.00
Subscriptions	\$ 2,300.00
Repairs and Maintenance and Janitorial	\$ 8,237.00
Equipment rental	\$ 3,220.00
Office Supplies	\$ 4,959.00
Staff Training and Development	\$ 700.00
Organizational Activities	\$ 2,800.00
Payroll Fees	\$ 5,950.00
Vehicle and travel	\$ 1,500.00
Staff recruitment	\$ 500.00
Sponsorships	\$ 1,000.00
Total Operating Costs	\$ 76,354.00
Total Indirect Costs	\$ 422,619.00

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

Appendix F
PAGE A

Contract ID#
1000010069

INVOICE NUMBER: M02 JL 20

Ct.Blanket No.: BPHM N/A

CT. PO No.: POHM SFGOV-0000454738

Fund Source: MH MHSA (Adult) Non Match

Invoice Period: July 2020

Final Invoice: (Check if Yes)

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100
Fax No.: (415)
Fax No.: (415)

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 TSHC PC# - 38CJ2 251984-17156-10031199-0044												
45/ 10 - 19 OS- MH Promotion	10,491	876			-	-	0%	0%	10,491	876	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 308,235.00	\$ -	\$ -	0.00%	\$ 308,235.00
Fringe Benefits	\$ 104,005.00	\$ -	\$ -	0.00%	\$ 104,005.00
Total Personnel Expenses	\$ 412,240.00	\$ -	\$ -	0.00%	\$ 412,240.00
Operating Expenses:					
Occupancy	\$ 67,701.00	\$ -	\$ -	0.00%	\$ 67,701.00
Materials and Supplies	\$ 19,774.00	\$ -	\$ -	0.00%	\$ 19,774.00
General Operating	\$ 11,300.00	\$ -	\$ -	0.00%	\$ 11,300.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 98,775.00	\$ -	\$ -	0.00%	\$ 98,775.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 511,015.00	\$ -	\$ -	0.00%	\$ 511,015.00
Indirect Expenses	\$ 76,655.00	\$ -	\$ -	0.00%	\$ 76,655.00
TOTAL EXPENSES	\$ 587,670.00	\$ -	\$ -	0.00%	\$ 587,670.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Contract ID#
1000010069

Invoice Number
M02 JL 20

User Cd

CT PO No.

Contractor: Central City Hospitality House

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.25	\$ 23,590.00	\$ -	\$ -	0.00%	\$ 23,590.00
Deputy Director of Programs	0.10	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.00
CBP Manager	0.40	\$ 25,032.00	\$ -	\$ -	0.00%	\$ 25,032.00
CAP Manager	0.35	\$ 21,903.00	\$ -	\$ -	0.00%	\$ 21,903.00
Case Manager (Housing)	1.00	\$ 45,884.00	\$ -	\$ -	0.00%	\$ 45,884.00
Peer Service Advocate (Activities)	1.00	\$ 41,280.00	\$ -	\$ -	0.00%	\$ 41,280.00
Peer Service Advocate	1.00	\$ 41,298.00	\$ -	\$ -	0.00%	\$ 41,298.00
Peer Service Advocate	1.00	\$ 42,128.00	\$ -	\$ -	0.00%	\$ 42,128.00
Studio Assistant Peer Advocate	0.40	\$ 16,519.00	\$ -	\$ -	0.00%	\$ 16,519.00
Studio Assistant Peer Advocate	0.40	\$ 16,512.00	\$ -	\$ -	0.00%	\$ 16,512.00
Peer Service Janitor	0.50	\$ 20,640.00	\$ -	\$ -	0.00%	\$ 20,640.00
Program Coordinator	0.05	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
Operations Manager	0.05	\$ 3,449.00	\$ -	\$ -	0.00%	\$ 3,449.00
TOTAL SALARIES	6.50	\$ 308,235.00	\$ -	\$ -	0.00%	\$ 308,235.00

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: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000010069

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100
Fax No.: (415)
Fax No.: (415)

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	M04 JL 20
Ct.Blanket No.: BPHM	N/A
CT. PO No.: POHM	SFGOV-0000454738
Fund Source:	MH MHSa (Adult) Non Match
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 SSHC PC# - 38IP6 251984-17156-10031199-0044												
45/ 10 - 19 OS-MH Promotion	4,566	366			-	-	0%	0%	4,566	366	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 121,283.00	\$ -	\$ -	0.00%	\$ 121,283.00
Fringe Benefits	\$ 34,271.00	\$ -	\$ -	0.00%	\$ 34,271.00
Total Personnel Expenses	\$ 155,554.00	\$ -	\$ -	0.00%	\$ 155,554.00
Operating Expenses:					
Occupancy	\$ 49,423.00	\$ -	\$ -	0.00%	\$ 49,423.00
Materials and Supplies	\$ 19,148.00	\$ -	\$ -	0.00%	\$ 19,148.00
General Operating	\$ 4,200.00	\$ -	\$ -	0.00%	\$ 4,200.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 72,771.00	\$ -	\$ -	0.00%	\$ 72,771.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 228,325.00	\$ -	\$ -	0.00%	\$ 228,325.00
Indirect Expenses	\$ 34,243.00	\$ -	\$ -	0.00%	\$ 34,243.00
TOTAL EXPENSES	\$ 262,568.00	\$ -	\$ -	0.00%	\$ 262,568.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to: cbhsinvoices@sfdph.org
Amendment 10-21

DPH Authorization for Payment

Authorized Signatory

Prepared: 10/22/2020

Date

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

Appendix F
PAGE B

Invoice Number

M04	JL	20
-----	----	----

User Cd

CT PO No.		
-----------	--	--

Contractor: Central City Hospitality House

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.10	\$ 9,436.00	\$ -	\$ -	0.00%	\$ 9,436.00
SS Manager	0.50	\$ 31,290.00	\$ -	\$ -	0.00%	\$ 31,290.00
Case Manager	0.50	\$ 23,335.00	\$ -	\$ -	0.00%	\$ 23,335.00
Case Manager	0.45	\$ 15,942.00	\$ -	\$ -	0.00%	\$ 15,942.00
Peer Service Advocate	0.50	\$ 20,640.00	\$ -	\$ -	0.00%	\$ 20,640.00
Peer Service Advocate	0.50	\$ 20,640.00	\$ -	\$ -	0.00%	\$ 20,640.00
TOTAL SALARIES	2.55	\$ 121,283.00	\$ -	\$ -	0.00%	\$ 121,283.00

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: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#

1000010069

INVOICE NUMBER: M05 JL 20

Contractor: Central City Hospitality House

Ct.Blanket No.: BPHM N/A

Address: 290 Turk Street, San Francisco, CA 94102

User Cd

CT. PO No.: POHM SFGOV-0000454738

Tel. No.: (415) 749-2100

BHS

Fund Source: MH County - General Fund

Fax No.: (415)

Invoice Period: July 2020

Fax No.: (415)

Final Invoice: (Check if Yes)

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 TSHC PC# - 38CJ2 - (HMHMCC730515) 251984-10000-10001792-0001												
45/ 10 - 19 OS - MH Promotion	18,905	1,504			-	-	0%	0%	18,905	1,504	100%	100%
60/ 60 - 69 SS - Case Mgt Support	1,248	120			-	-	0%	0%	1,248	120	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 591,131.00		\$ -	0.00%	\$ 591,131.00
Fringe Benefits	\$ 183,260.00		\$ -	0.00%	\$ 183,260.00
Total Personnel Expenses	\$ 774,391.00	\$ -	\$ -	0.00%	\$ 774,391.00
Operating Expenses:					
Occupancy	\$ 111,005.00		\$ -	0.00%	\$ 111,005.00
Materials and Supplies	\$ 42,865.00		\$ -	0.00%	\$ 42,865.00
General Operating	\$ 23,521.00		\$ -	0.00%	\$ 23,521.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 74,594.00		\$ -	0.00%	\$ 74,594.00
Other: Food	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Staff Recruitment	\$ 225.00	\$ -	\$ -	0.00%	\$ 225.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 254,210.00	\$ -	\$ -	0.00%	\$ 254,210.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,028,601.00	\$ -	\$ -	0.00%	\$ 1,028,601.00
Indirect Expenses	\$ 154,295.00		\$ -	0.00%	\$ 154,295.00
TOTAL EXPENSES	\$ 1,182,896.00	\$ -	\$ -	0.00%	\$ 1,182,896.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Prepared: 10/22/20
Date

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

Appendix F
PAGE B

Contract ID#
1000010069

Invoice Number
M05 JL 20
User Cd

CT PO No. _____

Contractor: Central City Hospitality House

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.30	\$ 28,309.00		\$ -	0.00%	\$ 28,309.00
Deputy Director of Programs	0.30	\$ 22,500.00		\$ -	0.00%	\$ 22,500.00
TSHC Manager	1.00	\$ 66,335.00		\$ -	0.00%	\$ 66,335.00
CAP Manager	0.55	\$ 34,419.00		\$ -	0.00%	\$ 34,419.00
Case Manager	1.00	\$ 46,832.00		\$ -	0.00%	\$ 46,832.00
Case Manager	1.00	\$ 45,902.00		\$ -	0.00%	\$ 45,902.00
Peer Service Advocate	1.00	\$ 42,128.00		\$ -	0.00%	\$ 42,128.00
Peer Service Advocate	1.00	\$ 41,280.00		\$ -	0.00%	\$ 41,280.00
Peer Service Advocate	1.00	\$ 41,280.00		\$ -	0.00%	\$ 41,280.00
Peer Service Advocate (Community Organizing)	1.00	\$ 42,070.00		\$ -	0.00%	\$ 42,070.00
Studio Assistant Peer Advocate	0.60	\$ 24,779.00		\$ -	0.00%	\$ 24,779.00
Studio Assistant Peer Advocate	0.60	\$ 24,768.00		\$ -	0.00%	\$ 24,768.00
Studio Assistant Peer Advocate	1.00	\$ 41,280.00		\$ -	0.00%	\$ 41,280.00
Studio Assistant Peer Advocate & Studio Assistant Peer Advocates	0.81	\$ 29,400.00		\$ -	0.00%	\$ 29,400.00
Peer Service Janitor	0.30	\$ 1,284.00		\$ -	0.00%	\$ 1,284.00
Substitute Peer Service Janitors	0.19	\$ 7,900.00		\$ -	0.00%	\$ 7,900.00
Program Associate	0.15	\$ 7,500.00		\$ -	0.00%	\$ 7,500.00
Operations Manager	0.10	\$ 6,898.00		\$ -	0.00%	\$ 6,898.00
Executive Director	0.20	\$ 25,167.00		\$ -	0.00%	\$ 25,167.00
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
TOTAL SALARIES	12.10	\$ 580,031.00	\$ -	\$ -	0.00%	\$ 580,031.00

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: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#

1000010069

INVOICE NUMBER: M06 JL 20

Contractor: Central City Hospitality House

Ct.Blanket No.: BPHM N/A

Address: 290 Turk Street, San Francisco, CA 94102

User Cd

CT. PO No.: POHM SFGOV-0000454738

Tel. No.: (415) 749-2100

Fax No.: (415)

Fax No.: (415)

BHS

Fund Source: MH Adult County - General Fund

Invoice Period: July 2020

Funding Term: 07/01/2020 - 06/30/2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 SSHC PC# - 38IP6 251984-10000-10001792-0001												
45/ 10 - 19 OS-MH Promotion	6,210	494			-	-	0%	0%	6,210	494	100%	100%
60/ 60 - 69 OS-Case Mgt Support	1,872	140			-	-	0%	0%	1,872	140	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 195,898.00	\$ -	\$ -	0.00%	\$ 195,898.00
Fringe Benefits	\$ 57,261.00	\$ -	\$ -	0.00%	\$ 57,261.00
Total Personnel Expenses	\$ 253,159.00	\$ -	\$ -	0.00%	\$ 253,159.00
Operating Expenses:					
Occupancy	\$ 16,505.00	\$ -	\$ -	0.00%	\$ 16,505.00
Materials and Supplies	\$ 10,352.00	\$ -	\$ -	0.00%	\$ 10,352.00
General Operating	\$ 21,574.00	\$ -	\$ -	0.00%	\$ 21,574.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 94,002.00	\$ -	\$ -	0.00%	\$ 94,002.00
Other: Staff Recruitment	\$ 295.00	\$ -	\$ -	0.00%	\$ 295.00
	\$ -				
	\$ -				
Total Operating Expenses	\$ 142,728.00	\$ -	\$ -	0.00%	\$ 142,728.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 395,887.00	\$ -	\$ -	0.00%	\$ 395,887.00
Indirect Expenses	\$ 59,401.00	\$ -	\$ -	0.00%	\$ 59,401.00
TOTAL EXPENSES	\$ 455,288.00	\$ -	\$ -	0.00%	\$ 455,288.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
Jul Amendment 10-21
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Prepared: 10/22/2020

Date

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

Appendix F
PAGE B

Contract ID#

1000010069

Invoice Number

M06 JL 20

User Cd

Contractor: Central City Hospitality House

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.15	\$ 14,154.00	\$ -	\$ -	0.00%	\$ 14,154.00
Deputy Director of Programs	0.05	\$ 3,750.00	\$ -	\$ -	0.00%	\$ 3,750.00
SS Manager	0.50	\$ 31,290.00	\$ -	\$ -	0.00%	\$ 31,290.00
Case Manager	0.50	\$ 23,335.00	\$ -	\$ -	0.00%	\$ 23,335.00
Case Manager	0.50	\$ 16,942.00	\$ -	\$ -	0.00%	\$ 16,942.00
Peer Service Advocate	0.50	\$ 20,640.00	\$ -	\$ -	0.00%	\$ 20,640.00
Peer Service Advocate	0.50	\$ 20,640.00	\$ -	\$ -	0.00%	\$ 20,640.00
Substitute Peer Service Advocates	0.07	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Peer Service Janitor	1.00	\$ 39,728.00	\$ -	\$ -	0.00%	\$ 39,728.00
Operations Manager	0.17	\$ 11,727.00	\$ -	\$ -	0.00%	\$ 11,727.00
Program Coordinator	0.10	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
Executive Director	0.05	\$ 6,292.00	\$ -	\$ -	0.00%	\$ 6,292.00
TOTAL SALARIES	4.09	\$ 195,898.00	\$ -	\$ -	0.00%	\$ 195,898.00

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: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000010069

INVOICE NUMBER: M07 JL 20

Contractor: Central City Hospitality House

Ct.Blanket No.: BPHM N/A

Address: 290 Turk Street, San Francisco, CA 94102

CT. PO No.: POHM SFGOV-0000454738

Tel. No.: (415) 749-2100
Fax No.: (415)
Fax No.: (415)



Fund Source: MH MHA (Adult) Non Match

Invoice Period: July 2020

Funding Term: 07/01/2020 - 06/30/2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 CBP PC# - 38CJHW 251984-17156-10031199-0044												
45/ 10 -19 OS - MH Promotion	27	2			-	-	0%	0%	27	2	100%	100%
60/ 60 - 69 SS Case Mgt Support	1,872	61			-	-	0%	0%	1,872	61	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 1,968.00	\$ -	\$ -	0.00%	\$ 1,968.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 86,160.00	\$ -	\$ -	0.00%	\$ 86,160.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 88,128.00	\$ -	\$ -	0.00%	\$ 88,128.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 88,128.00	\$ -	\$ -	0.00%	\$ 88,128.00
Indirect Expenses	\$ 13,220.00	\$ -	\$ -	0.00%	\$ 13,220.00
TOTAL EXPENSES	\$ 101,348.00	\$ -	\$ -	0.00%	\$ 101,348.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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

Or email to:
Jul Amendment 10-14
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Prepared: 10/22/2020
Date

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

Appendix F
PAGE A

Contract ID#

1000010069

INVOICE NUMBER: M09 JL 20

Contractor: Central City Hospitality House

Ct.Blanket No.: BPHM N/A

Address: 290 Turk Street, San Francisco, CA 94102

User Cd

CT. PO No.: POHM SFGOV-0000454738

Tel. No.: (415) 749-2100



Fund Source: MH Adult County General Fund

Fax No.: (415)

Invoice Period: July 2020

Fax No.: (415)

Funding Term: 07/01/2020 - 06/30/2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 HMIOT 251984-10000-10001792-0001												
45/ 10 - 19 OS - MH Promotion	8,407	500			-	-	0%	0%	8,407	500	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 287,736.00		\$ -	0.00%	\$ 287,736.00
Fringe Benefits	\$ 82,385.00		\$ -	0.00%	\$ 82,385.00
Total Personnel Expenses	\$ 370,121.00	\$ -	\$ -	0.00%	\$ 370,121.00
Operating Expenses:					
Occupancy	\$ 15,825.00		\$ -	0.00%	\$ 15,825.00
Materials and Supplies	\$ 32,050.00		\$ -	0.00%	\$ 32,050.00
General Operating	\$ 1,952.00		\$ -	0.00%	\$ 1,952.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Job Posting	\$ 225.00	\$ -	\$ -	0.00%	\$ 225.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 50,052.00	\$ -	\$ -	0.00%	\$ 50,052.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 420,173.00	\$ -	\$ -	0.00%	\$ 420,173.00
Indirect Expenses	\$ 63,025.00		\$ -	0.00%	\$ 63,025.00
TOTAL EXPENSES	\$ 483,198.00	\$ -	\$ -	0.00%	\$ 483,198.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Or email to:
cbhsinvoices@sfdph.org-21

DPH Authorization for Payment

Authorized Signatory

Prepared: 10/22/20

Date

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

Appendix F
PAGE B

Contract ID#
1000010069

Invoice Number
M09 JL 20
User Cd

CT PO No. _____

Contractor: Central City Hospitality House

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director of Programs	0.05	\$ 9,436.00		\$ -	0.00%	\$ 9,436.00
Deputy Director of Programs	0.35	\$ 26,250.00		\$ -	0.00%	\$ 26,250.00
Program Coordinator	1.00	\$ 50,000.00		\$ -	0.00%	\$ 50,000.00
Case Manager	0.95	\$ 32,884.00		\$ -	0.00%	\$ 32,884.00
Case Manager	1.00	\$ 45,884.00		\$ -	0.00%	\$ 45,884.00
Peer Advocate	1.00	\$ 41,280.00		\$ -	0.00%	\$ 41,280.00
Peer Advocate	1.00	\$ 41,280.00		\$ -	0.00%	\$ 41,280.00
Substitute Peer Service Advocates	0.10	\$ 9,600.00		\$ -	0.00%	\$ 9,600.00
Peer Service Janitor	0.70	\$ 24,830.00		\$ -	0.00%	\$ 24,830.00
Executive Director	0.05	\$ 6,292.00		\$ -	0.00%	\$ 6,292.00
TOTAL SALARIES	6.20	\$ 287,736.00	\$ -	\$ -	0.00%	\$ 287,736.00

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: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000010069

Contractor: Central City Hospitality House
Address: 290 Turk Street, San Francisco, CA 94102
Tel. No.: (415) 749-2100
Fax No.: (415)
Fax No.: (415)



Funding Term: 07/01/2020 - 06/30/2021
PHP Division: Behavioral Health Services

INVOICE NUMBER: M17 JL 20
Ct.Blanket No.: BPHM N/A
User Cd
CT. PO No.: POHM SFGOV-0000454738
Fund Source: MH Adult County General Fund
Invoice Period: July 2020
Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 CBP PC# - 38CJHW 251984-10000-10001792-0001												
45/ 10 -19 OS-MH Promotion	1,992	87			-	-	0%	0%	1,992	87	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 101,707.00	\$ -	\$ -	0.00%	\$ 101,707.00
Fringe Benefits	\$ 28,934.00	\$ -	\$ -	0.00%	\$ 28,934.00
Total Personnel Expenses	\$ 130,641.00	\$ -	\$ -	0.00%	\$ 130,641.00
Operating Expenses:					
Occupancy	\$ 6,121.00	\$ -	\$ -	0.00%	\$ 6,121.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 8,458.00	\$ -	\$ -	0.00%	\$ 8,458.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 14,579.00	\$ -	\$ -	0.00%	\$ 14,579.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 145,220.00	\$ -	\$ -	0.00%	\$ 145,220.00
Indirect Expenses	\$ 21,780.00	\$ -	\$ -	0.00%	\$ 21,780.00
TOTAL EXPENSES	\$ 167,000.00	\$ -	\$ -	0.00%	\$ 167,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Jul Amendment 1 10-21
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Prepared: 10/22/2020

Authorized Signatory

Date

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

Contract ID#
1000010069

Invoice Number
M17 JL 20

User Cd

Contractor: Central City Hospitality House

CT PO No.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Deputy Director of Programs	0.10	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.00
Program Manager	0.10	\$ 6,258.00	\$ -	\$ -	0.00%	\$ 6,258.00
Case Manager	1.00	\$ 46,689.00	\$ -	\$ -	0.00%	\$ 46,689.00
Peer Advocate	1.00	\$ 41,280.00	\$ -	\$ -	0.00%	\$ 41,280.00
TOTAL SALARIES	2.20	\$ 101,727.00	\$ -	\$ -	0.00%	\$ 101,727.00

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: _____