

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015, 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 extend the contract term, increase the contract amount and update standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4153-09/10 dated June 21, 2010;

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

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated October 1, 2010 between Contractor and City, as amended by the:

First amendment	this amendment
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1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

2a. Section 2. of the Agreement currently reads as follows:

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5. of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fifteen Million Nine Hundred Twenty Three Thousand Three Hundred Forty Seven Dollars (\$15,923,347)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nineteen Million Five Hundred Sixty Thousand Fourteen Dollars (\$19,560,014)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15. is hereby replaced in its entirety to read as follows:

15. Insurance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2d. Replacing “Earned Income Credit (EIC) Forms” Section with “Consideration of Criminal History in Hiring and Employment Decisions” Section. Section 32. “Earned Income Credit (EIC) Forms” is hereby replaced in its entirety to read as follows:

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

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

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

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

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

Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

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

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

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

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

2e. Protected Health Information. Section 64. is hereby replaced in its entirety to read as follows:

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

2f. Delete Appendices A-1 through A9 and replace in its entirety with Appendices A-1 through A-3 dated 7/1/15, to Agreement as amended.

2g. Delete Appendix B (Calculation of Charges) and Appendices A-1 through A-9 and replace in its entirety with Appendix B (Calculation of Charges) and Appendices B-1 through B-3 dated 7/1/15, to Agreement as amended.

2h. Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14, to Agreement as amended.

2i. Appendix J is hereby added.

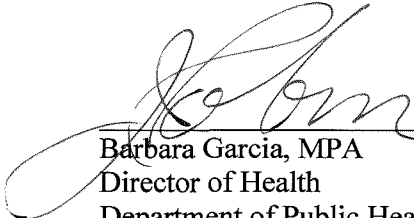
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

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:


Barbara Garcia, MPA
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney



Kathy Murphy
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract
Administration, and Purchaser

CONTRACTOR

Central City Hospitality House


Jackie Jenks
Executive Director
290 Turk Street
San Francisco, CA 94102

City vendor number: 04688

Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to James Stroh, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

(1) CONTRACTOR must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, §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 record keeping.

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

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

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

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

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

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

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

J. 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."

K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or CITY laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the SERVICES. Inability to pay shall not be the basis for denial of any SERVICES provided under this Agreement.

(2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.

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

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

R. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

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

S. Working Trial Balance with Year-End Cost Report

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

T. Harm Reduction

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

2. Description of Services

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

1. Identifiers:

Program Name: Tenderloin Self-Help Center
Program Address: 290 Turk St.
City, State, ZIP: San Francisco, CA, 94102
Telephone: 415-749-2100 FAX: 415-749-2136
Website Address: www.hospitalityhouse.org

Contractor Address: same

City, State, ZIP:

Person Completing this Narrative: Jenny Collins, Program Director

Telephone: 415-749-2132

Email Address: 415-749-2136

Program Code(s): 38CJ2

2. Nature of Document:

New Renewal Modification

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 resource center, peer-led support groups, opportunities for volunteerism, and socialization activities.

4. Target Population:

The target population is 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 35% African American, 2% American Indian, 18% Asian, 22% Caucasian, 10% Latino, and 13% other; 32% female, 66% male, 1% transgender; 9% veterans; 46% housed; 37% age 55 and older. Services are located in San Francisco's Tenderloin community - 94102 zip code.

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

See Appendix B for details.

OUTREACH & ENGAGEMENT

- 2,500 participants will participate in a range of socialization and wellness services.

SCREENING & ASSESSMENT

- 100 participants will be screened and/or assessed for behavioral health concerns as measured by the Case Management Assessment conducted by TSHC case managers
- 75% of participants screened and/or assessed will be referred to behavioral health services as measured by creation of a harm reduction plan.

WELLNESS PROMOTION

- 250 participants will attend Harm Reduction support groups conducted by the Harm Reduction Therapy Center.
- 50% of Harm Reduction support group participants will demonstrate an increase in help-seeking behaviors, as measured by return for engagement in individual therapy services.

SERVICE LINKAGE

- 80 participants will be referred to behavioral health services, as measured by creation of a harm reduction plan.
- 80 participants will have a written case plan
- 60 participants will achieve at least one case plan goal

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. 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 which detail program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. We were thrilled to receive technical assistance from the Taproot Foundation to update our 1990s-era website, which should be ready in early 2015. We also have an active social media presence through Facebook and Twitter, which we have found effective even for our community.

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.

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 75-100 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.

Housing Assistance Fund. The general purpose of the Housing Assistance Fund is to provide housing assistance (motel vouchers, security deposit, move-in costs), eviction prevention support (rental payment to avoid eviction), operating support (minor repairs and maintenance, limited 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 \$1,000 and may receive assistance once every ten years, with case by case review for exceptions.

Holistic Behavioral Health Services and Primary Care Triage. 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. HRTC also offers a harm reduction based behavioral health screening clinic once each week to provide participants with direct access to a nurse practitioner who can provide psychiatric evaluations, prescriptions for psychiatric and addiction medications, medication monitoring, general primary care triage, advice, and referrals.

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 the World Cup, natural disasters, and memorial services to remember those in the community who have died.

Wrap-around Services: The new Tenderloin Self-Help Center location was chosen because of the physical manifestation of wrap-around services. With the 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 program is staffed by a combination of Peer Advocates and Case Managers. While both positions 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. **Case Managers** work with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader 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 at a program level.

F. MHS 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. 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.*

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 Safe Haven Program, Safe Passage Initiative, Market Street for the Masses Coalition, and the Tenderloin Health Improvement Project.

7. Objectives and Measurements:

For MHSAs Population Focused programs, all objectives, and descriptions of how objectives will be measured, are contained in the MHSAs document entitled MHSAs Population Focused Performance Objectives FY14-15.

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: 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. For example, 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. Hospitality House has recently instituted an Inclusivity Committee to focus on how 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. Hospitality House engages in the annual DPH cultural competency process, with the Program Director a member of the DPH Cultural Competency Task Force.

D. Client satisfaction: In addition to participating in CBHS satisfaction surveys, Hospitality House uses an 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. The Data Entry Clerk and Program Associate support survey collection and conduct data entry, producing a report summarizing both quantitative and qualitative survey results as well as a comparison from previous years. The Program Director shares the information with the Board of Directors’ Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, ultimately adjusting 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

1. Identifiers:

Program Name: Sixth Street Self-Help Center
Program Address: 169 Sixth Street
City, State, ZIP: San Francisco, CA, 94103
Telephone: 415-369-3040 FAX: 415-546-5260
Website Address: www.hospitalityhouse.org

Contractor Address: 290 Turk Street
City, State, ZIP: San Francisco, CA, 94102
Person Completing this Narrative: Jenny Collins, Program Director
Telephone: 415-749-2132
Email Address: jcollins@hospitalityhouse.org

Program Code(s): 38IP6

2. Nature of Document:

New Renewal Modification

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:

The target population is 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 51% African American, 1% American Indian, 5% Asian, 26% Caucasian, 11% Latino, and 7% other; 24% female, 75% male, 1% transgender; 10% veterans; 53% housed; 29% 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.

OUTREACH & ENGAGEMENT

- 1,000 participants will participate in a range of socialization and wellness services.

SCREENING & ASSESSMENT

- 50 participants will be screened and/or assessed for behavioral health concerns as measured by the Case Management Assessment conducted by SSHC case managers

- 75% of participants screened and/or assessed will be referred to behavioral health services as measured by creation of a harm reduction plan.

WELLNESS PROMOTION

- 75 participants will attend Harm Reduction support groups conducted by the Harm Reduction Therapy Center.
- 50% of Harm Reduction support group participants will demonstrate an increase in help-seeking behaviors, as measured by return for engagement in individual therapy services.

SERVICE LINKAGE

- 40 participants will be referred to behavioral health services, as measured by creation of a harm reduction plan.
- 40 participants will have a written case plan
- 30 participants will achieve at least one case plan goal

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 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 which detail program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. We were thrilled to receive technical assistance from the Taproot Foundation to update our 1990s-era website, which should be ready in early 2015. We also have an active social media presence through Facebook and Twitter, which we have found effective even for our community.

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. 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 St.), in the Sixth Street corridor, open 9am-5pm Monday through Friday.

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.

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.

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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 is staffed by a combination of Peer Advocates and Case Managers. While both positions 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. The **Case Manager** works with participants in-depth to assist them in addressing employment goals, housing needs, mental health and substance abuse issues, medical needs, and benefits and legal advocacy, employing the modalities of harm-reduction and self-help. Case Managers link participants to the broader 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 at a program level.

F. MHSa Additional Required Service Description:

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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 agency. The agency actively manifests the MHSa Vision in its daily functioning.

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As described above, in Question 1.

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

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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.

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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. For example, 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. Hospitality House has recently instituted an Inclusivity Committee to focus on how 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. Hospitality House engages in the annual DPH cultural competency process, with the Program Director a member of the DPH Cultural Competency Task Force.

D. Client satisfaction: In addition to participating in CBHS satisfaction surveys, Hospitality House uses an 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. The Data Entry Clerk and Program Associate support survey collection and conduct data entry, producing a report summarizing both quantitative and qualitative survey results as well as a comparison from

previous years. The Program Director shares the information with the Board of Directors' Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, ultimately adjusting 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

1. Identifiers:

Program Name: Community Building Program
Program Address: 290 Turk Street
City, State, ZIP: San Francisco, CA, 94102
Telephone: 415-749-2102 FAX: 415-749-2136
Website Address: www.hospitalityhouse.org

Contractor Address: 290 Turk Street
City, State, ZIP: San Francisco, CA, 94102
Person Completing this Narrative: Jenny Collins, Program Director
Telephone: 415-749-2132
Email Address: jcollins@hospitalityhouse.org

Program Code(s): 38CJHW

2. Nature of Document:

New Renewal Modification

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 services.

4. Target Population:

The target population is 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 35% African American, 2% American Indian, 18% Asian, 22% Caucasian, 10% Latino, and 13% other; 32% female, 66% male, 1% transgender; 9% veterans; 46% housed; 37% age 55 and older. Services are located in San Francisco's Tenderloin community – 94102 zip code.

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

See Appendix B for details.

OUTREACH & ENGAGEMENT

- 4 community events (i.e. community violence prevention events, increasing community cohesion, strength, and the ability to respond to and recover from trauma) will be held to reach 150 participants.

SCREENING & ASSESSMENT

- 100 participants will be screened and/or assessed for behavioral health concerns as measured by the Case Management Assessment conducted by SSH case managers
- 75% of participants screened and/or assessed will be referred to behavioral health services as measured by creation of a harm reduction plan.

WELLNESS PROMOTION

- 8 participants will enroll in wellness promotion activities, as measured by participation in the 18-week Healing, Organizing & Leadership Development internship.
- 4 participants will increase social connectedness as evidenced by staff observation of participants conducting community organizing (i.e. presenting at a community event).

INDIVIDUAL & GROUP THERAPEUTIC SERVICES

- 50 participants will receive at least three one-on-one HRTC therapy sessions, as measured by attendance.
- 75% will complete at least one case plan goal, as measured by the HRTC case plan.

SERVICE LINKAGE

- 80 participants will be referred to behavioral health services, as measured by creation of a harm reduction plan.
- 80 participants will have a written case plan
- 60 participants will achieve at least one case plan goal

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. 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 which detail program activities and scheduling. Staff and managers attend a variety of community and provider collaboration meetings, providing information of our services. We were thrilled to receive technical assistance from the Taproot Foundation to update our 1990s-era website, which should be ready in early 2015. We also have an active social media presence through Facebook and Twitter, which we have found effective even for our community.

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.

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 stipended 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. Medication assessment and management by a psychiatric nurse practitioner is available if needed.

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 (motel vouchers, security deposit, move-in costs), eviction prevention support (rental payment to avoid eviction), operating support (minor repairs and maintenance, limited 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 \$1,000 and may receive assistance once every ten years, with case by case review for exceptions.

Holistic Behavioral Health Services and Primary Care Triage: 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. HRTC also offers a harm reduction based behavioral health screening clinic once each week to provide participants with direct access to a nurse practitioner who can provide psychiatric evaluations, prescriptions for psychiatric and addiction medications, medication monitoring, general primary care triage, advice, and referrals.

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.

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 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 **Community Organizing Peer Advocates**, 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. This position also guides and mentors program participant interns receiving stipends for 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, providing integrated mental health and

substance use harm reduction therapy, with increased 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 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 at a program level.

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. 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.*
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 Safe Haven Program, Safe Passage Initiative, Market Street for the Masses Coalition, and the Tenderloin Health Improvement Project.

7. Objectives and Measurements:

For MHSa Population Focused programs, all objectives, and descriptions of how objectives will be measured, are contained in the MHSa document entitled MHSa Population Focused Performance Objectives FY14-15.

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: 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. For example, 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. Hospitality House has recently instituted an Inclusivity Committee to focus on how 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. Hospitality House engages in the annual DPH cultural competency process, with the Program Director a member of the DPH Cultural Competency Task Force.

D. Client satisfaction: In addition to participating in CBHS satisfaction surveys, Hospitality House uses an 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. The Data Entry Clerk and Program Associate support survey collection and conduct data entry, producing a report summarizing both quantitative and qualitative survey results as well as a comparison from

previous years. The Program Director shares the information with the Board of Directors' Program Committee, Management Team, staff, and participants in order to review the feedback and identify areas for improvement, ultimately adjusting 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 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

- Appendix B-1 Tenderloin Self-Help Center
- Appendix B-2 Sixth Street Self-Help Center
- Appendix B-3 Community Building Program
- Appendix B-4 Older Adult prevention and Early Intervention

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nineteen Million Five Hundred Sixty Thousand Fourteen Dollars (\$19,560,014) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, \$637,142 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011 (Encumbered under BPHM07000060)	\$2,584,959
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July 1, 2011 through June 30, 2012	\$2,341,551
July 1, 2012 through June 30, 2013	\$2,403,350
July 1, 2013 through June 30, 2014	\$2,490,978
July 1, 2014 through June 30, 2015	\$2,528,343
July 1, 2015 through June 30, 2016	\$2,528,343
July 1, 2016 through June 30, 2017	\$2,717,968
July 1, 2016 through December 31, 2017	\$1,327,380
July 1, 2010 through December 31, 2017	\$18,922,872
Contingency	\$637,142
G. Total	\$19,560,014

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

(4) CONTRACTOR further understands that, \$2,584,959 of the period from July 1, 2010 through June 30, 2011 in the Contract Number BPHM07000060 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000060 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

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

E. In no event shall the CITY be liable for interest or late charges for any late payments.

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 01305		Prepared By/Phone #: Jackie Jenks - 415-749-2113			FY: 2015-16	
DHCS Legal Entity Name (MH)/Contractor Name (SA): Central City Hospitality House		Document Date: 7/1/2015			Appendix B	
Contract CMS # (CDTA use only): 7264					Page 4	
Contract Appendix Number:	B-1	B-2	B-3	B-#	B-#	
Appendix A/Program Name:	TSHC	Sixth Street	CBP			
Provider Number	38CJ	38IP	38CJ			
Program Code(s)	38CJ2	38IP6	38CJHW			
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	-/- _ -/-	-/- _ -/-	TOTAL
FUNDING USES						
Salaries & Employee Benefits:	990,686	373,349	112,357			\$ 1,476,392
Operating Expenses:	385,875	220,186	116,076			\$ 722,137
Capital Expenses:	0	0	0			\$ -
Subtotal Direct Expenses:	1,376,561	593,535	228,433	0	0	\$ 2,198,529
Indirect Expenses:	206,491	89,049	34,274			\$ 329,814
Indirect %:	15.00%	15.00%	15.00%			15.00%
TOTAL FUNDING USES	1,583,052	682,584	262,707	0	0	\$ 2,528,343
						Employee Fringe Benefits %: 28.55
CBHS MENTAL HEALTH FUNDING SOURCES						
MH COUNTY - General Fund	1,009,715	426,419	0			\$ 1,436,134
MH STATE - MSA	573,337	256,165	262,707			\$ 1,092,209
						\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,583,052	682,584	262,707	-	-	\$ 2,528,343
TOTAL DPH FUNDING SOURCES	1,583,052	682,584	262,707	0	0	\$ 2,528,343
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,583,052	682,584	262,707	-	-	\$ 2,528,343

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Central City Hospitality House Appendix/Page #: B-1 page 1
 Provider Name: Hospitality House Document Date: 7/1/2015
 Provider Number: 38CJ Fiscal Year: 15-16

Program Name:	Tenderloin Self-Help Center	Tenderloin Self-Help Center		
Program Code (formerly Reporting Unit):	38CJ2	38CJ2		
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19		
Service Description:	MH Promotion	MH Promotion		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16		

FUNDING USES				
Salaries & Employee Benefits:	618,102	372,584		\$ 990,686
Operating Expenses:	224,200	161,675		\$ 385,875
Capital Expenses (greater than \$5,000):	0	0		\$ -
Subtotal Direct Expenses:	842,302	534,259		\$ 1,376,561
Indirect Expenses:	167,413	39,078		\$ 206,491
TOTAL FUNDING USES:	1,009,715	573,337		\$ 1,583,052

CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH COUNTY - General Fund	HMHMCC730515	1,009,715			\$ 1,009,715
MH STATE - MSA	HMHMPROP63 - PMHS63-1510		573,337		\$ 573,337
					\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,009,715	573,337		\$ 1,583,052
TOTAL DPH FUNDING SOURCES		1,009,715	573,337	-	\$ 1,583,052
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,009,715	573,337	-	\$ 1,583,052

CBHS UNITS OF SERVICE AND UNIT COST				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR		
DPH Units of Service:	18,712	10,626		29,338
Unit Type:	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	53.96	53.96		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	53.96	53.96		
Published Rate (Medi-Cal Providers Only):	n/a	n/a		Total UDC:
Unduplicated Clients (UDC):	1595	905		2,500

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Central City Hospitality House		Appendix/Page #: B-2 page 1	
Provider Name: Hospitality House		Document Date: 7/1/2015	
Provider Number: 38IP		Fiscal Year: 15-16	
Program Name:	Sixth Street Self-Help Center	Sixth Street Self-Help Center	
Program Code (formerly Reporting Unit):	38IP6	38IP6	
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	
Service Description:	MH Promotion	MH Promotion	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES			
Salaries & Employee Benefits:	201,180	172,169	0 \$ 373,349
Operating Expenses:	154,617	65,569	0 \$ 220,186
Capital Expenses (greater than \$5,000):	0	0	0 \$ -
Subtotal Direct Expenses:	355,797	237,738	0 \$ 593,535
Indirect Expenses:	70,622	18,427	0 \$ 89,049
TOTAL FUNDING USES:	426,419	256,165	0 \$ 682,584
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH COUNTY - General Fund	HMHMCC730515	426,419	\$ 426,419
MH STATE - MHSA	HMHMPROP63 - PMHS63-1510	256,165	\$ 256,165
			0 \$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		426,419	- \$ 682,584
TOTAL DPH FUNDING SOURCES		426,419	- \$ 682,584
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		426,419	- \$ 682,584
CBHS UNITS OF SERVICE AND UNIT COST			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	7,196	4,323	- 11,519
Unit Type:	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	59.26	59.26	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	59.26	59.26	0.00
Published Rate (Medi-Cal Providers Only):	n/a	n/a	
Unduplicated Clients (UDC):	625	375	Total UDC: 1,000

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Central City Hospitality House		Appendix/Page #: B-3 page 1	
Provider Name: Hospitality House		Document Date: 7/1/2015	
Provider Number: 38CJ		Fiscal Year: 15-16	
Program Name:	Community Building Program		
Program Code (formerly Reporting Unit):	38CJHW		
Mode/SFC (MH) or Modality (SA)	45/10-19		
Service Description:	MH Promotion	0	0
FUNDING TERM:	7/1/15-6/30/16		TOTAL
FUNDING USES			
Salaries & Employee Benefits:	112,357		\$ 112,357
Operating Expenses:	116,076		\$ 116,076
Capital Expenses (greater than \$5,000):	0		\$ -
Subtotal Direct Expenses:	228,433	0	0 \$ 228,433
Indirect Expenses:	34,274		\$ 34,274
TOTAL FUNDING USES:	262,707	0	0 \$ 262,707
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		
MH STATE - MHSA	HMHMPROP63 - PMHS63-1510	262,707	\$ 262,707
			\$ -
			\$ -
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		262,707	- - \$ 262,707
TOTAL DPH FUNDING SOURCES		262,707	- - \$ 262,707
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		262,707	- - \$ 262,707
CBHS UNITS OF SERVICE AND UNIT COST			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	2,995	-	- 2,995
Unit Type:	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	87.72	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	87.72	0.00	0.00
Published Rate (Medi-Cal Providers Only):	n/a		
Unduplicated Clients (UDC):	150		Total UDC: 150

Program Code: 38CJ2

Appendix/Page #: B-1 page 2

Program Name: Tenderloin Self-Help Center

Document Date: 7/1/15

	TOTAL		MH COUNTY - General Fund		MH STATE - MHSA	
Index Code:			HMHMCC730515		HMHMPROP63 - PMHS63-1510	
Term:	7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.45	\$ 36,813	0.35	28,466	0.10	8,347
TSHC Manager	0.58	\$ 32,745	0.58	32,745		
CBP Manager	0.40	\$ 23,386			0.40	23,386
CAP Manager	0.89	\$ 45,627	0.49	23,997	0.40	21,630
Case Manager	1.00	\$ 39,543	1.00	39,543		
Case Manager	1.00	\$ 39,543	1.00	39,543		
Case Manager (Housing)	1.00	\$ 39,318			1.00	39,318
Case Manager (Housing)	1.00	\$ 39,318			1.00	39,318
Peer Service Advocate	1.00	\$ 36,291	1.00	36,291		
Peer Service Advocate	1.00	\$ 30,204	1.00	30,204		
Peer Service Advocate	1.00	\$ 34,979	1.00	34,979		
Peer Service Advocate (Activities)	1.00	\$ 34,979			1.00	34,979
Peer Service Advocate (Older Adult)	1.00	\$ 37,030			1.00	37,030
Peer Service Advocate (Older Adult)	1.00	\$ 34,979			1.00	34,979
Peer Service Advocate (Community Organizing)	1.00	\$ 34,797	1.00	34,797		
Studio Assistant Peer Advocate	1.00	\$ 35,205	0.60	21,123	0.40	14,082
Studio Assistant Peer Advocate	1.00	\$ 36,479	0.60	21,987	0.40	14,492
Studio Assistant Peer Advocate	1.00	\$ 34,979	1.00	34,979		
Substitute Peer Advocates & Studio Assistant Peer Advocates	0.71	\$ 25,000	0.71	25,000		
Peer Service Janitor	0.80	\$ 25,621	0.50	16,013	0.30	9,608
Substitute Peer Service Janitors	0.07	\$ 4,060	0.07	4,060		
Program Associate	0.50	\$ 19,814	0.35	13,870	0.15	5,944
Operations Manager	0.25	\$ 13,520	0.20	10,816	0.05	2,704
Operations Associate	0.25	\$ 8,406	0.20	6,425	0.05	1,981
Executive Director	0.20	\$ 22,108	0.20	22,108		
Total	19.10	\$ 764,744	11.85	\$476,946	7.25	\$287,798

Employee Fringe Benefits:	30%	\$225,942	30%	\$141,156	29%	\$84,786
TOTAL SALARIES & BENEFITS		\$990,686		\$618,102		\$372,584

DPH 4: Operating Expenses Detail

Program Code: 38CJ2

Program Name: Tenderloin Self-Help Center

Document Date: 7/1/15

Appendix/Page #: B1 page 3

Expenditure Category	TOTAL	MH COUNTY - General Fund	MH STATE - MHSA
Index Code:		HMHMCC730515	HMHMPROP63 - PMHS63-1510
Term:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:			
Rent	\$ 70,645	57,645	13,000
Utilities(telephone, electricity, water, gas)	\$ 60,977	22,827	38,150
Building Repair/Maintenance	\$ 45,251	29,346	15,905
Materials & Supplies:			
Office Supplies	\$ 8,816	5,016	3,800
Photocopying	\$ -		
Printing	\$ -		
Program Supplies & Equipment	\$ 52,720	23,050	29,670
Computer hardware/software	\$ -		
General Operating:			
Training/Staff Development	\$ 10,000	4,000	6,000
Insurance	\$ 10,765	4,801	5,964
Professional License	\$ -		
Permits	\$ -		
Equipment Lease & Maintenance	\$ -		
Staff Travel:			
Local Travel	\$ -		
Out-of-Town Travel	\$ -		
Field Expenses	\$ -		
Consultant/Subcontractor:			
Harm Reduction Therapy Center - (0.8 FTE MH and 0.1 FTE NP) x \$1753.67/wk x 4 weeks x 12 months: see Justification Page and Subcontract.	\$ 84,176	47,950	36,226
Care Through Touch Institute - 9 hours/week x \$30/hr x 4 weeks x 12 months: see Justification Page and Subcontract.	\$ 12,960		12,960
Temporary Program Manager (contracted through temp agency) Provider: Social Service Staffing & Recruiting, Inc. (Cynthia Parker-Ohene) Service Detail with Dates: Interim TSHC Program Manager, 8/27/14-January 2015 Hourly Rate: \$36/hour (add more Consultant lines as necessary)	\$ 28,890	28,890	
Other:			
Classified Ads/Job Posting	\$ 675	675	
TOTAL OPERATING EXPENSE	\$385,875	\$224,200	\$161,675
Indirect	\$ 206,491	167,413	39,078

DPH 3: Salaries & Benefits Detail

Program Code: 38IP6
 Program Name: Sixth Street Self-Help Center
 Document Date: 7/1/15

Appendix/Page #: B-2 page 2

	TOTAL		MH COUNTY - General Fund		MH STATE - MHSA	
Index Code:			HMHMCC730515		HMHMPROP63 - PMHS63-1510	
Term:	7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.25	\$ 20,719	0.05	4,024	0.20	16,695
SS Manager	1.00	\$ 54,076	0.50	27,038	0.50	27,038
Case Manager	1.00	\$ 39,319	0.75	29,489	0.25	9,830
Case Manager	1.00	\$ 39,542	0.50	19,771	0.50	19,771
Peer Service Advocate	1.00	\$ 34,978	0.50	17,489	0.50	17,489
Peer Service Advocate (Employment)	1.00	\$ 34,979			1.00	34,979
Substitute Peer Service Advocates	0.34	\$ 10,700	0.17	5,500	0.17	5,200
Peer Service Janitor	1.00	\$ 31,800	1.00	31,800		
Substitute Peer Service Janitors	0.36	\$ 1,440	0.36	1,440		
Program Associate	0.30	\$ 11,889	0.20	7,926	0.10	3,963
Operations Manager	0.10	\$ 5,408	0.10	5,408		
Operations Associate	0.10	\$ 3,163	0.10	3,163		
Executive Director	0.05	\$ 5,527	0.05	5,527		
Totals:	7.50	\$293,540	4.28	\$158,575	3.22	\$134,965
Employee Fringe Benefits:	27%	\$79,809	27%	\$42,605	28%	\$37,204
TOTAL SALARIES & BENEFITS		\$373,349		\$201,180		\$172,169

DPH 4: Operating Expenses Detail

Program Code: 38IP6

Program Name: Sixth Street Self-Help Center

Document Date: 7/1/15

Appendix/Page #:

B2 page 3

Expenditure Category	TOTAL	MH COUNTY - General Fund	MH STATE - MHSA
Index Code:		HMHMCC730515	HMHMPROP63 - PMHS63-1510
Term:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:			
Rent	\$ 57,400	29,634	27,766
Utilities(telephone, electricity, water, gas)	\$ 25,550	10,350	15,200
Building Repair/Maintenance	\$ 8,450	5,150	3,300
Materials & Supplies:			
Office Supplies	\$ 2,000	1,000	1,000
Photocopying	\$ -		
Printing	\$ -		
Program Supplies & Equipment	\$ 12,000	6,000	6,000
Computer hardware/software	\$ -		
General Operating:			
Training/Staff Development	\$ 5,000	4,446	554
Insurance	\$ 10,964	3,700	7,264
Professional License	\$ -		
Permits	\$ -		
Equipment Lease & Maintenance	\$ 4,485		4,485
Staff Travel:			
Local Travel	\$ -		
Out-of-Town Travel	\$ -		
Field Expenses	\$ -		
Consultant/Subcontractor:			
Harm Reduction Therapy Center - (1 FTE MH) x \$1780.67/wk x 4 weeks x 12 months: see Justification Page and Subcontract.	\$ 85,472	85,472	
Care Through Touch Institute - 6 hours/week x \$30/hr x 4 weeks x 12 months: see Justification Page and Subcontract. (add more Consultant lines as necessary)	\$ 8,640	8,640	
Other:			
Classified Ads/Job Listing	\$ 225	225	
TOTAL OPERATING EXPENSE	\$ 220,186	154,617	65,569
Indirect	\$ 89,049	70,622	18,427

DPH 3: Salaries & Benefits Detail

Program Code: 38CJHW

Program Name: Community Building Program

Document Date: 7/1/15

Appendix/Page #: B-3 page 2

	TOTAL		MH STATE - MHSA	
Index Code:			HMHMPROP63 - PMHS63 1510	
Term:	7/1/15-6/30/16		7/1/15-6/30/16	
Position Title	FTE	Salaries	FTE	Salaries
Program Director	0.15	\$ 12,271	0.15	12,271
CBP Manager	0.60	\$ 35,080	0.60	35,080
Peer Service Advocate (Community Organizing)	1.00	\$ 34,979	1.00	34,979
Program Associate	0.20	\$ 7,926	0.20	7,926
Totals:	1.95	\$ 90,256	1.95	\$90,256
Employee Fringe Benefits:	24%	\$22,101	24%	\$22,101
TOTAL SALARIES & BENEFITS		\$112,357		\$112,357

DPH 4: Operating Expenses Detail

Program Code: 38CJHW

Program Name: Community Building Program

Document Date: 7/1/15

Appendix/Page #: B3 page 3

Expenditure Category	TOTAL	MH STATE - MHSA
Index Code:		HMHMPROP63 - PMHS63-1510
Term:	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:		
Rent	\$ 7,000	7,000
Utilities(telephone, electricity, water, gas)	\$ 7,440	7,440
Building Repair/Maintenance		
Materials & Supplies:		
Office Supplies	\$ 1,500	1,500
Photocopying		
Printing		
Program Supplies & Equipment	\$ 18,500	18,500
Computer hardware/software		
General Operating:		
Training/Staff Development	\$ 3,000	3,000
Insurance	\$ 4,386	4,386
Professional License		
Permits		
Equipment Lease & Maintenance		
Staff Travel:		
Local Travel		
Out-of-Town Travel		
Field Expenses		
Consultant/Subcontractor:		
Harm Reduction Therapy Center - (1 FTE MH) x \$1546.88/wk x 4 weeks x ~12 months: see Justification Page and Subcontract. (add more Consultant lines as necessary)	\$ 74,250	74,250
Other:		
	\$ -	
TOTAL OPERATING EXPENSE	\$116,076	\$116,076
Indirect	\$ 34,274	34,274

DPH 7: Contract-Wide Indirect Detail

Contractor Name	Central City Hospitality House
Document Date:	07/01/15 Appendix B page 5
Fiscal Year:	7/1/15-6/30/16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Executive Director	0.40	\$ 44,215
Operations Manager	0.60	\$ 32,445
Operations Associate	0.60	\$ 18,177
Data Entry Clerk	1.00	\$ 37,411
Administrative/Dev Director	0.20	\$ 17,695
Finance Manager	0.80	\$ 46,773
EMPLOYEE FRINGE BENEFITS		\$ 59,400
TOTAL SALARIES & BENEFITS		\$ 256,116

2. OPERATING COSTS

Expenditure Category	Amount
Accounting Consultant/Subcontractor (Carol Woods, Monthly Service for 7/1/14-6/30/15, \$95/hour x 9 hours/month x 12 months= \$10,260)	\$ 10,260
Audit Expense (Preparation of required annual audited financial statements and 990 report)	\$ 19,000
Rent	\$ 2,000
Insurance	\$ 3,000
Utilities	\$ 10,000
Communications, Phone, Internet	\$ 2,500
Subscriptions & Association Fees (Chamber of Commerce membership, trade journals, etc)	\$ 1,000
Repairs, Maintenance, Janitorial Supplies	\$ 2,000
Equipment, Copier Rental	\$ 4,000
Office Supplies (paper, pens, postage, etc.)	\$ 2,500
Staff Training	\$ 500
Organizational Activities, i.e., Staff Retreat, Holiday Events, Staff Recognition, Board Activities, etc.	\$ 2,000
Payroll Fees	\$ 6,000
Taxes & Assessments	\$ 4,000
Bank Fees	\$ 2,750
Travel Expenses	\$ 200
Staff Recruitment	\$ 375
Tickets to Nonprofit Events, Sponsorships	\$ 500
Vehicle registration, parking, legal fees, etc.	\$ 1,113
TOTAL OPERATING COSTS	\$ 73,698

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

\$ 329,814

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

- 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
 - c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
 - d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
 - e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
 - h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

2. Obligations of Business Associate.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

3. Termination.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

Invoice

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

Appendix F
PAGE A

Control Number

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100

Fax No.: (415)

Fax No.: (415)

Contract Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services



INVOICE NUMBER: M13 JL 15

Ct. Blanket No.: BPHM TBD

User Cd

CT. PO No.: POHM DPHM15000110

Fund Source: General Fund - HHMCC730515

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Sixth Street Self Help Center PC# - 38IP6												
45/ 10 - 19 MH Promotion	7,196	625			-	-	0%	0%	7,196	625	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 158,575.00	\$ -	\$ -	0.00%	\$ 158,575.00
Fringe Benefits	\$ 42,605.00	\$ -	\$ -	0.00%	\$ 42,605.00
Total Personnel Expenses	\$ 201,180.00	\$ -	\$ -	0.00%	\$ 201,180.00
Operating Expenses:					
Occupancy	\$ 45,134.00	\$ -	\$ -	0.00%	\$ 45,134.00
Materials and Supplies	\$ 7,000.00	\$ -	\$ -	0.00%	\$ 7,000.00
General Operating	\$ 8,146.00	\$ -	\$ -	0.00%	\$ 8,146.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 94,112.00	\$ -	\$ -	0.00%	\$ 94,112.00
Other: Classified Ads/ Job Posting	\$ 225.00	\$ -	\$ -	0.00%	\$ 225.00
Classified Ads/ Job Posting/ Advertising	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 154,617.00	\$ -	\$ -	0.00%	\$ 154,617.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 355,797.00	\$ -	\$ -	0.00%	\$ 355,797.00
Indirect Expenses	\$ 70,622.00	\$ -	\$ -	0.00%	\$ 70,622.00
TOTAL EXPENSES	\$ 426,419.00	\$ -	\$ -	0.00%	\$ 426,419.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	\$ -	

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Central City Hospitality House

Address: 290 Turk Street, San Francisco, CA 94102

Tel. No.: (415) 749-2100

Fax No.: (415)

Fax No.: (415)

Contract Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services



INVOICE NUMBER: M16 JL 15

Ct. Blanket No.: BPHM TBD

CT. PO No.: POHM DPHM15000110 User Cd

Fund Source: MHSA-Prop63-PMHS63-1410

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Community Bldg Program PC# - 38CJHW												
45/ 10 -19 Promotion	2,995	150			-	-	0%	0%	2,995	150	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 90,256.00	\$ -	\$ -	0.00%	\$ 90,256.00
Fringe Benefits	\$ 22,101.00	\$ -	\$ -	0.00%	\$ 22,101.00
Total Personnel Expenses	\$ 112,357.00	\$ -	\$ -	0.00%	\$ 112,357.00
Operating Expenses:					
Occupancy	\$ 14,440.00	\$ -	\$ -	0.00%	\$ 14,440.00
Materials and Supplies	\$ 20,000.00	\$ -	\$ -	0.00%	\$ 20,000.00
General Operating	\$ 7,386.00	\$ -	\$ -	0.00%	\$ 7,386.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 74,250.00	\$ -	\$ -	0.00%	\$ 74,250.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 116,076.00	\$ -	\$ -	0.00%	\$ 116,076.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 228,433.00	\$ -	\$ -	0.00%	\$ 228,433.00
Indirect Expenses	\$ 34,274.00	\$ -	\$ -	0.00%	\$ 34,274.00
TOTAL EXPENSES	\$ 262,707.00	\$ -	\$ -	0.00%	\$ 262,707.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory _____ Date _____

Appendix J

THE DECLARATION OF COMPLIANCE

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2015

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

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

PRODUCER BB&T - Tanner Insurance Services 4480 Willow Road Pleasanton CA 94588	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Steve Miller</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 925-598-2054</td> <td>FAX (A/C, No): 888-770-1945</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: steve.miller@bbandt.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Cypress Insurance Company (CA)</td> <td style="text-align: right;">NAIC # 10855</td> </tr> <tr> <td>INSURER B : Nonprofits' Insurance Alliance of C</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Steve Miller		PHONE (A/C, No, Ext): 925-598-2054	FAX (A/C, No): 888-770-1945	E-MAIL ADDRESS: steve.miller@bbandt.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Cypress Insurance Company (CA)	NAIC # 10855	INSURER B : Nonprofits' Insurance Alliance of C		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
CONTACT NAME: Steve Miller																					
PHONE (A/C, No, Ext): 925-598-2054	FAX (A/C, No): 888-770-1945																				
E-MAIL ADDRESS: steve.miller@bbandt.com																					
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INSURER A : Cypress Insurance Company (CA)	NAIC # 10855																				
INSURER B : Nonprofits' Insurance Alliance of C																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED 307CENTRCIT Central City Hospitality House Inc 290 Turk Street San Francisco CA 94102																					

COVERAGES **CERTIFICATE NUMBER: 51940096** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		201517850NPO	7/12/2015	7/12/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			201517850NPO	7/12/2015	7/12/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			201517850UMBPO	7/12/2015	7/12/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	CEWC604842	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Professional Liability			201517850DONPO	7/12/2015	7/12/2016	Limit: 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder is named additional insured if required by written contract per the attached endorsements: CG20370704, CG2021185, CG20340704, CG20181185, CG20260704, CG20100704, CG20120798, CG20110196. General Liability is primary if required by written contract per policy form.

* The attached forms apply as required per written contract or written agreement between the listed parties and the insured, which are subject to the policy provisions. In the absence of such written contract or written agreement the attached forms may not be applicable. Certificate Holder is an Additional Insured with respects to Auto Liability per the attached endorsement form NIAC-AI (3/91).

CERTIFICATE HOLDER City & County of San Francisco Department of Public Health 1380 Howard Street San Francisco CA 94103 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CHARITABLE INSTITUTIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured:

1. Your members but only with respect to their liability for your activities or activities they perform on your behalf; and
2. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – LESSOR OF LEASED
EQUIPMENT – AUTOMATIC STATUS WHEN
REQUIRED IN LEASE AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Who Is An Insured (Section II) is amended to include as an additional insured any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
MORTGAGEE, ASSIGNEE, OR RECEIVER**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization acting as a Mortgagee, Assignee, or Receiver with respect to locations scheduled on the policy.

Designation of Premises:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.
2. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations

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

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (Additional Insured):
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivision:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".