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

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of March 1, 2023, in San Francisco, California, by and between **Community Forward SF** ("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 term, increase the contract amount and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP-26-2016 and RFP-8-2017 issued on August 27, 2016 and August 23, 2017 respectively and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained on December 16, 2019 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 48652-16/17 in the amount of \$367,880,000 for the period commencing July 1, 2017 and ending June 30, 2027; and

WHEREAS, approval for this Amendment was obtained on July 15, 2019 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 40587-17/18 in the amount of \$292,051,200 for the period commencing January 1, 2018 and ending December 31, 2027; and

WHEREAS, approval for this Amendment under S.F. Charter 9.118 was obtained when the Board of Supervisors approved Resolution No. on .

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2018 between Contractor and City, as amended by the:

First Amendment dated June 1, 2022; and the

Second Amendment dated February 1, 2023;

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

- 2.1 Term of the Agreement. Section 2.1 Term of the Agreement currently reads as follows:
- 2.1 The term of this Agreement shall commence on (i) July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

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

- 2.1 The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2025, unless earlier terminated as otherwise provided herein
- **2.2** Compensation. Section 3.3.1 Calculation of Charges currently reads as follows:

3.3.1 Calculation of Charges

Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made4 for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Thirteen Million Six Hundred Thousand Dollars** (\$13,600,000). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

3.3.1 Calculation of Charges

Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made4 for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Two Million Two Hundred Ninety-Eight Thousand Forty Two Dollars** (\$22,298,042). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

- 2.3 Appendices A, A-1, A-2 and A-3 dated 07/01/22 are hereby added to the Agreement for 2022-23.
- 2.4 Appendices B, B-1, B-2 and B-3 dated 07/01/22 are hereby added to the Agreement for 2022-23.
- 2.6 Appendix F dated 2/27/23 are hereby added to the Agreement for 2022-23.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY	CONTRACTOR
Recommended by:	Community Forward SF DocuSigned by: 5/15/2023 11:43 AM PD7
Grant Colfax Director of Health Department of Public Health	KARA ZORDEL Chief Executive Director 1171 Mission Street San Francisco, CA 94103
Approved as to Form:	City Supplier ID: 0000022483
David Chiu City Attorney	
By: Louise Simpson Deputy City Attorney	
Approved:	
Sailaja Kurella Director, Office of Contract Administration, and Purchaser	

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Anthony Buckman, Program Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

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

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

L. Client Fees and Third-Party Revenue:

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

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

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

N. Patients' Rights:

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

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

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

P. Quality Improvement:

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.

Q. Working Trial Balance with Year-End Cost Report

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

R. 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.

S. <u>Compliance with Behavioral Health Services Policies and Procedures</u>

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

T. Fire Clearance

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

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

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

The detailed description of services is listed below and are attached hereto:

Appendix A-1 – A Woman's Place Appendix A-2 -- A Woman's Place Behavioral Health Appendix A-3 – A Woman's Place Drop-In

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

Contractor Name: Community Forward SF, Inc

Program Name: A Woman's Place Funding Term 07/01/2022 - 06/30/2023

1. Identifiers:

Program Name: A Woman's Place Program Address: 1049 Howard St.

City, State, ZIP: San Francisco CA 94103 Telephone/FAX: 415-487-2140/415-487-2142 Website Address: www.communityforwardsf.org

Contractor: Community Forward SF

Contractor Address: 1171 Mission St., 2nd Fl. City, State, Zip: San Francisco, CA 94103 Website: www.communityforwardsf.org

Persons Completing this Narrative: Solange Bonilla-Leahy, VP Client Servic

Telephone: 415-241-1199

Email: solange.bleahy@communityforwardsf.org

Program Code(s): 97027

2. Nature of Document:

☐ Original	☐ Third Amendment	☐ Revision to Program
Budgets		

3. Goal Statement:

By design, A Woman's Place (AWP) is to provide a safe, supportive living environment to homeless women of all ethnicities and who may have co-occurring disorders. Women at AWP can also access individual and group mental health services through AWP Mental Health Outpatient Program. Stabilization Support Beds are a low threshold opportunity for female-identified clients experiencing barriers to accessing services.

4. Priority Population:

A Woman's Place (AWP) will serve all ethnicities and populations within San Francisco with focused expertise to meet the unique needs of those with low or no income, cis-gender and transgender women, who have experienced chronic homeless. Our priority populations are cis- and transgender-identified women, women of color, and women with diverse sexual orientations as well as those who are dually or multiply diagnosed. Our clients include those with long term histories of substance use, survivors of domestic and interpersonal violence and/or sexual and physical assaults, those with positive HIV/AIDS statuses, those who meet medical necessity for mental health diagnoses, justice-involved individuals, and women with a history of an inability to utilize existing services. Clients are 18 years & older, with an emphasis on women at serious risk, living in and around the Tenderloin, South of Market, and Mission Districts of San Francisco.

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Community Forward SF (AWP)
Contract ID 1000010020: July 1, 2022

FY 2022-23

Third Amendment

Appendix A-1

Contractor Name: Community Forward SF, Inc

Appendix A-1 Program Name: A Woman's Place Funding Term 07/01/2022 - 06/30/2023

5. Modalities/Interventions:

See Appendix B-1 CRDC

6. Methodology:

1. Outreach, Recruitment, Promotion, and Advertisement:

AWP offers a safe environment where the most fundamental needs for safety, nourishment, and care are met. Women are encouraged to engage with support staff and support services both within the building and in the community, as they feel safe to do so. Both frontline and clinical staff remain attentive and engaged at all times; staff are extensively trained in crisis intervention and de-escalation should issues arise that require immediate intervention. Clients who reside onsite are required to enroll in individual and group mental health services located at AWP, offered through our Mental Health Outpatient Program.

Engagement is encouraged through building strong community support among clients and staff with the integration of social justice and social accountability models. Community building is fostered via both emotional support and progress groups as well as social, recreational activities. Clients commit to a minimum of one individual therapy session per week with clinical staff and a minimum of 3 support groups per week. Clients can also access an array of resources including the aforementioned individual therapy and daily groups, on site nursing care, referrals for primary care and psychiatric evaluation, case management and care coordination, special events and outings, mindful meditation activities, and a daily, morning walk-and-talk group.

Clinical staff members are trained to assess and evaluate for mental health issues, develop and collaborate on treatment planning with clients, and utilize appropriate therapeutic interventions and referrals, as appropriate. Mental Health Rehabilitation Specialists, or Clinicians, are trained in diverse, culturally responsive, and trauma-informed orientations and modalities to engage, retain, and provide evidence-based and effective therapeutic treatment to our clients.

B. Admission:

AWP does not utilize a rigid admission policy. When further stabilization and/or isolation is appropriate, we require that they spend 5-14 days in Stabilization shelter beds. Admission was also granted to eligible clients, who could provide a negative COVID test upon entry. Eligible clients are required to live cooperatively in a communal setting and be willing and

Page | 2 Community Forward SF (AWP) Contract ID 1000010020: July 1, 2022 Contractor Name: Community Forward SF, Inc
Program Name: A Woman's Place

Appendix A-1
Funding Term 07/01/2022 - 06/30/2023

able to attend mandatory individual and group sessions. Though this is not criteria for admission, clients are expected to pay 30% of their income as program fees.

C. Program Description:

AWP offers a low-threshold, safe place for women who are experiencing homelessness and are in need of stabilization during COVID-19 and beyond. AWP provides not only shelter but a dorm-style, congregate setting, including 3 meals a day, therapeutic and recreational activities as well as opportunities for community and social engagement. Frontline staff offer regular emotional support and resource offerings as well as facilitate daily activities, such as meals. Site Supervisor(s) facilitate monthly community meetings and offer opportunities for mediation, when needed.

At the time of intake, the client receives a packet containing both internal and external grievance policies and the process is explained. Grievance policies are also posted in client areas.

Clients are required to enroll in AWP MHOP while engaged in daily programming. Each woman entering AWP receives a preliminary assessment to determine medical necessity and appropriate levels of care and/or services needed. Clients receive assessment and diagnosis by a licensed clinician or a registered Associate Marriage & Family Therapist (AMFT) and individual and group therapy provided by a Mental Health Rehabilitation Specialist, or Clinician. Clinicians will assess each client by using the Adult/Older Adult Combined Assessment and will collaborate with the client on developing an individualized Treatment Plan of Care.

AWP MHOP uses evidence-based interventions focused on trauma-informed care, harm-reduction offerings, and holistic, therapeutic care, including the advent of mindfulness protocols. Clients will meet with their individual therapist at least one time per week or with more frequency when necessary. Clients will also engage in group therapies, which are offered on a daily basis. Groups include but are not limited to Morning Walk & Talk, Trauma & Art Therapy, Music Therapy, Mindfulness Based Relapse Prevention, Building Bridges: Building Resilient Relationships, Process Groups, and more. The most highly utilized interventions in individual and/or group therapies include de-escalation and stabilization, crisis intervention, trauma-informed care and trauma recovery practices, somatic process work and interventions, harm reduction and education, motivational interviewing, art and music therapies, narrative therapy approaches, strength based interventions, intra-personal and interpersonal skill-building, case management, as well as referrals for support services and linkages to permanent housing.

D. Progression/ Exit Criteria:

We are constantly working towards women progressing through their care and leaving homelessness through achieving their placement goals of permanent housing. During

Page | 3 Community Forward SF (AWP) Contract ID 1000010020: July 1, 2022 Contractor Name: Community Forward SF, Inc
Program Name: A Woman's Place

Appendix A-1
Funding Term 07/01/2022 - 06/30/2023

COVID-19, our clients have largely sustained their stabilization by remaining in the program. On some occasions, clients were able to reunite with family members and did transition away from programming and into familial residents.

The goal of our program is for clients to achieve stabilization, gain personal insight and sustainable intrapersonal and interpersonal skills that promote financial, vocational and residential independence. We collaborate with each client on a discharge plan that is attainable while also assessing a client's readiness for independence and the establishment of her social support systems. Because of the existence of our MHOP, we are able to maintain therapeutic relationships with each client as they exit into the community and continue to provide supportive services to them for the duration of their eligibility and desire for care.

E. Program Staffing:

Refer to Appendix B-1

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS A/OA Performance Objectives FY 22-23.

8. Continuous Quality Improvement:

- 1. The Outcome Objectives of A Woman's Place are evaluated, monitored and tracked with the combined efforts of the Program Management. This process will be overseen by the VP of Women's Services.
- 2. Statistical data including Avatar information will be monitored on an as-needed basis daily, weekly, and monthly and submitted in the form of both a monthly activity report and a quarterly performance report and entered through the Avatar system. UOS and UDC reports are submitted by the Site Supervisor(s) and reviewed by Director of Client Services on a monthly basis.
- 3. During FY 22/23 AWP staff will receive a minimum of 6 hours of training on topics of Cultural Competency, specifically Cultural Humility, as well as the following: Motivational Interviewing, Co-Occurring Disorders, and Harm Reduction to improve staff's ability to appropriate provide care to clients. The Director of Clinical Services will ensure that all staff funded under this contract will receive a minimum of 6 hrs. training on Motivational Interviewing, Co-Occurring Disorders and Harm Reduction. Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.

Contractor Name: Community Forward SF, Inc
Program Name: A Woman's Place

Appendix A-1
Funding Term 07/01/2022 - 06/30/2023

4. A Woman's Place participates in the BHS annual Client Satisfaction Survey period. To address issues not covered in that survey AWP uses an internal survey instrument throughout the contract period. All survey results are analyzed by the Management team consisting of the VP of Client Services, VP of Women's sServices, Director of Mental Health Services, and the Direct of Women's Services. Results of the survey and analysis are also submitted to the CEO and COO.

Evidence of CQI activities related to 1-4 above is maintained in A Woman's Place's Administrative Binder for review by the Business Office of Contract Compliance. Examples of evidence are descriptions of monitoring processes or improvement projects, copies of meeting agenda or materials addressing these items, and outcome reports.

8. Required Language:

Community Forward SF will provide required Language translation for our agency policies and other documentation. When specific documentation is forwarded from the San Francisco County Departments, these documents will be submitted already tyranslated in the specified languages, such as: Chinese, Spanish, Tagalog, Russian, and Vietnamese.

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Anthony Buckman, Program Manager, Contract Administrator for the City, or his / her designee.

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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.

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- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
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- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

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

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

L. Client Fees and Third-Party Revenue:

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

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

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

N. Patients' Rights:

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

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

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

P. Quality Improvement:

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.

Q. Working Trial Balance with Year-End Cost Report

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

R. 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.

S. <u>Compliance with Behavioral Health Services Policies and Procedures</u>

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

T. Fire Clearance

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

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

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

The detailed description of services is listed below and are attached hereto:

Appendix A-1 – A Woman's Place Appendix A-2 -- A Woman's Place Behavioral Health Appendix A-3 – A Woman's Place Drop-In

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

Contractor Name: Community Forward SF

Program Name: A Woman's Place

Funding Term 07/01/2022 - 06/30/2023

1. Identifiers Program Name: A Woman's Place Behavioral Mental Health

Main Clinic:Field Site:A Woman's PlaceMedical Respite1049 Howard St1171 Mission StreetSan Francisco, CA 94103San Francisco, CA 94103

(415) 487-2140 (415) 293-7360 FAX: (415) 487-2142 (415) 487-2142

Contractor: Community Forward SF

Contractor Address: 1171 Mission St., 2nd Fl. City, State, Zip: San Francisco, CA 94103 Website: www.communityforwardsf.org

Persons Completing this Narrative: Solange Bonilla-Leahy, VP Client Services

Telephone: 415-241-1199

Email: solange.bleahy@communityforwardsf.org

Program Code: 38BKOP

2. Nature of Document:

☐ Original	☐ Third Amendment	□ RPB
☐ Original	☐ Third Amendment	\square RP

3. Goal Statement:

The goal of A Woman's Place Mental Health Outpatient Program (AWP-MHOP) program is to provide trauma-informed, gender-specific care to all races, ethnicities, and cultures of female-identified populations with a specific focus on the unique experiences of cis and transgender women. Our services are offered in the form of low-threshold outpatient mental health services targeted to the complex needs of multiply diagnosed homeless women, with close linkages to primary care, case management, residential substance abuse and HIV transitional housing and care.

4. Priority Population:

A Woman's Place (AWP) will serve all ethnicities and populations within San Francisco and AWP-MHOP focuses on the unique cultural experiences of cis and transgender women. AWP-MHOP provides services to women ages 18 to 65+ who suffer from mental health issues and who experience homelessness. Our clients are often survivors of domestic and interpersonal violence and reside in and around the Tenderloin, Mission District, and South of Market neighborhoods.

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FY 2022-23

Contractor Name: Community Forward SF

Program Name: A Woman's Place

Appendix A- 2

Funding Term 07/01/2022 - 06/30/2023

5. Modality(ies)/Interventions:

See CRDC B-2 UOS Allocation

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement

AWP-MHOP conducts outreach at multiple sites within Community Forward SF programs and into the community. Clients are offered a safe environment where their most fundamental needs for safety, nourishment, and care is met. As trust builds, women will be encouraged to return for continued support. Clinical staff remain attentive and engaged at all times, and extensively trained in de-escalation and quickly intervene at the first signs of conflict. Clients who consent to outpatient mental health services at the 1049 Howard location are enrolled into the AWP Mental Health Outpatient Program.

Engagement is encouraged through building strong community support among clients and staff with the integration of social justice and social accountability models. Community building is fostered via both emotional support and progress groups as well as social, recreational activities. Clients commit to a minimum of one individual therapy session per week with clinical staff and a minimum of 3 support groups per week. Clients can also access an array of resources including the aforementioned individual therapy and daily groups, on site nursing care, referrals for primary care and psychiatric evaluation, case management and care coordination, special events and outings, mindful meditation activities, and a daily, morning walk-and-talk group.

Clinical staff members are trained to assess and evaluate for mental health issues, develop and collaborate on treatment planning with clients, and utilize appropriate therapeutic interventions and referrals. Mental Health Rehabilitation Specialists, or Clinicians, are trained in diverse, culturally responsive, and trauma-informed orientations and modalities to engage, retain, and provide evidence-based and effective therapeutic treatment to our clients.

B. Admission, Enrollment and/or Intake Criteria and Process Where Applicable

AWP-MHOP is a safe place for women, who are both high utilizers of multiple systems (HUMS) as well as under-utilizers of care. Therefore, AWP-MHOP will serve all female-identified persons who are homeless and over age 18.

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Program Name: A Woman's Place

Funding Term 07/01/2022 - 06/30/2023

C. Service Delivery Model

AWP-MHOP uses evidence-based interventions focused on trauma-informed care, harm-reduction offerings, and holistic, therapeutic care, including the advent of mindfulness protocols. Clients receive assessment and diagnosis by a licensed clinician or a registered Associate Marriage & Family Therapists (AMFT) and individual and group therapy provided by a Mental Health Rehabilitation Specialist, or Clinician. All services and clinical documentation are overseen by a Supervising Clinician, who is licensed in the field.

Each woman entering AWP-MHOP receives a preliminary assessment to determine medical necessity and appropriate levels of care and/or services needed. Clinicians will assess each client who is willing to engage with care by using the Adult/Older Adult Combined Assessment and will collaborate with the client on developing an individualized Treatment Plan of Care. Clients will meet with their individual therapist at least one time per week or with more frequency when necessary. Clients will also engage in group therapies, which are offered on a daily basis. The most highly utilized interventions in individual and/or group therapies include de-escalation and stabilization, crisis intervention, trauma-informed care and trauma recovery practices, somatic process work and interventions, harm reduction and education, motivational interviewing, art and music therapies, narrative therapy approaches, strength based interventions, intra-personal and interpersonal skill-building, case management, as well as referrals for support services and linkages to permanent housing.

D. Exit Criteria and Process

In the event that upon assessment, a client no longer meets medical necessity, they are discharged from AWP-MHOP and referred to an appropriate level of care based on their functionality and mental health needs.

When ready, clients can be transitioned from AWP Drop-In site to AWP's 1049 Howard Street in-house continuum of care. This broad spectrum of services is provided in an environment where clients already feel comfortable and have established relationships. Although housed in two sites, AWP's programs will work closely together to provide a full array of resources to AWP-MH clients. Clients not successful or satisfied in one program can transition between programs or to other appropriate community services.

E. Program's Staffing:

See Appendix B-2 Salaries and Benefits detail

7. Objectives and Measurements:

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Program Name: A Woman's Place

Funding Term 07/01/2022 - 06/30/2023

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 22-23.

7. Continuous Quality Improvement:

- 1. The Outcome Objectives of A Woman's Place Mental Health Outpatient Program are evaluated, monitored and tracked with the combined efforts of the Program Management. This process will be overseen by the Director of Clinical Services.
- 1. Statistical data including Avatar information will be monitored on an as-needed basis daily, weekly, and monthly and submitted in the form of both a monthly activity report and a quarterly performance report. Charts are reviewed monthly the first Wednesday of the month in a Supervisor and Peer review format and finalized by the Director of Clinical Services. All reports will be submitted to the VP of Client Services and to the Chief Executive Officer. All required reports will also be submitted in a timely manner to their respective funding sources.
- 3. During FY 22-23 AWP staff will receive training on topics of Cultural Competency specifically Cultural Humility as well as the following: Motivational Interviewing, Co-Occurring Disorders, and Harm Reduction to improve staff's ability to treat the needs of clients in our care. Clinicians and clinical supervisor(s) will receive clinical training monthly on various topics, including specific modalities and orientations of treatment, specialties in clinical treatment, and community resources and referrals processes. Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.
- 4. A Woman's Place participates in the BHS annual Client Satisfaction Survey period. To address issues not covered in that survey, AWP uses an internal survey instrument throughout the contract period. All survey results are analyzed by the Management team consisting of the Director of Clinical Services, Director of Programs, and the Site Supervisor. Results of the survey and analysis are also submitted to the VP of Client Services.
- 5. Timely completion and use of outcome data for Mental Health services is monitored through the Combined Assessment, Treatment Plan and submission of progress notes.

Evidence of CQI activities related to 1-5 above is maintained in A Woman's Place's Administrative Binder for review by the Business Office of Contract Compliance. Examples of evidence are descriptions of monitoring processes or improvement projects, copies of meeting agenda or materials addressing these items, and outcome reports.

Contractor Name: Community Forward SF
Program Name: A Woman's Place

Appendix A- 2
Funding Term 07/01/2022 - 06/30/2023

8. Required Language: N/A

1. Identifier

Program Name: A Woman's Place Drop-In Center

Program Address: 211-13th Street, San Francisco, CA 94103

Telephone: (415) 293-7360 Facsimile: (415) 487-2142

Website: www.communityforwardsf.org

Contractor: Community Forward SF

Contractor Address: 1171 Mission St., 2nd Fl. City, State, Zip: San Francisco, CA 94103 Website: www.communityforwardsf.org

Executive Director/Program Director: Kara Zordel, Chief Executive Officer

Telephone: 415-(415) 241-1194

Email Address: kara.zordel@communityforwardsf.org

Program Code: 88207

1. Nature of Document:

☐ Original	☐ Third Amendment	☐ Revision to Program Budgets

2. Goal Statement

The goal of A Woman's Place (AWP) Drop-In Center is to provide trauma-informed behavioral health services to all ethnicities and populations with a special focus on gender responsive care to women in the form of low-threshold, drop-in services targeted to the complex needs of multiply diagnosed homeless women with close linkages to mental health care, case management, primary care, residential services, residential substance use treatment, and HIV transitional housing and care.

3. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of cis and transgender women, who are 18 years or older. Clients include those who use substances, suffer from mental illnesses, have histories of trauma, and who are experiencing homelessness. During each contract year, AWP Drop-In will provide drop-in services to at least 500 unduplicated women per year or 45 at any point in time.

4. Modality(ies)/Interventions

See Appendix B-3 CRDC

5. Methodology

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A. Admission, Enrollment and/or Intake Criteria and Process

By design, the Drop-In Center is intended to be a low threshold, non-threatening entry point for hard to-engage women, one that offers much support with few demands, and just as importantly, offers safe and secure respite. Therefore, the only admission criteria is that she/they are homeless and age 18 or over. The client's process for accessing services is simply walking through our doors.

B. Service Delivery Model:

Community Forward SF is one of the first organizations to apply the tenets of the harm reduction model to every aspect of our services to meet clients at every point on the continuum of care. The AWP Drop-In Center dedicates overnight chairs for women wanting to access 24 hour dropin services. As such, our AWP Drop-In Center provides stabilization, support services and linkage to supportive housing for homeless women and transgender women in San Francisco who are multiply-diagnosed with a substance use disorder (SUD), mental illness, physical illnesses (i.e. HIV/AIDS, TB), as well as are survivors of abuse and domestic violence, are or were sex workers, and are seniors. To meet clients at their individual level of functionality and need, AWP Drop-In does not exclude clients because they use alcohol and drugs. The women may still access services, with the condition that they do not participate in any illicit activities involving substance use on the premises. To further reduce the possible harm for those who use substances, engage in unsafe sexual activities and/or may be involved in a violent or abusive relationship, AWP Drop In Services Clinicians will assess each client who is willing to engage with Clinicians beyond a basic needs assessment by using a trauma-informed approach. Common interventions will include empathic listening, motivational interviewing and harm reduction modalities to address the adverse consequences of these behaviors in additional to mindfulness practices, Cognitive Behavioral Therapy, and alternative modalities of healing, including art, music and movement to provide a safe, comforting emotional space for clients to explore their behavioral and relational patterns and elicit change, as desired.

AWP DI is co-located within the same facility as the AWP Mental Health Outpatient Program, which affords clients seamless access to mental health assessments, treatment planning, crisis services, and individual therapy or counseling as well as group therapy or counseling and/or case management services. If AWP DI clients are willing to accept the outpatient mental health services, the services are provided without a waitlist.

AWP Drop-In Clinicians refer clients who wish to address their substance use disorder to our Substance Use Disorder (SUD) program called Wellness & Recovery, which is conveniently housed at the AWP 1049 Howard St. location, or to another appropriate program. Clients who meet the requirements of AWP Residential HIV Services are referred to that program. Otherwise they can access services through AWP Shelter HSH Case Management program provided there is space available for an HSH-funded bed for the client. As part of their individual plans, AWP Drop-In Clinicians refer clients, who are not yet connected to a primary care provider, to a

physician as part of their stabilization process. Similarly, they are able to refer them directly to Shelter Health nurses, who are on site several times a week for triage care.

Immediate Needs: Each woman entering AWP Drop-In receives a preliminary assessment via empirical observation, conversational interactions, and service assessment to determine her level of crisis and need.

Engagement: The first level of engagement AWP Drop-In offers is a safe environment, one that offers an alternative to being on the streets or in mixed-gendered shelters. Women will receive support for their immediate needs; and as trust builds, they will be encouraged to return for continued support. Clinical staff remain attentive and engaged at all times and are extensively trained in crisis intervention, de-escalation and conflict management should the need arise.

Retention: First and foremost, the clients' most fundamental needs for safety, nourishment, and care will be met. Laundry and shower facilities are available on a daily basis. The program will strive to build strong community support among clients, former clients and staff, with a "support your sister" philosophy. Community building activities will be fostered via recreational activities focused to bring women off the street and indoors, such as games, movies nights, storytelling activities, and therapeutic art projects. Clients will be able to talk with clinical staff and access an array of resources including individual and group therapy or counseling, mindfulness and mindful movement practices, social activities, and resources and referrals for primary care and psychiatric evaluation. Secondly, the program is designed to engage women in more extensive care beyond drop-in support. Clinical staff are trained to identify stages of change and apply techniques appropriate to each stage, specializing in early intervention and prevention, when the opportunity is present. Clinicians are trained to be proactive in talking to clients in individual and group settings to increase retention, with an enhanced ability to identify decompensations, changes in behavior patterns and potential pitfalls, and readily identify, reinforce, and praise client strengths.

When ready, clients can be transitioned to AWP's 1049 Howard Street in-house continuum of care (not funded in this Appendix): Shelter Case Management beds for an indefinite length of stay, our residential HIV+/AIDS program or our residential Wellness & Recovery (SUD) program. This broad spectrum of services is provided in an environment where clients already feel comfortable and have established relationships. Although housed in two sites, AWP's programs will work closely together to provide a full array of resources to Drop-In services clients. Clients not successful or satisfied in one program can transition between programs, or to other appropriate community services.

D. Discharge Planning and Exit Criteria and Process

There are three ways a client will leave AWP Drop-In: Placement, Denial of Services, or Voluntary discharge.

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Placement: Clients may stay at AWP Drop-In on a first-come-first-served basis until they receive a suitable immediate placement. Placements will first be made to other AWP programs when available (Shelter, HIV Care or SUD) (not funded in this Appendix). If AWP programs do not have availability in a suitable program AWP Drop-In Clinicians will place clients in shelter through the Coordinated Entry program, substance abuse care through SF DPH's Behavioral Health Access Point (BHAC) or other appropriate external placement as assessed by the Clinician. If an appropriate placement can not be found, clients may sit in the AWP Drop-In center overnight for an indefinite period of time.

Denial of Services: A Woman's Place Drop-In Center strives to prevent involuntary client discharge, which is critical to retention. At AWP, 1049 Howard Street site, we have extensive experience with individuals with severe behavioral health issues. We are able to accommodate and mediate a variety of behaviors that can result in discharges at other facilities. We use creative strategies to make accommodations without compromising the safety of our other clients. In addition, AWP employs a denial of service policy designed to maximize client access. AWP has never issued a denial of service greater than 90 days in duration. Typically, service denials are very short in duration and address immediate safety concerns. In the event that a client is denied services, AWP staff makes every effort to provide clients with information, resources and placement appropriate to their situation. Our staff draws from this extensive experience at AWP to similarly respond to the challenges of women at AWP Drop-In Center.

Voluntary Discharge: Of course, clients may choose to leave AWP Drop-In Center at any time. At the time of voluntary discharge every client will have access to information, resources and placement.

Building Operations: Community Forward SF is in a lease agreement contract with Building owners of 211 13th Street where all Drop-In women services will be delivered. CFSF will be responsible for as follows:

- 1. To maintain facilities and systems in full compliance with requirements of the law, local standards, and in accordance with DPH requirements and guidelines to protect the health and safety of participants and staff (e.g., smoke/carbon monoxide detectors, fire exits, smoking and animal relief areas, pest control, access to hygiene).
- 2. Maintain and create Site logs, records of entry and exit, and manage key access for participants, partner agencies and onsite staff.
- 3. Laundry: Onsite laundry is available to all guests.
- 4. Janitorial/Facilities provide janitorial services that meet or exceed the DPH requirements and standards.

- 5. Furnishings and Participant Supplies: maintain and provide furnishings (e.g., towels/linens) and supplies (e.g., menstrual and oral hygiene products; soap) for participants.
- 6. Personal Protective Equipment (PPE): be responsible for monitoring PPE utilization and supply of PPE.
- 7. Biohazard Cleaning: coordinate with Janitor(s) to ensure that sites receive deep cleaning when a room or unit that is housing a COVID-19 positive participant turns over; when a participant becomes symptomatic; or in the event of a death on Site.
- 8. Meals: Due to building codes, AWP Drop-in center is unable to cook meals onsite; however, we work with outside vendors such as Replate to offer free meals to guests whenever possible.
- 9. Storage: provide space for secure and pest-free storage of participant belongings, as appropriate for the Site.

Service Requirements

- A. Health Standards and Use of PPE:
- 1. To prevent the spread of COVID-19, Grantee shall ensure that all onsite Site team members (e.g., staff and subcontractors) view the City-produced online safety training.
- 2 Ensure that all onsite staff and participants use appropriate PPE at all times in accordance with the most up to date DPH requirements.
- 3. Ensure all DPH requirements and guidelines are followed by onsite staff and participants (e.g., screening, distancing, isolation and quarantine)
- B. **Security/De-Escalation**: provide security and de-escalation to ensure the safety of participants and staff and protection of property.
 - a. Safety services contracted through St. Anthony's Foundation Community Security Services (SAF), Swing 3-11:00pm and Night shift 11-7:00am will be covered.
 - i. At least one employee or independent contractor of SAF will be on site to provide security seCorvices.
 - ii. SAF shall monitor the sidewalk in front of the facility for activities that
 may pose a risk to staff and clients entering and exiting the facility.
 Outside of the facility, SAF shall report suspicious or criminal activities to
 law enforcement or other appropriate first responders as it deems

appropriate in its sole discretion and provide such other support as SAF deems appropriate in its sole discretion.

- iii. SAF shall monitor the interior of the facility at 211 13th Street for disruptive behavior on the part of any CFSF client. This includes physical and verbal behavior that is potentially harmful to the environment, facility, or person of any CFSF client or employee or hotel staff. SAF shall intervene with de-escalation techniques with the goal of resolving all situations without harm to anyone in the facility. When possible, SAF shall intervene with intention to retain all CFSF clients safely within the program. If efforts toward that goal prove ineffective, in consultation with available CFSF and DPH staff members on site, the SAF employee shall escort the client or clients who present harmful behavior out of the building. Physical contact with clients shall be avoided unless SAF employee deems it necessary to prevent immediate violence. In such cases, the minimum physical intervention necessary shall be employed. Under no circumstances will physical intervention be employed as punishment for past behavior or deterrent to future behavior. Under no circumstances shall a client be detained physically for the purposes of surrendering the client to law enforcement. SAF will not enforce facility rules unrelated to the immediate safety of clients and staff and shall instead report any observed or suspected client rule violations to CFSF management staff.
- iv. Limitations. SAF will not physically respond to any violent behaviors or behaviors that could potentially be harmful or violent to its employee, independent contractor or affiliate by any person. Physical response shall include, without limitation, any physical contact with or the use of any restraints on any person. The Client Safety Services are not a replacement for law enforcement. Any suspicious or criminal activities should be reported to law enforcement or other first responders.

C.

6. Program Staffing

See Appendix B-3 Salaries and Benefits detail

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 22-23.

8. Continuous Quality Improvement

1. The Outcome Objectives of A Woman's Place Drop-In Center are evaluated, monitored and tracked with the combined efforts of the Program Management. This process will be overseen by the VP of Client Services as well as the VP of Women Services.

Statistical data including Avatar information will be monitored on an as-needed basis daily, weekly, and monthly and submitted in the form of both a monthly activity report and a quarterly performance report and entered through the Avatar system. Charts are reviewed monthly the first Wednesday of the month in a Peer & Supervisor review format and finalized by the Director of Clinical Services. All reports will be submitted to the VP of Women's Services, and to the Chief Executive Officer. All required reports will also be submitted in a timely manner to respected funding sources.

- 3. During FY22/23 AWP staff will receive a minimum of 6 hours of training on topics of Cultural Competence, specifically Cultural Humility as well as the following: Motivational Interviewing, Co-Occurring Disorders, De-escalation, Trauma Informed care, and Harm Reduction. Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.
- 4. A Woman's Place's Drop In Center participates in the BHS annual Client Satisfaction Survey period for those clients who are open in our Mental Health Outpatient Program. All survey results are analyzed by the Management team consisting of the Director of Clinical Services, Director of Women's Services, and the Deputy Director. Results of the survey and analysis are also submitted to the VP of Women's Services.
- 1. Achievement of contract performance objectives and productivity,
- 2. Quality of documentation, including a description of the frequency and scope of internal chart audits.
- 3. Cultural competency of staff and services,
- 4. Client satisfaction,
- 5. Timely completion and use of outcome data, including but not limited to, Assessment/ANSA, Treatment Plan, and progress note submission.

Evidence of CQI activities related to 1-4 above is maintained in A Woman's Place's Administrative Binder for review by the Business Office of Contract Compliance. Examples of evidence are descriptions of monitoring processes or improvement projects, copies of meeting agenda or materials addressing these items, or outcome reports.

9. Required Language:

Community Forward SF will provide required Language translation for our agency policies and other documentation. When specific documentation is forwarded from the San Francisco County Departments, these documents will be submitted already translated in the specified languages, such as: Chinese, Spanish, Tagalog, Russian, and Vietnamese.

Appendix B Calculation of Charges

1. Method of Payment

A. 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. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) <u>For contracted services reimbursable by Fee for Service (Monthly</u> 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) <u>For contracted services reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):</u>

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) For contracted services reimbursable by 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) <u>For contracted services reimbursable by Cost Reimbursement:</u>

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. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.
- D. Upon the effective date of this Agreement, and 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 Mental Health Service Act (Prop 63) portions 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 – A Woman's Place (SA) Appendix B-2 -- A Woman's Place (MH) Appendix B-3– A Woman's Place Drop-In

- B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, \$613,114 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.
- C. 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.
- D. The amount for each fiscal year, to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation 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 Section 3.7 section of this Agreement.

(1). Estimated Funding Allocations

July 1, 2018 to June 30, 2019	\$ 717,016
July 1, 2019 to June 30, 2020	\$ 2,480,032
July 1, 2020 to June 30, 2021	\$ 3,066,967
July 1, 2021 to June 30, 2022	\$ 3,403,408
July 1, 2022 to June 30, 2023	\$ 3,908,222
July 1, 2023 to June 30, 2024	\$ 4,004,551
July 1, 2024 to June 30, 2025	\$ 4,104,733
SubTotal July 1, 2018 to June 30, 2025	\$ 21,684,929
Contingency July 1, 2018 to June 30, 2025	\$ 613,114
Total July 1, 2018 to June 30, 2025	\$ 22,298,042

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number		Document Date	July 1, 2022	41 y	Appendix B, Page 1
<u> </u>	Community Forward		· · · · · · · · · · · · · · · · · · ·	Fiscal Year	2022-2023
Contract ID	Fu	nding Notification Date	09/08/22		
Contract Appendix Number	B-1	B-2	B-3		
Provider Number	383841	38BK	383820		
		552.1			
			A Woman's Place		
	A Woman's Place	A Woman's Place	Drop-In		
Program Name(s)	SA	MH	Diop III		
Program Code(s)	97027	38BKOP	88207		
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries	543,413	565,563	611,117		1,720,094
Employee Benefits	163,024	169,669	183,335		516,028
Subtotal Salaries & Employee Benefits	706,437	735,232	794,452		2,236,122
Operating Expenses	193,021	173,519	795,792		1,162,332
Capital Expenses	-	-	-		-
Subtotal Direct Expenses	899,458	908,751	1,590,244		3,398,454
Indirect Expenses	134,919	136,313	238,537		509,769
Indirect %	15.0%	15.0%	15.0%		15.0%
TOTAL FUNDING USES	1,034,376	1,045,066	1,828,780		3,908,222
			Emplo	oyee Fringe Benefits %	30.0%
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult Fed SDMC FFP (50%)		357,622			357,622
MH Adult County General Fund		687,444			687,444
TAL DUO MENTAL LICALTIL CUNDING COURCES		4 045 000			4.045.000
AL BHS MENTAL HEALTH FUNDING SOURCES	-	1,045,066	-	-	1,045,066
BHS SUBSTANCE ABUSE FUNDING SOURCES	4 00 4 070		4 000 700		2.222.452
SUD County General Fund (Other Services)	1,034,376		1,828,780		2,863,156
					-
BHS SUBSTANCE ABUSE FUNDING SOURCES	1,034,376	_	1,828,780	_	2,863,156
OTHER DPH FUNDING SOURCES	1,007,370	-	1,020,700	-	2,000,100
OTHER BITTI CREMO COCKOLO					_
					-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,034,376	1,045,066	1,828,780	-	3,908,222
NON-DPH FUNDING SOURCES					
					-
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPI	1,034,376	1,045,066	1,828,780	-	3,908,222
Prepared By	John Uselman/Nora E	spinoza	Phone Number	415-322-0575	

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

DHCS Legal Entity Number		eath Cost Repor	<u> </u>	` ,	Appendix #	B-1
	Community Forward SF				Page #	2
Provider Number					Fiscal Year	2022-2023
Contract ID Number				Funding	Notification Date	09/08/22
Contract ID Number	1000010020	A Woman's	A Woman's	i diding	Notification Date	09/00/22
	Program Name	Place SA	Place SA			
	Program Code	97027	97027			
Mod	le/SFC (MH) or Modality (SA)	Res-51	Res-51			
IVIOC	le/Si C (Miri) of Modality (SA)		1163-31			
		Residential Recovery -				
	Service Description	Long Term	BOS Addback			
	Funding Term		7/1/22-6/30/23			
FUNDING USES	7 7 7					TOTAL
	Salaries & Employee Benefits	442,771	263,666			706,437
	Operating Expenses	4,513	188,508			193,021
	Capital Expenses	.,510	.55,500			
	Subtotal Direct Expenses	447,284	452,174	-	_	899,458
	Indirect Expenses	67,093				134,919
	TOTAL FUNDING USES	514,377	520,000	-	-	1,034,376
BHS MENTAL HEALTH FUNDING SOURCES		,				, ,
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD County General Fund (Other Services)	240646-10000-10001681-0008	514,376	520,000			1,034,376
SOB county General Fund (Other Gervices)	240040-10000-10001001-0000	514,570	320,000			1,004,070
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		514,376	520,000	-	-	1,034,376
OTHER DPH FUNDING SOURCES		0.1.,0.10	520,000			1,001,010
						_
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		514,376	520,000	-	-	1,034,376
NON-DPH FUNDING SOURCES		311,010				1,001,010
NON DI III ONDINO OCCINCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		514,376	520,000	-	-	1,034,376
BHS UNITS OF SERVICE AND UNIT COST		,	,			,,
	Number of Beds Purchased	13	13			
SUD Only - Number of Outpatien		10	,3			
SUD Only - Licensed Capacity for I						
COS Only Electrica capacity for i	.a.oono moannont mogramo	Cost	Cost			
			Reimbursement			
	(CR)	(CR)				
	2,835	2,835				
	DPH Units of Service Unit Type	Bed Day	Bed Day	0	0	
Cost Per Unit - DPH Rate (DPH		181.47	183.45	-		
Cost Per Unit - Contract Rate (DPH & Nor		364.92	-	-	-	
,	ate (Medi-Cal Providers Only)					Total UDC
1 42/10/104 114	Unduplicated Clients (UDC)	55	55			110

Appendix B - DPH 3: Salaries & Benefits Detail

Contract ID: 1000010020
Program Name: A Woman's Place
Program Code: 97027

Appendix #: B-1
Page #: 3

Fiscal Year: 2022-2023
Funding Notification Date: 09/08/22

	-	TOTAL		646-10000- 11681-0008		d back 240646- 10000- 1681-0008						Funding Notificat	Date.	09/08/22
Funding Term	7/1/	22-6/30/23	7/1/	22-6/30/23	7/1/2	22-6/30/23								
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
COO	0.08	12,750	0.08	12,750										
VP of Women's Services	0.21	25,781	0.21	25,781										
VP of Facilities	0.08	2,875	0.08	2,875										
Operations Manager	0.08	4,250	0.08	4,250										
Director - AWP	0.17	16,334	0.17	16,334										
Deputy Director - AWP	0.50	36,000	0.20	14,400	0.30	21,600								
Assistant Manager	1.00	65,000	0.50	32,500	0.50	32,500								
Frontline Staff	6.50	297,440	2.25	148,720	2.25	148,720								
Cook Manager	0.50	27,084	0.50	27,084										
Cook	0.50	23,400	0.50	23,400										
Facilities Manager	0.50	32,500	0.50	32,500										
										-				
Totals:	10.10	543,413	5.05	340,593	3.05	202,820	-	-	-	-	-	-	-	-
										-				
Employee Fringe Benefits:	30.00%	163,024	30.00%	102,178	30.00%	60,846	0.00%		0.00%		0.00%		0.00%	
									, ,		, ,			
TOTAL SALARIES & BENEFITS		706,437		442,771		263,666		•		-		-		-

Appendix B - DPH 4: Operating Expenses Detail

Contract ID: 1000010020
Program Name: A Woman's Place
Program Code: 97027

Appendix #: B-1
Page #: 4
Fiscal Year: 2022-2023

Funding Notification Date: 09/08/22

					гu	nding Notification Date:	09/08/22
Expense Categories & Line Items	TOTAL	240646-10000- 10001681-0008	BOS Addback 240646-10000- 10001681-0008				
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23				
Rent							
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	-	-	-				
Occupancy Total:	-	-	-	-	-	-	-
Office Supplies	1,887	1,887					
Photocopying	-						
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	1,887	1,887	-	-	-	-	-
Training/Staff Development	1,918	1,918	-				
Insurance	-						
Permits	-						
Equipment Lease & Maintenance	-						
General Operating Total:	1,918	1,918	•	-	-	-	-
Local Travel	980	708	272				
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	980	708	272	-	-	-	-
St. Anthony's Security = \$40/hr X 8hrs per							
day X 1 staff X 7 days per week @ 35 weeks							
	78,400		78,400				
	-						
Consultant/Subcontractor Total:	78,400	-	78,400	-	-	-	-
Floor Repair	9,500	-	9,500				
Window Covering	9,000		9,000				
I/T Systems	7,000	-	7,000				
Commerical Oven / Stove	9,000	-	9,000				
Client Related Costs	12,000	-	12,000				
Client Food Costs	63,336	-	63,336				
Other Total:	109,836	-	109,836	-	-	-	-
TOTAL OPERATING EXPENSE	193,021	4,513	188,508		1		
TOTAL OFERATING EXPENSE	193,021	4,513	100,300	-		_	<u> </u>

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

DHCS Legal Entity Number	H 2: Department of Public H	catil Gost Repor	ting/Data Conco.	ion (ONDO)	Appendix #	B-2
,	Community Forward SF				Page #	5
Provider Number					Fiscal Year	
Contract ID Number				Funding	Notification Date	2022-2023 09/08/22
Contract ID Number	1000010020	A \A/amamia	A Woman's	A Woman's	A Woman's	09/06/22
	Program Name	A Woman's Place MH	Place MH	Place MH	Place MH	
	Program Code	38BKOP	38BKOP	38BKOP	38BKOP	
Mod	e/SFC (MH) or Modality (SA)	45/20-29	15/10-56	15/01-09	15/70-79	
	Service Description	Commty Client Svc, MH Svcs, Brokerage, OP	MH Svcs	Case Mgt Brokerage	Crisis Interventiion -OP	
	Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES						TOTAL
5	Salaries & Employee Benefits	171,934	389,119	164,543	9,636	735,232
	Operating Expenses	40,577	91,834	38,833	2,274	173,519
	Capital Expenses			-	-	-
	Subtotal Direct Expenses	212,511	480,953	203,376	11,910	908,750
	Indirect Expenses TOTAL FUNDING USES	31,877	72,143	30,506	1,787	136,313
	244,388	553,096	233,882	13,697	1,045,066	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001		247,041	104,463	6,118	357,622
MH Adult County General Fund	251984-10000-10001792-0001	244,388	306,057	129,420	7,579	687,444
					-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		244,388	553,098	233,883	13,697	1,045,066
BHS SUD FUNDING SOURCES						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		244,388	553,098	233,883	13,697	1,045,066
NON-DPH FUNDING SOURCES						
		-				
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		244,388	553,098	233,883	13,697	1,045,066
BHS UNITS OF SERVICE AND UNIT COST						
	Number of Beds Purchased					
SUD Only - Number of Outpatient	Group Counseling Sessions					
SUD Only - Licensed Capacity for N						
	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
	719	52,707	23,525	1,305		
	DPH Units of Service Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH		339.90	10.49	9.94	10.50	
,		339.90	10.49	9.94	10.50	
Cost Per Unit - Contract Rate (DPH & Non	000.00		0.01			
,	te (Medi-Cal Providers Only)	293.00	10.41	9.86	10.41	Total UDC

Appendix B - DPH 3: Salaries & Benefits Detail

Contract ID: 1000010020

Program Name: A Woman's Place MH
Program Code: 38BKOP

Appendix #: B-2 Page #:

Fiscal Year: 2022-2023 Funding Notification Date: 09/08/22

							ı		1			unuing Notifica	iioii Datoi	00/00/22
	-	TOTAL	251984-10000- 10001792-0001											
Funding Term	7/1/	22-6/30/23	7/1/	22-6/30/23										
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Chief Operating Officer (COO)	0.15	25,500	0.15	25,500										
Operations Manager - (Starts 11/2022)	0.09	7,438	0.09	7,438										
VP Facilities	0.05	5,750	0.05	5,750										
VP Client Services - end 11/15/22	0.38	46,875	0.38	46,875										
VP of Health Services - Start 1/1/2023	0.40	56,000	0.40	56,000										
Dir. Clinical Services	0.90	81,000	0.90	81,000										
Clinical Supervisor	0.50	91,000	0.50	91,000										
MHRS - Mental Health Rehabilitation Specialist	3.50	252,000	3.50	252,000										
Totals:	5.96	F0F F02	5.96	F0F F00										
lotais:	5.96	565,563	5.96	565,563	-	-		-	-	-	-	-		
Employee Fringe Benefits:	30.00%	169,669	30.00%	169,669	0.00%		0.00%	I	0.00%		0.00%		0.00%	
Employee Fillige Delients.	30.00%	105,005	30.00%	103,009	0.00%	<u>l</u>	0.00%	<u> </u>	0.00%	l	0.00%		0.00%	
TOTAL SALARIES & BENEFITS	I	735,232	l l	735,232		_	1	_	1	_	7 [1 [
TO THE SHEARIES & BEREI ITS		100,202		100,202			4		Ⅎ		<u>.</u>		<u>.</u>	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID: 1000010020

Program Name: A Woman's Place MH

Program Code: 38BKOP

Appendix #: B-2
Page #: 7

Fiscal Year: 2022-2023
Funding Notification Date: 09/08/22

					inding Notification Date.	09/06/22
TOTAL	251984-10000- 10001792-0001					
7/1/22-6/30/23	7/1/22-6/30/23					
72,516	72,516					
18,000	18,000					
53,400	53,400					
143,916	143,916	-	•	-	-	-
9,375	9,375					
-						
-						
-						
9,375	9,375	-	-	-	-	-
-						
12,500	12,500					
-						
-						
12,500	12,500	-	-	-	-	-
3,528	3,528					
-						
-						
3,528	3,528	-	-	-	-	-
-						
-						
-	-	-	-	-	-	-
-	-					
4,200	4,200					
-	-					
4,200	4,200	-	-	-	-	-
		T		T		,
173,519	173,519	-	-	-	-	-
	7/1/22-6/30/23 72,516 18,000 53,400 143,916 9,375 9,375 - 12,500 - 12,500 3,528 - 3,528	1001792-0001 7/1/22-6/30/23 72,516 72,516 18,000 18,000 53,400 53,400 143,916 9,375 9,375 12,500 12,500 12,500 12,500 3,528 3,528	101AL 10001792-0001 7/1/22-6/30/23 7/1/22-6/30/23 72,516 72,516 18,000 18,000 53,400 53,400 143,916 143,916 - 9,375 9,375 12,500 12,500	101AL	TOTAL	101AL

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

DHCS Legal Entity Number	01078			Apper	ndix #	B-3
· · · · · · · · · · · · · · · · · · ·	Community Forward SF	-		• • • • • • • • • • • • • • • • • • • •	age #	8
Provider Number		-		Fiscal	-	2022-2023
Contract ID Number		-		Funding Notification		09/08/22
GOTHLAGE IS TRAINED.	1000010020			r unung rretmeation	Date	00/00/22
			BOS Addback			
		A Woman's	A Woman's Place			
	Program Name		Drop-In			
	Program Code		88207			
	Mode/SFC (MH) or Modality (SA)		SecPrev-18			
	mode, or a (iii i) or medam, (e, i)	Early	2001.107.10			
	Service Description		Early Intervention			
	Funding Term		7/1/22-6/30/23			
FUNDING USES						TOTAL
	Salaries & Employee Benefits	685,391	109,061			794,452
	Operating Expenses		743,113			795,792
	Capital Expenses	32,373	7 10,110			-
	Subtotal Direct Expenses	738,070	852,174		-	1,590,244
	Indirect Expenses	110,711	127,826			238,537
	TOTAL FUNDING USES		980,000		-	1,828,780
BHS MENTAL HEALTH FUNDING SOURCES	1017121011211100020	5 .5,. 55	000,000			.,020,.00
BIIG MEINTAE HEALTH I GIABING GGGNGEG						_
						<u>-</u>
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	_		_	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	_	_			
		040.700	000 000			1 000 700
SUD County General Fund (Other Services)	240646-10000-10001681-0008	848,780	980,000			1,828,780
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		848,780	980,000		_	1,828,780
OTHER DPH FUNDING SOURCES	Fund-Dont-Auth-Broi-Activity	040,700	300,000		_	1,020,700
OTHER DITTI GRUING SCORGES	OTHER DPH FUNDING SOURCES Fund-Dept-Auth-Proj-Activity					
						<u>-</u>
TOTAL OTHER DPH FUNDING SOURCES		_	_			
TOTAL DPH FUNDING SOURCES		848,780	980,000		_	1,828,780
NON-DPH FUNDING SOURCES		040,700	900,000		_	1,020,700
NON DE TEL CRUING GOOKGEG						
TOTAL NON-DPH FUNDING SOURCES		_	_			<u>-</u>
TOTAL NON-DEH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)		848,780	980,000			1,828,780
BHS UNITS OF SERVICE AND UNIT COST		340,730	300,000		_	1,520,730
DITO STATE OF CENTICE AND ONLY COOL	Number of Beds Purchased					
SLID Only - Number of Out	patient Group Counseling Sessions					
	ty for Narcotic Treatment Programs					
SUD Only - Licensed Capacit	y for ivarconic freatment Programs	Coot	Cont	Cost		
		Cost	Cost	Cost		
	Payment Method		Reimbursement (CR)	Reimbursement (CR)		
	DPH Units of Service	6,938	6,938	(014)		
	Unit Type	·	Hours			
Cost Por Unit - DDU Poto	(DPH FUNDING SOURCES Only)	122.34	141.25			
Cost Per Unit - DPH Rate Cost Per Unit - Contract Rate (DPH)		122.34	141.25			
,	ned Rate (Medi-Cal Providers Only)	122.34	141.25			Total UDC
Publist	Unduplicated Clients (UDC)	230	230		-	460
	Unduplicated Clients (UDC)	230	230			400

Appendix B - DPH 3: Salaries & Benefits Detail

tract ID Number 1000010020

Program Name: A Woman's PlaceDrop-In

Program Code: 88207

Appendix #: B-3
Page # 9

Fiscal Year: 2022-2023

												Funding Notifica	tion Date:	09/08/22
	٦	ΓΟΤΑL	240646-1	0000-10001681- 0008		BOS - Add back 240646- 10000-10001681-0008								
Funding Term	7/1/2	22-6/30/23	7/1/	22-6/30/23	7/1/2	22-6/30/23								
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
COO	0.15	21,250	0.15	21,250										
VP of Women's Services	0.41	51,563	0.41	51,563										
VP of Facilities - Left 10/31/2022	0.15	7,188	0.15	7,188										
Operations Manager - Strt 11/1/2022	0.15	7,438	0.15	7,438										
VP assistant - Start 1/1/2023	0.09	5,688	0.09	5,688										
Director - AWP - Strt 10/1/2022	0.33	32,667	0.33	32,667										
Deputy Director - AWP - Start 9/1/2022	0.50	36,000	0.50	36,000										
Assistant Manager	0.67	86,667	0.67	86,667										
Frontline Staff - Sart 11/2022	7.33	335,573	5.50	251,680	1.83	83,893.33								
Maintenance Tech	0.42	27,083	0.42	27,083										
Totals:	10.20	611,117	8.37	527,224	1.83	83,893	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	30.00%	183,335	30.00%	158,167	30.00%	25,168	30.00%	-	0.00%		0.00%		0.00%	<u> </u>
			•		, -		,				,		, ,	
TOTAL SALARIES & BENEFITS		794,452]	685,391] [109,061		-]	-]	-]	-

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010020

Program Name: A Woman's PlaceDrop-In

Program Code: 88207

Appendix #: B-3
Page # 10
Fiscal Year: 2022-2023

					Fur	nding Notification Date:	09/08/22
Expense Categories & Line Items	TOTAL	240646-10000- 10001681-0008	BOS - Addback 240646- 10000- 10001681-0008				
Funding Term	7/1//2022 - 6/2023	7/1//2022 - 6/2023	7/1//2022 - 6/2023				
Rent - 211 13th Street	119,000	34,000	85,000				
Rent - TBD (est. 15,000SQFT AT \$2.33 per mo. 3 mos.)	105,000		105,000				
Utilities(telephone, electricity, water, gas)	38,000	8,000	30,000				
Building Repair/Maintenance	51,167	10,349	40,818				
Occupancy Total:	313,167	52,349	260,818	-	-	-	-
Office Supplies	11,428	•	11,428				
Photocopying	-		,				
Program Supplies	-						
Computer Hardware/Software	-						
Materials & Supplies Total:	11,428	-	11,428	-	-	-	-
Training/Staff Development	2,917		2,917				
Insurance	18,500	-	18,500	-			
Permits	-						
Equipment Lease & Maintenance	-	-	-				
General Operating Total:	21,417	-	21,417	-	-	-	-
Local Travel	1,960	330.00	1,630				
Out-of-Town Travel	-						
Field Expenses	-						
Staff Travel Total:	1,960	330	1,630	-	-	-	-
St. Anthony's Security = \$40/hr X 8hrs per day X 2 staff X 7 days per week @ 43 weeks (shared with HSH 65/35 split)	232,960		232,960				
necessary)	-		,				
Consultant/Subcontractor Total:	232,960	-	232,960	=	-	-	-
Furniture . Equip	23,000		23,000				
Built Out Drop In Showers	50,000		50,000				
Build out Commeicial Kitchen	70,000		70,000				
Office Space	25,000		25,000				
Client Related Costs	8,430		8,430				
Food & Food Preparations	38,430		38,430				
Other Total:	214,860	-	214,860	-	-	-	-
TOTAL OPERATING EXPENSE	795,792	52,679	743,113	-	-	-	-

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Community Forward SF	Page Number	11	
Contract ID Number 1000010020	Fiscal Year	2022-2023	
	Funding Notification Date	9/8/22	

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.32	66,150
Office Administrator	0.32	25,200
Chief Financial Officer	0.32	59,850
Director of Finance	0.32	37,800
Revenue Accountant	0.32	28,350
Payroll Accountant	0.32	14,742
Chief People Officer	0.32	53,550
VP of Talent	0.32	36,225
		_
	0.50	004 007

 Subtotal:
 2.52
 321,867

 Employee Benefits:
 30.0%
 96,560

Total Salaries and Employee Benefits: 418,427

2. OPERATING COSTS

Expenses	Amount
Rental Of Property	29,892
Building Maintenance	
Office Supplies/Expenses	6,000
Utilities	6,900
Insurance	7,600
Staff Training	4,500
Legal & Professional	12,150
Equipment Rental	12,150
Equipment Maintenance	-
Audit & Accounting	11,000
Other Administrative Costs	1,149
Total Operating Costs	91,341

|--|

Appendix F Invoice

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

Appendix F

				Con	tract ID#					PAGE A	
					0010020		INVOICE NUM	MBER:	M01JL22		
Contractor: Community Forward San Franciscl (Formerly	· CATE						Template Vers	nion	Amend 3		
Contractor. Community Forward San Francisci (Formeri	y CATS)					•	remplate vers	SIOIT		User	Cd
Address: 1171 Mission Street, San Francisco, CA 9410	3			В	HS		Ct. PO No.: POHM SFGOV-0000661211				
Геl. No.: (415) 241-1199 Fax No.: (415) 553-3939							Fund Source:		MH Adult Fed S	DMC/ County G	F
							Invoice Period : July 2022				
Funding Term : 07/01/2022 - 06/30/2023							Final Invoice:			(Check if Y	es)
PHP Division: Behavioral Health Services											
			Total Contr	acted	Deliver	ed THIS PERIOD	Delivered	I to Date	% of TOTAL	Remai Deliver	-
Unduplicated Clients for Exhibit:		- 1	Exhibit U			xhibit UDC	Exhibit		Exhibit UDC	Exhibit	
Unduplicated Counts for AIDS Use Only. DELIVERABLES			Delivered	THIS			Deliv	ered		Remai	ining
Program Name/Reptg. Unit	Total Con	tracted	PERIO	D	Unit		to D	ate	% of TOTAL	Deliver	-
Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LIEI	NT UOS	CLIENTS
3-2 A Woman's Place MH PC# - 38BKOP 251984-10000		001			¢ 10.40	Φ	0.00		0.000/	E0 707 (20
15/ 10 - 56 MH Svcs 15/ 01 - 09 Case Mgt Brokerage	52,707 23,525				\$ 10.49 \$ 9.94	\$ - \$ -	0.00		0.00%	52,707.0 23,525.0	
15/70 - 79 Crisis Inervention - OP	1,305				\$ 10.50	\$ -	0.00		0.00%	1,305.0	
									ļ		
									 		
									 		
TOTAL	77,537		0.00				0.00		0.00%	77,537.0	00
	Budget A	mount		\$	800,678.00		Expenses \$	To Date	% of Budget 0.00%	Remaining	Budget 800,678.00
				<u> </u>	,		NOTES:			1 7	
			SU	BTOTAL A	MOUNT DUE	\$ -					
					ent Recovery						
					Adjustments BURSEMENT	· -	-				
				NET KEIM	DONOLINEN	<u> </u>	1				
certify that the information provided above is, to the	e best of my	knowledg	e, complete a	and accur	ate; the amo	ount requested for	reimbursemen	t is			
n accordance with the contract approved for service	es provided	under the	provision of t	hat contra	act. Full just	ification and backu	p records for t	hose			
claims are maintained in our office at the address in	dicated.										
Signature:						Date:					
Oignature.						Date.					_
Title:											
Send to:		ΙΓ		DPH Auth	norization for F	Payment					
						•					
Behavioral Health Services Budget/ Invoice Analyst											
1380 Howard St., 4th Floor San Francisco, CA 94103											
Jan 1 1 an 0300, OA 34100											
Or email to:								ī			_
cbhsinvoices@sfdph.org					Auth	orized Signatory				ate	
		L									

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

				Cont	tract ID#	_				PAGE A	
				1000	0010020		INVOICE NUM	MBER:	M02JL22		
Contractor: Community Forward San Franciscl (Formerly	v CATS)						Template Vers		Amend 3		
				В	HS					User Co	d
Address: 1171 Mission Street, San Francisco, CA 9410	3			В	по		Ct. PO No.: F		SFGOV-0000661		
^r el. No.: (415) 241-1199 ^r ax No.: (415) 553-3939							Fund Source:		MH Adult County	General Fund	
, ,							Invoice Period	1:	July 2022		
Funding Term : 07/01/2022 - 06/30/2023							Final Invoice:			(Check if Yes)
PHP Division: Behavioral Health Services											
			Total Contr Exhibit U			ed THIS PERIOD xhibit UDC	Delivered Exhibit		% of TOTAL Exhibit UDC	Remainir Deliverabl Exhibit UI	les
Unduplicated Clients for Exhibit:											
Unduplicated Counts for AIDS Use Only.											
DELIVERABLES Program Name/Reptg. Unit	Total Con	tracted	Delivered PERIO		Unit		Deliv to D		% of TOTAL	Remainir Deliverabl	-
Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LIEN	1	CLIENTS
3-2 A Woman's Place MH PC# - 38BKOP 251984-10000		01							0.000		
15/20-29 Commty Client Svcs, MH Svcs, Brokerage, OP	719.00				\$ 339.90	\$ -	0.00		0.00%	719.00	
											
										 	
										!	
							ļ				
							<u> </u>				
TOTAL	719.00		0.00				0.00		0.00%	719.00	
TOTAL	7 19.00	<u> </u>	0.00				Expenses	To Date	% of Budget	Remaining B	udget
	Budget A	mount		\$	244,388.00		\$	-	0.00%	\$ 244	4,388.00
			SU	RTOTAL A	MOUNT DUE	\$ -	NOTES:				
			Less: Ir	nitial Paym	ent Recovery	*	1				
					Adjustments BURSEMENT	\$ -					
							I.				
certify that the information provided above is, to the											
n accordance with the contract approved for service claims are maintained in our office at the address in	-	under the	provision of t	nat contra	act. Full just	ification and backu	p records for t	nose			
Signature:						Date:					
Title:											
Send to:		1 [DPH Auth	norization for I	Payment					
						,					
Behavioral Health Services Budget/ Invoice Analyst 380 Howard St., 4th Floor											
San Francisco, CA 94103											
Or email to:											
chsinvoices@sfdph.org					Auth	orized Signatory			Da	te	
		J L									

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010020 Appendix F PAGE A

							INVOICE N	UMBER:	S04JL22			
Contractor: Community Forward San Franciscl (Formerly CATS) Address: 1171 Mission Street, San Francisco, CA 94103						Template V	ersion	Amend 3			0.1	
						Ct. PO No.: POHM SFGO			User Cd SFGOV-0000661211			
Tel. No.: (415) 241-1199			_		1		Fund Source	e:	SUD Cour	nty GF (Oth	er Serv)	
Fax No.: (415) 553-3939			В	BHS			Invoice Per	iod:	July 20	022		
Funding Term: 07/01/2022 - 06/30/2023					•		Final Invoic	e:			Check if Y	es)
PHP Division: Behavioral Health Services									1			/
	TOT	AI.	DELI	VERED	DELIV	ERED	0,	6 OF	REMA	INING	%	OF
	CONTR			PERIOD	TO			OTAL	DELIVER		TO	
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 A Woman's Place SA PC# - 97027 Res-51 Residential Recovery- Long Term	240646-10000		1-0008		-		00/	00/	2 025	E E	1000/	1000/
Res-51 Residential Recovery- Long Term Res-51 BOS Addback	2,835 2,835	55 55			-	-	0% 0%	0% 0%		55 55	100% 100%	100% 100%
Nes-31 BOS Addback	2,033	55			<u> </u>	-	0 70	0.70	2,033	33	100 76	100 76
Unduplicated Counts for AIDS Use Only.	1					I		Į.				I
Description			BUI	DGET	EXPE THIS P	NSES ERIOD		ENSES DATE	% (BUD			ANCE
Total Salaries			\$!	543,413.00	\$	-	\$	-		0.00%		3,413.00
Fringe Benefits				163,023.00	\$	-	\$	_		0.00%		3,023.00
Total Personnel Expenses			\$	706,436.00	\$	-	\$	-		0.00%	\$ 70	06,436.00
Operating Expenses:												
Occupancy			\$	-	\$	-	\$	-		0.00%	\$	-
Materials and Supplies			\$	1,887.00	\$	-	\$	-		0.00%		1,887.00
General Operating			\$	1,918.00	\$	-	\$	-		0.00%	•	1,918.00
Staff Travel Consultant/Subcontractor			\$	980.00	\$	-	\$			0.00%	\$	980.00
Other: Floor Repair			\$	78,400.00 9,500.00	\$		\$	-		0.00%		9,500.00
Window Covering			\$	9,000.00	\$		\$	-			\$	9,000.00
I/T Systems			\$	7,000.00	ų.		\$	_			_	7,000.00
Commerical Oven / Stove			\$	9,000.00			\$	-		0.00%		9,000.00
Client Related Costs			\$	12,000.00			\$	-				2,000.00
Client Food Costs			\$	63,336.00	\$	-	\$	-		0.00%	\$ 6	3,336.00
					\$	-	\$	-		0.00%	\$	-
Total Operating Expenses			\$	193,021.00	\$	_	\$			0.00%	\$ 19	3,021.00
Capital Expenditures			\$	-	\$	-	\$	-			\$	-
TOTAL DIRECT EXPENSES			\$ 8	899,457.00	\$	-	\$	-		0.00%	\$ 89	9,457.00
Indirect Expenses			\$	134,919.00	\$	-	\$	-		0.00%	\$ 13	34,919.00
TOTAL EXPENSES			\$ 1,0	034,376.00	\$	-	\$	-		0.00%	\$ 1,03	34,376.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)							4					
REIMBURSEMENT					\$							
I certify that the information provided above is, accordance with the contract approved for ser claims are maintained in our office at the addre	vices provided											
Signature:	ess indicated.				_		Date:					
Printed Name:					_							
Title:					_		Phone:					
Send to:							DPH Autho	orization for Pa	yment			
Behavioral Health Services Budget/ Invoice Ar	nalvet											
1380 Howard St., 4th Floor	ıcıyət											
San Francisco, CA 94103												
Or email to:												
cbhsinvoices@sfdph.org						Authoriz	zed Signato	ry	-		Date	
				<u> </u>								

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010020 Appendix F PAGE B

	_	Invoice	Number
	S04JL22		
			User Cd
T PO No.			

Contractor: Community Forward San Franciscl (Formerly CATS)

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
NAME & TITLE	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
000		40.750.00			2 222/	
COO	0.075	\$ 12,750.00	\$ -	\$ -	0.00%	
VP of Women's Services	0.206	\$ 25,780.00	\$ -	-	0.00%	
VP of Facilities	0.075	\$ 2,875.00	\$ -	\$ -	0.00%	
Operations Manager	0.075	\$ 4,250.00	\$ -	\$ -	0.00%	
Director - AWP	0.167	\$ 16,334.00	\$ -	\$ -	0.00%	
Deputy Director - AWP	0.500	\$ 36,000.00	\$ -	\$ -	0.00%	
Assistant Manager	1.000	\$ 65,000.00	\$ -	\$ -	0.00%	
Frontline Staff	6.500	\$ 297,440.00	\$ -	\$ -	0.00%	
Cook Manager	0.500	\$ 27,084.00	\$ -	\$ -	0.00%	
Cook	0.500	\$ 23,400.00	\$ -	\$ -	0.00%	
Facilities Manager	0.500	\$ 32,500.00	\$ -	\$ -	0.00%	\$ 32,500.00
TOTAL SALARIES	10.10	\$ 543,413.00	\$ -	\$ -	0.00%	\$ 543,413.00

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

Signature:	Date:	
Printed Name:	_	
Printed Name:	_	
Title:	Phone:	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010020 Appendix F PAGE A

INVOICE NUMBER: S06JL22 Contractor: Community Forward San Franciscl (Formerly CATS) Template Version Amend 3 User Cd Address: 1171 Mission Street, San Francisco, CA 94103 Ct. PO No.: POHM SFGOV-0000661211 Tel. No.: (415) 241-1199 **BHS** Fund Source: SUD County - General Fund Fax No.: (415) 553-3939 Invoice Period: July 2022 Funding Term: 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services TOTAL DELIVERED DELIVERED % OF REMAINING % OF CONTRACTED THIS PERIOD TO DATE TOTAL DELIVERABLES TOTAL
 Program/Exhibit
 UOS
 UDC

 B-3 A Woman's Place - Drop In
 240646-10000-100001681-0008
 UOS UDC UOS UDC UOS UDC UOS UDC UOS UDC SecPrev-18 Early Intervention 6,938 230 0% 0% 6,938 230 100% 100% SecPrev-18 Early Intervention 0% 100% 100% 6,938 6,938 Unduplicated Counts for AIDS Use Only. **EXPENSES EXPENSES** % OF REMAINING BUDGET Description THIS PERIOD BUDGET BALANCE TO DATE **Total Salaries** 611,117.00 \$ \$ 0.00% \$ 611,117.00 183,335.00 \$ 0.00% \$ 183,335.00 Fringe Benefits Total Personnel Expenses \$ 794,452.00 \$ \$ 0.00% \$ 794,452.00 Operating Expenses: 313,167.00 \$ 0.00% \$ \$ 313.167.00 Occupancy Materials and Supplies 11,428.00 \$ \$ 0.00% \$ 11,428.00 General Operating 21,417.00 \$ \$ 0.00% \$ 21,417.00 0.00% \$ Staff Travel \$ 1,960.00 \$ \$ 1,960.00 Consultant/Subcontractor 232.960.00 \$ 0.00% \$ 232,960.00 \$ Other: Furniture . Equip 23.000.00 \$ \$ 0.00% \$ 23,000.00 **Built Out Drop In Showers** \$ 50,000.00 \$ \$ 0.00% \$ 50,000.00 **Build out Commeicial Kitchen** 70,000.00 0.00% \$ \$ \$ 70,000.00 Office Space 0.00% \$ 25.000.00 \$ 25.000.00 Client Related Costs 0.00% \$ 8,430.00 \$ \$ 8,430.00 Food & Food Preparations 38,430.00 \$ \$ 0.00% \$ 38.430.00 0.00% \$ 795,792.00 \$ Total Operating Expenses 0.00% \$ 795,792.00 **Capital Expenditures** \$ 0.00% \$ TOTAL DIRECT EXPENSES 1,590,244.00 \$ \$ 0.00% \$ 1,590,244.00 \$ 238,536.00 \$ 0.00% \$ 238,536.00 Indirect Expenses \$ TOTAL EXPENSES \$ 1,828,780.00 \$ 0.00% \$ 1,828,780.00 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: DPH Authorization for Payment Send to: Behavioral Health Services Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org **Authorized Signatory** Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010020 Appendix F PAGE B

		Invoice	Number
	S06JL22		
			User Cd
O No.			

CTP

Contractor: Community Forward San Francisci (Formerly CATS)

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME O TITLE	FTF	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
NAME & TITLE	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
COO	0.150	\$ 21,250.00	\$ -	\$ -	0.00%	\$ 21,250.00
VP of Women's Services	0.410	\$ 51,563.00		\$ -	0.00%	
VP of Facilities - Left 10/31/2022	0.150	\$ 7,188.00	\$ -	\$ -	0.00%	,
Operations Manager - Strt 11/1/2022	0.150	\$ 7,438.00	\$ -	\$ -	0.00%	
VP assistant - Start 1/1/2023	0.090	\$ 5,688.00	\$ -	\$ -	0.00%	
Director - AWP - Strt 10/1/2022	0.330	\$ 32,667.00	\$ -	\$ -	0.00%	
Deputy Director - AWP - Start 9/1/2022	0.500	\$ 36,000.00	\$ -	\$ -	0.00%	
Assistant Manager	0.670	\$ 86,667.00	\$ -	\$ -	0.00%	\$ 86,667.00
Frontline Staff - Sart 11/2022	7.330	\$ 335,573.00	\$ -	\$ -	0.00%	\$ 335,573.00
Maintenance Tech	0.420	\$ 27,083.00	\$ -	\$ -	0.00%	\$ 27,083.00
TOTAL SALARIES	10.20	\$ 611,117.00	\$ -	\$ -	0.00%	\$ 611,117.00

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

Signature:	Date:	
Printed Name:	<u>.</u>	
Printed Name:	_	
Title:	Phone:	



CERTIFICATE OF LIABILITY INSURANCE

8/3/2022

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

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

PRODUCER (SF) Heffernan Insurance Brokers		CONTACT NAME: Ashle Blow PHONE (A/C, No, Ext): 415-778-0300 FAX (A/C, No): 415-778-0301						
44 Montgomery Street, Suite 1950 San Francisco CA 94104		E-MAIL ADDRESS: ashleb@heffins.com						
		INSURER(S) AFFORDING COVERAGE	NAIC#					
	License#: 0564249	INSURER A: Nonprofits Insurance Alliance of California	1184					
INSURED	COMMAWA-01	INSURER B: Service American Indemnity Company	39152					
Community Forward SF, Inc. 1171 Mission St.		INSURER c : Arch Specialty Insurance Company	21199					
San Francisco CA 94103		INSURER D: Travelers Casualty and Surety Company of America	31194					
		INSURER E:						
		INSURER F:						

COVERAGES CERTIFICATE NUMBER: 417730042 REVISION NUMBER:

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

			LIMITS SHOWN WAT HAVE BEEN F				
INSR LTR		ADDL SUBR INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY	Y	202201320	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 20,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY	Υ	202201320	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR	Υ	202201320UMB	7/1/2022	7/1/2023	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED RETENTION\$						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		SATIS0492000	4/1/2022	4/1/2023	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
A C D	Social Service Professional Cyber Liability Employee Theft		202201320 C4LR2173268CYBER2022 105805713	7/1/2022 7/1/2022 7/1/2022	7/1/2023 7/1/2023 7/1/2023	Professional Limit Cyber Claim Limit Empl Theft Loss Limit	\$1M OCC/\$3M AGG \$1,000,000 \$2,000,000

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

Employee Theft - Single Loss Retention: \$10,000

Re: As per Contract or Agreement on file with Insured, Department of Public Health of City & County of San Francisco are included as additional insured on General Liability and Automobile Liability policies per attached endorsements, if required. The Umbrella liability policy follows the General Liability and Automobile Liability coverage for additional insured as per the policy forms, if required.

CERTIFICATE HOLDER	CANCELLATION

Department of Public Health of City & County of San Franciso
101 Grove Street, Room 307
San Francisco, CA 94102-4505

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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POLICY NUMBER: 2022-01320

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:

City & County of San Francisco, Its Officers, Agents, Employees & Volunteers

(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.

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POLICY NUMBER: 2022-01320 COMMERCIAL GENERAL LIABILITY

Named Insured: Community Forward SF, Inc. CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

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.

City & County of San Francisco, its Officers, Agents, Employees & Volunteers

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

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

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

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

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

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